

# APPLYING FOR CATASTROPHIC SICK LEAVE

- Employee requests Leave Request (Exhibit D) and Attending Physician Statement (Exhibit E) forms from Campus Secretary or Forms shared folder on the W: Drive.
  - Employee returns completed forms to CSL Committee Secretary
  - CSL Committee Secretary meets with Payroll Coordinator to verify leave days available to Employee
  - Employee may only apply for days through the end of the pay period cutoff date as designated by Payroll Coordinator
  - CSL Committee Secretary calls a meeting of the committee and notifies the members of time, date and place.
  - CSL Committee Secretary makes copies of Exhibits D & E for each committee member and Employee and retains the originals for files
  - Upon Approval/Disapproval by a quorum of committee members, CSL Committee Secretary retains original Committee Decision (Exhibit F) form and sends a copy to Payroll and Employee
  - CSL Committee Secretary keeps running total of how many CSL days Employee has requested and how many future CSL days Employee may request (maximum of 30 per school year)
  - CSL Committee Secretary keeps a running total of the number of days in the Catastrophic Sick Leave Bank and must alert Assistant Superintendent if bank falls below 1000 days
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EXHIBIT D

**FORT STOCKTON INDEPENDENT SCHOOL DISTRICT  
CATASTROPHIC BENEFIT PLAN  
REQUEST FOR DAYS**

Name: \_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_

Position/Assignment: \_\_\_\_\_

School/Department: \_\_\_\_\_

Length of time employed by FSISD: \_\_\_\_\_ year(s) \_\_\_\_\_ month(s)

I have donated one or more of my local sick leave days to the Sick Leave Bank.

Yes ( )      No ( )

Days absent during current school year: \_\_\_\_\_

Reason for requesting sick leave bank days:

I have (or will have) used all of my available sick leave days (state and local) and vacation days for this year.

Number of days requested from the bank: \_\_\_\_\_

Sick leave bank days should begin: \_\_\_/\_\_\_/\_\_\_ and end on \_\_\_/\_\_\_/\_\_\_  
(Maximum of 30 days)

The above requested days are needed for the reason of personal illness, injury, or family hardship as described:

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

A statement from my physician is attached.

\_\_\_\_\_  
Signature

\_\_\_/\_\_\_/\_\_\_  
Date

DEC  
LOCAL

EXHIBIT E

FORT STOCKTON SCHOOL DISTRICT  
CATASTROPHIC BENEFIT PLAN  
ATTENDING PHYSICIAN'S STATEMENT

\_\_\_\_\_  
Patient's Name

1. Nature of sickness or injury:

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

2. Give dates of treatment: \_\_\_\_\_

3. Give days hospitalized, if any, and name and address of hospital:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Admitted

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date Discharged

\_\_\_\_\_  
Name of Hospital

\_\_\_\_\_  
Address of Hospital

4. To your knowledge, what is the earliest date this patient was treated for this condition? \_\_\_\_/\_\_\_\_/\_\_\_\_

5. Is patient still under your care? Yes ( ) No ( )

6. Anticipated date employee may be eligible to return to work: \_\_\_\_/\_\_\_\_/\_\_\_\_

Part-time \_\_\_\_/\_\_\_\_/\_\_\_\_

Full-time \_\_\_\_/\_\_\_\_/\_\_\_\_

7. Anticipated day(s) for follow-up examination/treatment: \_\_\_\_\_

8. Additional information may be attached.

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Physician

DEC  
LOCAL

Exhibit F

Fort Stockton Independent School District  
Catastrophic Benefit Plan Review  
Committee Decision

The review committee met on \_\_\_\_/\_\_\_\_/\_\_\_\_ to discuss the application of  
\_\_\_\_\_ for days from the sick leave bank.

The decision was agreed on by the review committee to give days to:

\_\_\_\_\_.

The days shall begin on \_\_\_\_/\_\_\_\_/\_\_\_\_ and end on \_\_\_\_/\_\_\_\_/\_\_\_\_.

Number of days requested from bank: \_\_\_\_\_

The decision was made by the review committee to deny \_\_\_\_\_ 's  
request for days from the sick leave bank. The committee feels qualifications were not  
met for the following reason(s).

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

Review Committee:

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

DEC  
LOCAL

Chairman