



**CERTIFIED**

**SALINA USD 305 ILLNESS & DISABILITY FORM**

**2020-2021**

**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):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**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](http://www.usd305.com) → Human Resources ) for details concerning the number of days for which you may apply.



**Step 5:** Please return this form to:

**The President of NEA-Salina:**

**Kari Keck – Oakdale Elementary**

**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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signature NEA-Salina Official\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**Step 6:** Submit to Human Resources