BIBB COUNTY SCHOOL DISTRICT

Bibb County School District
Human Resources
484 Mulberry Street, Suite 501 • Macon, GA 31201
478-765-8560 • Fax: 478-765-8539
www.bcsdk12.net

SICK LEAVE BANK APPLICATION

Fill-out this form completely, attach supporting documents from your Healthcare Provider and submit all documents to the Human Resources.

Employee Information

Name: Employee ID:

Address: Phone:

School/Department: Position:

Emergency Information:

Emergency Contact Name: Phone:

Healthcare Information:

Physician:

Health Care Facility:

Questionnaire

Please answer the following questions:

	Yes	No
1. I anticipate exhausting all applicable paid leave balances.	☐	☐
2. I have an extended/recurring illness/injury.	☐	☐
3. I am under a physician's care.	☐	☐
4. My illness/injury is work related.	☐	☐
5. I will receive disability benefits while covered by sick leave bank hours.	☐	☐

Request

I am requesting _______ days from the sick leave bank (not to be less than 5 days or more than 60 days).

I certify that the above information is true to the best of my knowledge.

_______________________________ _______________________

Signature of Employee or Guardian* Date

☐ Approved Maximum hours granted ________ (unused hours are returned to the bank).
☐ Denied Reason:

_______________________________ _______________________

Assistant Superintendent of Human Resources Date

*Guardian refers to the person completing the application on behalf of the employee.