



Sick Leave Pool Request

Bloomington Independent School District
P.O. Box 158, Bloomington, Texas 77951
361.333.8016 * FAX: 361.333.8017

Bloomington Independent School District has a Catastrophic Sick Leave Pool to provide a potential source of sick leave for those employees who have experienced a catastrophic illness or injury. "Catastrophic illness or injury" shall mean life-threatening illness or disability requiring medical treatment or medical care of an employee and:

- Causes the employee to exhaust all state and local sick leave
- Requires the services of a licensed physician

Part I. Employee Information

Employee Name: _____

Home Address: _____

Phone Number: _____ Campus: _____

PART II. Request for Establishment of Sick Pool Leave

I request establishment of a sick leave pool on behalf of (check one):

myself

an immediate family member

Name: _____

Relation to me: _____

I understand that voluntary contributions on my behalf may only consist of a maximum of **20** local days and that my eligibility will cease when those days are exhausted or when I return to work, whichever occurs first.

PART III. Verifications

I understand I must meet the requirements set out in the Sick Leave Pool Policy to be eligible to receive sick leave from the sick leave pool. I understand that the decision of the Superintendent or designee concerning my request for sick leave from the pool is final. I understand that I must submit a completed statement Licensed Practitioner Statement form and other necessary information as requested, to the Superintendent or designee. I authorize the Superintendent to release what medical information is necessary in order to request voluntary donations from BISD staff on my behalf.

Employee Signature

Date

If the employee is unable to complete the application, BISD Policy DEC (LOCAL) permits the employee's supervisor or family member to complete the request.

Signature of Family Member or Supervisor

Date

Part IV. To be completed by the Payroll Department

- 1. Employee's last day worked: _____
- 2. The employee has exhausted all local and state days: Yes No
- 3. Indicate the date the employee's local/state days will be exhausted: _____
- 4. Received Licensed Physician's Statement: Yes No
Date statement received: _____

Part V. Sick Leave Pool Administrator

Date completed application received: _____

Eligibility for sick leave established: Yes No

Comments: _____

Approval Signature: _____

Date: _____

****All forms will be maintained at the Administration Building.**