

Murfreesboro City Schools  
Board of Education

**REQUEST FOR USE OF DAYS FROM SICK LEAVE BANK**

Employee's Name: \_\_\_\_\_ Location: \_\_\_\_\_

Position: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*This information will be held in confidence and will be reviewed only by the Bank coordinator and the five (5) trustees. You will be notified in writing of the decision of the Trustees.*

1. Have you used days from the Sick Bank before?  Yes  No
- a. If yes, how many days? \_\_\_\_\_
  - b. When were these days used? \_\_\_\_\_
  - c. Does the illness or injury prompting this request relate to your previous use of Bank days?  
 Yes  No If yes, explain.  
\_\_\_\_\_  
\_\_\_\_\_

2. How many days are you requesting from the Bank? \_\_\_\_\_
- a. When was (or will be) your last available day of paid leave? \_\_\_\_\_

3. Are you currently receiving disability benefits from Social Security, a state or local retirement plan, a short or long-term disability insurance benefit, or a Workers Compensation claim?  
 Yes  No If yes, explain.  
\_\_\_\_\_  
\_\_\_\_\_

**Physician's Certification**

*All requests to draw from the Bank must have a physician's signature certifying the urgency of the medical leave and be accompanied by a statement from the physician's office that the leave is medically required by the specific illness or disability.*

The requested leave is considered medically urgent.  The requested leave is not considered medically urgent.

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Employee's Certification**

*By signature below, I agree to release any information requested by the Trustees relating to my injury or illness for which this request is being made. I authorize my physician to release any information relating to my request. I understand I will be liable for reimbursement of all salary and benefits expended by the Bank for any material misrepresentation of facts.*

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Administrative Use Only**

*Three (3) affirmative votes are required for approval.*

Vote must be returned by: \_\_\_\_\_

Request Approved  Request Denied