

EDUCATION ASSOCIATION OF NUTLEY

REQUEST FOR SICK BANK LEAVE

NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_

MEMBER SIGNATURE \_\_\_\_\_ By signing this form you are allowing your physician to release information to the E.A.N.'s Sick Bank Committee regarding your health as outlined in the Sick Bank policy. It is the member's responsibility to obtain the Physician Statement.

PHYSICIAN STATEMENT: Please state the diagnosis that requires an extended leave of absence due to a "catastrophic illness or injury" resulting in an absence of thirty days or more (Article XVIII Section E:1).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROJECTED DATES OF CONFINEMENT (not to exceed 30 calendar days):

Start date \_\_\_\_\_ End Date \_\_\_\_\_

\*\*\*Beyond this time period additional documentation will be required.

By signing this document, I am certifying that the aforementioned individual needs an extended leave of absence due to a catastrophic illness or injury for the time period mentioned above, not to exceed thirty days. I am aware that I will be asked for supporting documentation if the leave will be extended beyond thirty days.

\_\_\_\_\_  
Date \_\_\_\_\_

PHYSICIAN'S SIGNATURE

\_\_\_\_\_  
PHYSICIAN STAMP

# of Sick Bank days granted \_\_\_\_\_ for the time period \_\_\_\_\_ to \_\_\_\_\_.

Total Sick Bank Days granted \_\_\_\_\_ for the time period \_\_\_\_\_ to \_\_\_\_\_.

\_\_\_\_\_

E.A.N. President's signature

\_\_\_\_\_

Superintendent's signature