New Braunfels ISD Catastrophic Sick Leave Bank
Request for Sick Leave Days

Employee Name: _____ Employee ID #: _____

A ***catastrophic illness or injury*** is a severe condition or combination of conditions affecting the mental or physical health of the employee or a member of the employee's immediate family that requires the services of a licensed practitioner for a prolonged period of time and that forces the employee to exhaust all leave time earned by the employee and to lose compensation from the District. Such conditions typically require prolonged hospitalization or are expected to result in disability or death. Conditions relating to pregnancy or childbirth shall be considered catastrophic if they meet the requirements of this paragraph.

Determination of catastrophic is based upon the physician's statement and NOT based on the monetary impact that the loss of days may have on the members.

Reason for Requesting Sick Leave Bank Days:

☐ Catastrophic Illness/Injury **(self)**
☐ Catastrophic Illness/Injury of immediate family member. **Relationship**: _____
☐ Bereavement for immediate family member. **Relationship**: _____

In your own words, describe the nature of the catastrophic illness/injury: _____
_____
_____
_____

Number of days I am requesting from the SLB: _____ **(max. 40 days)**

Last day actively at work: _____

CSLB Days should begin: _____

☐ **I have (or will have) used all of my available state and local sick leave days for this year.**

A statement from my/family member's physician is attached.

To my knowledge this condition did not exist on the day I joined the NBISD Catastrophic Sick Leave Bank. I acknowledge all statements provided on this application are true to the best of my knowledge and I authorize the release of my medical records to the Catastrophic Sick Leave Bank Board of Directors.

_____ _____
Signature **Date**

PLEASE COMPLETE AND RETURN TO THE HUMAN RESOURCES OFFICE