



CERTIFIED

SALINA USD 305 ILLNESS & DISABILITY FORM

2018-2019



Step One: *Before submitting your Illness & Disability Pool request form, verify through the employee portal to make sure you have exhausted all of your personal sick leave. This is your responsibility and an oversight may cause a rejection of this application and future applications.*



Step Two: Fill out the following information:

Name _____ Employee # _____ Date: _____

Building Assignment: _____

Years Teaching in USD 305 _____

I have exhausted all of my accumulated leave: **YES** **NO**

This is an application for usage of the Illness and Disability Pool for the following reason (s):

If this application is for the care of a family member:

Name: _____ Relationship _____



Step Three: Please have your medical doctor complete the following:

The certified staff above ***has a serious or catastrophic illness or injury*** **OR** a family member (identified above) has an illness/disability that requires the family member be hospitalized and/or under the care of a physician.

Medical Statement: _____

Signature of Medical Doctor _____ Date _____



Step 4: Days requested

This application is for _____ days. Dates Gone : _____ to _____

Please check the **Negotiated Handbook** (www.usd305.com → Human Resources) for details concerning the number of days for which you may apply.



Step 5: Please return this form to:

Designated Representative of the President of NEA-Salina:

Adrienne Mammen – Lakewood Middle School

FOR NEA USE ONLY

This certified staff has exhausted all sick leave _____ (Check with HR 309-4726)

This request has been _____ Approved _____ Not Approved

Reason for non-approval:

Signature NEA-Salina Official _____



Step 6: Submit to Human Resources