

**FRISCO ISD APPLICATION FOR USE OF SICK LEAVE BANK DAYS**

Name \_\_\_\_\_ SS# \_\_\_\_\_

Campus/Location \_\_\_\_\_

Injury/Illness causing the absences \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I am applying for Sick Leave Bank reimbursement of absences and authorize the physician named below to release information on this illness/injury and absences to the Frisco Independent School District.

Physician \_\_\_\_\_ Phone \_\_\_\_\_

**Employee Signature** \_\_\_\_\_

**Apply as soon as possible (within 30 days) to avoid pay disruption or benefit loss. Eligibility is not determined until doctor's statement is received.**

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**This section to be completed by ATTENDING PHYSICIAN:**

Earliest treatment or diagnosis date (to the best of your knowledge) \_\_\_\_\_  
Related pre-existing conditions \_\_\_\_\_

**For all surgeries:** Could recommended surgery be scheduled during extended school breaks such as summer or winter break without being detrimental to this patient's health?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Anticipated treatments/therapy after initial release for work: \_\_\_\_\_

\_\_\_\_\_  
This patient was/will be unable to work from \_\_\_\_\_ through \_\_\_\_\_

**Physician's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Return to Frisco ISD, Human Resources Office  
6942 Maple St., Frisco, TX or fax 469-633-6001