



**SICK LEAVE BANK APPLICATION FORM
BUILDING ADMINISTRATOR AND NON-REPRESENTED EMPLOYEES**

Name _____ Employee ID: _____

Address _____ Phone: _____

Work Site _____ Position Title: _____

Emergency Contact Name/Phone: _____

Attending Health Care Provider Name/Facility: _____

I am requesting _____ days of sick leave bank **(Not to be less than 6 days or more than 20 days)**

Answer the following:

	<u>Yes</u>	<u>No</u>
1. I have been employed by the District for the last 12 months	<input type="checkbox"/>	<input type="checkbox"/>
2. I anticipate exhausting all applicable paid leave balances	<input type="checkbox"/>	<input type="checkbox"/>
3. Myself or an immediate family member has an extended/recurring illness/injury and is under a physician's care	<input type="checkbox"/>	<input type="checkbox"/>
4. My illness/injury is work related	<input type="checkbox"/>	<input type="checkbox"/>
5. I will not receive disability benefits while covered by sick leave bank hours	<input type="checkbox"/>	<input type="checkbox"/>
6. Relationship of family member (if applicable) _____		

I certify that the above information is true to the best of my knowledge.

(Signature of Employee or Guardian)

(Date)

Next Steps:

- Submit your request to: PPS Human Resources 501 N Dixon St. Portland, OR 97227, Fax 503-916-3107, or e-mail leave@pps.net**
- Applications for sick bank are considered for approved leave and require a medical certification from your provider.**

<input type="checkbox"/>	Approved:	Maximum hours granted _____ (unused hours are returned to the bank)	
<input type="checkbox"/>	Denied:	Reason _____	
_____ Human Resources Benefits Specialist		_____ Date	
_____ Human Resources Benefits Director		_____ Date	