

# Cambridge Public Schools

## Sick Leave Bank Application Form

### Cambridge Professional Safety Specialist Association Sick Leave Bank Application Form

**Please Note:**

1. A maximum of seven (7) days per applicant may be distributed at one time. If additional days are needed, a re-application is required, including medical evidence of continued need.
2. A maximum of seven (7) days may be allotted to any one person in any one year.

Please attach a medical doctor's evaluation of illness or injury. Please give specific data, including dates of confinement at home or in the hospital.

### Employee Information

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Employee Address: \_\_\_\_\_ School or Department: \_\_\_\_\_  
Home Telephone Number: \_\_\_\_\_  
Date of Appointment: \_\_\_\_\_ Work Telephone Number: \_\_\_\_\_  
Number of Days Requested: \_\_\_\_\_

### (For Office Use Only)

Date Sick Leave Expired: \_\_\_\_\_  
If deductible is applicable, please indicate number of deductible days: \_\_\_\_\_

### (For Sick Leave Bank Committee Use Only)

Approved: \_\_\_\_\_ Not Approved: \_\_\_\_\_  
SLB Signatures \_\_\_\_\_

Please send completed form with Dr's. letter to: The Cambridge Professional Safety Specialist Association, President  
C/O CRLS  
459 Broadway  
Cambridge, MA 02138