

**Exhibit GARHA-E(1): Employee Sick Leave Bank - Exhibit**

Status: ADOPTED

Original Adopted Date: 05/14/2020

*See PDF on the next page.*

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# BIBB COUNTY SCHOOL DISTRICT

Bibb County School District  
**Human Resources**  
484 Mulbeny Street, Suite 501 • Macon, GA 31201  
478-765-8560 • Fax: 478-765-8539  
[www.bcsdkl2.nt](http://www.bcsdkl2.nt)

## SICK LEAVE BANK APPLICATION

Fill-out this form completely, attach supporting documents from your Healthcare Provider and submit all documents to the Human Resources. **Employee Information**

Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
School/Department: \_\_\_\_\_ Position: \_\_\_\_\_

### **Emergency Information:**

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Healthcare Information:**

Physician: \_\_\_\_\_  
Health Care Facility: \_\_\_\_\_

### **Questionnaire**

Please answer the following questions: Yes No

1. I anticipate exhausting all applicable paid leave balances. ☐ Yes ☐ No
2. I have an extended/recurring illness/injury. ☐ Yes ☐ No
3. I am under a physician's care. ☐ Yes ☐ No
4. My illness/injury is work related. ☐ Yes ☐ No
5. I will receive disability benefits while covered by sick leave bank hours. ☐ Yes ☐ No

### **Request**

I am requesting \_\_\_\_ days from the sick leave bank (not to be less than 5 days or more than 60 days).

*I certify that the above information is true to the best of my knowledge. I authorize members of the Sick Leave Bank committee to review my medical information associated with this application and request.*

\_\_\_\_\_  
**Signature of Employee or Guardian\***

\_\_\_\_\_  
**Date**

|                                 |         |                          |
|---------------------------------|---------|--------------------------|
| <input type="checkbox"/> Denied | Reason: |                          |
|                                 |         | Assistant Superintendent |
| of Human Resources              | Date    |                          |

\*Guardian refers to the person completing the application on behalf of the employee.