**SICK LEAVE BANK APPLIATION CHECKLIST**

For your assistance, the Harford County Education Association -Educational Support Personnel 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 employee number, full name, home address and work location
* Checked appropriate box for type of grant.
* The number of duty days requested does not exceed 30.
* Dates of duty days to be covered must have a from and through date. If unsure of exact dates, contact Payroll Department.
* Checked appropriate boxes if this was work related.
* Originals sent to Mecca Woods in Payroll within 30 calendar days of the first date needed for the grant.

– 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 completed Diagnosis, Treatment Plan and Inability to work Sections.
* Physician signs and dates form.
* Physician fills in name and signature

NOTE: Until HCEA-ESP 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.