

.RISD Sick Leave Bank Application

Available at www.risd.k12.nm.us

Employee Name: _____ Date: _____

School: _____ Position: _____

Please complete the following member information:

Balance of Sick Leave Days: _____ 0 _____ Balance of Personal Days: _____ 0 _____

Balance of Emergency Days: _____ 0 _____ Balance of Annual Leave: _____ 0 _____

Number of days requested: _____ Dates requested: _____

Brief description of illness or circumstances supporting your need for additional paid sick leave days from the RISD Sick Leave Bank: _____

I hereby authorize release of information pertaining to my request for paid sick leave from the RISD Sick Leave Bank by my physician to the RISD Sick Leave Bank Committee.

Signature of Employee

Date

To be Completed by Your Physician

In order to qualify for consideration to receive days from the RISD Sick Leave Bank, members of Bank must request the information below to be completed by the attending physician.

Diagnosis: _____

Recommendation: _____ Date to return to work: _____

Physician's Signature: _____ Date: _____

Address: _____ Telephone: _____

The completed form is submitted to either Jessica Mendez or Mary Maes in the Human Resources Office at the AESC. You may send it through the pony or hand carry it to the AESC. If you have any questions, you may call Jessica at 575-627-2526.