



NEISD CATASTROPHIC SICK LEAVE BANK APPLICATION

(MEMBER'S STATEMENT)

Employee Name _____ Employee ID# _____

Address: _____ Phone#: (____) _____

Job Title: _____ (Zip) _____
Campus/Dept.: _____

Reason for requesting Catastrophic Sick Leave Bank days:

- ☐ Personal illness/injury*
- ☐ Illness/injury of immediate family member* (Please add "family member" information below.)
- ☐ Bereavement for immediate family member* (Please add "family member" information below.)

(Dependent Name)	(Relationship)	(Date of Birth/Date of Death)
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Date employee was last actively at work: _____

Employee absent from work five consecutive days or more? ____ Yes ____ No ____ (N/A)

Date employee **expected** to return to work: _____

In your own words, describe the nature of illness/injury: _____

Date illness/injury occurred: _____

Is illness/injury preexisting (6 months prior to Sick Leave Bank membership date)? ____ Yes
____ No ____ (N/A)

Date physician **first** consulted for this illness/injury: _____

Did illness/injury require an inpatient hospital stay? ____ Yes ____ No ____ (N/A)**

Name of attending physician(s): _____

*An itemized hospital bill or statement documenting the patient's name, admit and discharge dates, and room and board charges must be submitted for hospital confinement.

Is illness/injury work related? ____ Yes ____ No

Has this claim been filed under Workers' Compensation? ____ Yes ____ No ____ (N/A)

If yes, as stated in the Sick Leave Bank Handbook: Sick leave days from the Bank **may** be granted for a catastrophic illness/injury as long as days are not covered under the Workers' Compensation Program.

Number of days requesting from the Catastrophic Sick Leave Bank: _____

(If you need Intermittent days, you must designate this.)

I acknowledge all statements provided on this application are true to the best of my knowledge, and I authorize the release of my medical records to the Sick Leave Bank Executive Officer.

Signature _____ **Date** _____

*Physician's statement must also be submitted.

**Hospital is defined as an institution which is primarily engaged in providing on an inpatient basis facilities for the diagnosis, treatment, and care of sick and injured persons, under the supervision of a staff of physicians which continuously provide 24 hour nursing service by a staff of registered graduate nurses.

(This form must be filled out in its entirety or it will be returned for further clarification, and could delay possible granting of Catastrophic Sick Leave Bank days.)

Important information on next page

revised: 05/16

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(MEMBER'S STATEMENT)

Instructions for NEISD Employee

1. Application must be filled out *in its entirety*. Please print or type all information. The employee's signature is required on CSLB Member's Statement and CSLB Physician's Statement or it will be returned unprocessed. Incomplete applications may be returned for further clarification and will delay the processing of possible Catastrophic Sick Leave Bank days.
2. Physician's Statement can be sent directly to the Employee Benefits Office or it can be attached to your Catastrophic Sick Leave Bank Member's Statement application. However, your application will not be processed until the Employee Benefits Office receives both the CSLB Physician's Statement and the CSLB Member's Statement.
3. For inpatient hospital stay, "Room and Board charges" are required. "Room and Board charges" document the patient's name, admit and discharge dates, and the billing status of your admission and hospital stay. (Does not need to be originals.)
4. CSLB Member's Statement, CSLB Physician's Statement, and any supporting documentation may be mailed, pony mailed, or faxed to the Employee Benefits office (fax - 804-7014).
5. Forms can be mailed directly to:

North East ISD
Catastrophic Sick Leave Bank Executive Officer
8961 Tesoro Drive, Suite 209
San Antonio, TX 78217
6. If you have any questions regarding your application or status, please contact James McClung, Executive Officer for A – L employee last names at 407-0490 or Silvia De la Garza, Executive Officer for M – Z employee last names at 407-0489.