

**REQUEST TO USE SICK LEAVE DAYS FROM SICK LEAVE BANK
FOR EMPLOYEE'S PERSONAL ILLNESS**

Name _____ Employee No. _____
Last First Initial or
Soc. Sec. No. _____

Address _____
Street City/State Zip

School _____

School or Department _____

Home Phone _____ School Phone _____

Are you employed outside of Knox County Schools? Yes No

(if yes) Location _____ How Long _____

Have you used the Sick Bank previously? Yes No

Are you receiving disability or other funds from any other source for the requested days? Yes No

If so, please list _____

I hereby authorize the certified employee's sick bank office to release my medical information to the Knox County School System Human Resources Department. Yes No

REQUEST

Original Request Extension _____

Date Accumulated Leave Expired _____

ALL PERSONAL, SICK, AND VACATION LEAVE DAYS MUST BE USED PRIOR TO SICK LEAVE BANK APPLICATION.

Elective surgery is not covered by the sick bank. See back for listing of some possible "elective surgery" situations.

Number of Days Requested _____ (1 to 20 days for each request – original or extension)

Attending Physician _____

Comments Regarding Illness (Response Required) _____

I certify that the information is true, correct and complete. I further certify that any false or misleading information, or omission of factual information may result in the denial or revocation of sick leave bank days. I understand that I can only use sick bank for a maximum of 60 days in one school year.

Date of Request

Applicant's Signature

APPROVAL

(To Be Completed By Trustees)

Original Request Extension No. 1 Extension No. 2

Request Approved: Yes No Number of Days Approved _____

Effective Dates: From _____ To _____

Comments _____

Reply Date

Superintendent or Designee

**Please return this form to: Benefits & Employee Relations
Knox County Schools
P.O. Box 2188
Knoxville, TN 37901-2188
Phone: 865/594-1682 Fax: 865/594-9523**

The Sick Leave Bank Trustees recognize the following procedures as examples of “elective surgery”:

1. Radial keratotomy and other surgical procedures to correct refraction error(s)
2. Any operation relating to the fitting or wearing of dentures or teeth
3. Cosmetic surgery unless an injury or illness
4. Experimental surgical procedures not yet recognized as acceptable medical practice or which require, but have not received, approval by a federal or other governmental agency
5. Artificial implants and non-human transplants
6. Reversal of sterilization procedures
7. Surgery to change sex and related treatment
8. Services or supplies in connection with artificial insemination, in-vitro fertilization or any procedure intended to create a pregnancy
9. Pregnancy/Caesarean
10. Surgery that may be postponed, without harm to patient, until the summer break from school duties.