

# **Mason County Eastern Schools**

## **Sick Bank Withdrawal**

### **Request Form**

This form relates to Article 19 (Sick Leave Bank) of the master agreement between the Mason County Eastern School Board of Education and the Mason County Eastern Education Association and is to be used in all instances when requesting an initial withdrawal from the bank.

A physician's statement of disability identifying the problem, the beginning date of the leave and projected ending date must accompany this form when being submitted in all instances. If an extension is needed, another physician's statement must be submitted.

I, \_\_\_\_\_, request to withdraw days from the sick leave bank beginning on \_\_\_\_\_, and ending on \_\_\_\_\_ (\_\_\_\_\_ days).

#### **Acknowledgements and Redemption Agreement**

I acknowledge that I can only draw enough days to reach the point of eligibility under the long-term disability plan and in no event longer than the ninety (90) day waiting period to qualify for long-term disability.

I understand that I may not collect from the sick leave bank if my absence is covered by Worker's Compensation or another form of disability payment. I understand that if I prospectively receive any such payments during the period I draw from the bank, that the bank must be repaid.

I further understand that if I collect from the long-term disability plan and the amount I receive under that plan and from the district in salary exceeds my Appendix C salary amount for twelve (12) month period, the bank must be repaid.

#### **Authorization**

I hereby also authorize the Superintendent of Schools to contact my physician(s) about any written statement(s) submitted by the physician(s) in support of this leave or extension of the leave if there are questions and release the physician(s) to communicate with the Superintendent with regard to those statement(s).

#### **Certification**

With my signature below, I certify that I have read Article 19 and this form and understand the content of both including any obligations for potential repayment. I further certify that I have not made application for long-term disability, Worker's Compensation, or other form of disability payments from any source for the period of time for which sick bank days are requested and acknowledge my responsibility if such applications are submitted, to notify the district promptly.

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Signature

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Date