

DUVAL COUNTY SICK LEAVE POOL WITHDRAWAL APPLICATION

Applicant: _____ Work Location: _____

Address: _____ Home Phone: _____

City: _____ State: _____ Zip Code: _____

PN# _____

Last day of work: _____ Number of days requested: _____

Check One:

- Administrator
- Teacher
- Paraprofessional
- Civil Service
- Exempt

Physician's statement is required with this application. (See Physician's statement attached to this sheet)

I hereby authorize any physician, hospital, pharmacy, employer or organization to release any information regarding the medical history, treatment, disability or benefits payable for this claim to the Duval County Public School's Sick Leave Pool Program

Applicant's Signature / Date or _____
Legal Representative's Signature / Date

PAYROLL OFFICE VERIFICATION

Application received on: _____ Member of Sick Leave Pool: YES NO

Sick leave expired on: _____ Date eligible for SLP: _____

Previous Claims? _____ If Yes, provide date of last claim submitted: _____
YES NO

Payroll Technician Signature Date

DUVAL COUNTY SICK LEAVE POOL PROGRAM COMMITTEE DECISION

Action taken on (date): _____ Approved: _____ Denied: _____

If approved - number of days awarded: _____ Start date: _____

IF DENIED - reason: _____

COMMITTEE MEMBER SIGNATURES

APPLICATION APPROVED

APPLICATION DENIED

DUVAL COUNTY SICK LEAVE POOL WITHDRAWAL APPLICATION

Name: _____ Address: _____

City: _____ State: _____ Zip: _____

Home Phone # _____ PIN: _____

Physician's Name: _____ Phone Number: _____

Address: _____

City: _____ State: _____ Zip: _____

PHYSICIAN'S STATEMENT

(To Be Completed By Physician)

FAILURE TO PROVIDE EXPLICIT DIAGNOSIS AND DATE OF RETURN TO WORK MAY RESULT IN DENIAL

Diagnosis: _____

Treatment: _____

Prognosis: _____

Hospitalized: _____ YES _____ NO _____ Dates: _____

Surgeries: _____ YES _____ NO _____ Was surgery elective? _____ YES _____ NO

Will employee be able to return to work: _____ YES _____ NO

IF YES, estimated date of return: _____

IF NO, Why not? _____

Comment: _____

Physician's Signature (**NO STAMPS**)

Date