**SICK LEAVE BANK APPLIATION CHECKLIST**

For your assistance, the Harford County Education Association Sick Leave Bank Committee suggests that you use this checklist to ensure that all parts of your application are completed fully and accurately.

PAGE ONE – Request Form

* Completed social security number, full name, home address and work location.
* Form signed and dated by applicant.
* Dates of duty days to be covered must have a from and through date. If unsure of exact dates, contact Payroll Department.
* Number of duty days requested does not exceed 30.
* Checked appropriate box for type of grant.
* Checked appropriate boxes for Workers’ Compensation information (if applicable).
* School administrator filled out first day of absence, certified that employee has/has not returned to work and included signature.

PAGE TWO – Physician’s Statement

* Applicant completed full name and home address.
* Form signed and dated by applicant.
* Included designated physician’s name, address and telephone number.
* Physician completed medical statement, in lay terms with as much explanation as possible of medical diagnosis and treatment plan.
* Estimated or actual delivery date included (if maternity).
* Physician has checked catastrophic or incapacitation box.
* Physician has checked box if condition is a permanent disability.
* Physician completed “under my care and disabled” with actual from and through dates, even if dates are estimated.
* Physician signs and dates form.
* Physician fills in name and telephone number.

NOTE: Until HCEA receives BOTH pages (originals) of the application, the Sick Leave Bank Committee cannot act. The applicant bears the responsibility for the completion and delivery of forms.