



Dougherty County School System

DONATED SICK LEAVE

Name: _____ Date: _____

Address: _____ Phone #: _____

Employee #: _____ Social Security #: _____ Last Day Worked: _____

The Dougherty County Board of Education adopted a board policy that all donated sick leave shall be approved by the Sick Leave Bank Committee of Trustees. The Committee of Trustees may grant donated sick leave for critical or life threatening conditions only for a maximum of 40 working days.

If you have been donated sick leave days, please answer the following questions and return to the Benefits Office for committee approval.

Nature of illness/injury: _____

Are you receiving any worker's compensation benefits? Yes No

On what date will all other available leave end (including vacation)? _____

RELEASE MEDICAL INFORMATION STATEMENT

By signing this statement, I hereby authorize my medical records/information pertaining to this request to be released to the Sick Leave Bank Board of Trustees for review. I am aware of the provisions of the Donated Leave Policy and relieve the Board of Trustees and the Dougherty County School System from any liabilities as a result of actions taken by the Board of Trustees.

Employee Signature _____

Date _____

PHYSICIAN'S STATEMENT

Physician's Name: _____ Phone # _____

Address: _____

Nature of illness or condition/prescribed treatment: _____

Is this condition critical or life threatening? _____ If yes, give period of time the condition was or will be critical or life threatening. _____

Date patient will be released to return to work: _____

What is normal recovery time? _____

Comments: _____

Physician's Signature _____

Date: _____