Whiteface Consolidated Independent School District

Application to draw from

Sick Leave Sharing Program

Employee's name: _____

Date of Application: _____

Employee Check list: To qualify to draw from the program, you must be able to answer "yes" to all of the following questions:

Have you joined the Sick Leave Sharing Program?

Have you exhausted all of your accrued Local and State sick leave?

Have you been granted fewer than ten days of leave through the program for this request? (five for maternity or family member)

Have you been granted fewer than twenty days of leave through the program this school year?

Which category of qualifying need is this: (circle one) personal illness or injury, Illness or injury of immediate family member, Maternity

Physician's check list: Whiteface Consolidated Independent School District provides members of its Sick Leave Sharing Program the ability to donate local sick leave days to members who experience **unexpected critical illness, surgery, or a temporary disability due to an injury.**

Name of Patient: _____

Is the patient under your care? _____

Does the patient's condition require absence from work? _____

Does the health condition of the patient qualify as one of the following conditions? hospital care, long-term condition requiring supervision,

maternity._____

What is the date of the initial diagnosis of the condition? _____

Physician's signature _____ Date _____

Physician's name: _____