



826 South 1500 East
Naples, UT 84078
(435) 781-3100

Uintah School District Sick Leave Bank Application Form

For consideration of Sick Leave Bank days, employee must also submit a completed Uintah School Certification of Health Care Provider Form and Authorization for Use and Disclosure of Health Information Form

(Name)

(Mailing Address, City, State, Zip)

(Telephone)

I apply to the Uintah School District Sick Leave Bank for consideration of _____ days.

I am currently under the care of the following physician(s): _____

Are you a contract employee and current member of the Sick Leave Bank? yes no

Will all accumulated PTO, Comp Time, and Vacation Time (if applicable) be used? yes no

Are you eligible for benefits under Workman’s Compensation? yes no

Is the condition work-related? yes no

Is absence due to a personal prolonged illness/injury? yes no

Are you under the continual care of a licensed physician or psychiatrist? yes no

Please provide a brief explanation of the reason for your absence:

I understand the sick leave bank will require a physician statement to help determine eligibility. I hereby authorize any and all physicians involved to release requested information to the Sick Leave Bank of Uintah School District. I also understand that any fraudulent information given to the Sick Leave Bank Committee shall result in repayment of the fraudulently obtained funds and a two year suspension from use of the Sick Leave Bank. _____ (Initial)

(Employee Signature)

(Date)