Frederick County Teachers Association 1 Worman's Mill Court; Suite 16 Frederick, MD 21701	Phone: (301) 662-9077 FAX: (301) 662-9205	Sick Leave Bank Request 2024-25 **CONFIDENTIAL INFORMATION**

Please print or type – Complete and return to the FCTA Office

Name:

Last	First	MI	Employee ID	Application Date

Address:

Street and Number	City and State	Zip	Home Phone

Employee Info.:

School/Dept.	Are you employed somewhere in addition to FCPS? ____YES _____NO		**Employment Status**	10-month ☐ 11-month ☐ 12-month ☐	Part-Time ☐ Full-Time ☐
Personal Sick Leave Expires:		**Number of Days Requested:**		**Previous Bank Usage**	YES ☐ NO ☐

Authorization to Release Information: I hereby authorize the undersigned physicians to release any information acquired in the course of my treatment or examination to the FCTA Sick Bank Committee.

_____

Signature of Member/Patient

For Treating Physician Use Only – TYPE OR PRINT LEGIBLY

Please provide a complete statement of the medical diagnosis confirming the catastrophic and incapacitating nature of the condition. If it appears likely that this patient will not be able to return to this type of employment, please indicate below.

In cases of childbirth, the actual delivery date and type of delivery must be noted on this form in order to be processed. Please do not submit forms prior to the actual delivery.

Diagnosis: The physician's diagnosis (in layman's terms) must include an explanation of why patient is unable to work.

Treatment Plan:

Expected Return to Work Date:

Patient was under my care and unable to work		From:	Through:
If still disabled, date patient should be able to return to work. If exact date is not known, show a no-sooner-than date:			
Physician's Name (Please type or print)		Telephone:	
Physician's Signature		Date:	
Physician's Address:			

For Committee and Payroll Use Only					
FCTA Sick Leave Bank Committee:					
Request Approved:	☐ Yes ☐ No	Chair:		Date:	
Number of Days Approved:		From:		To:	
Comments:					
FCPS Department of Human Resources					
Request Approved:	☐ Yes ☐ No	Signature:		Date:	
Comments:					
Sick Leave Depleted:	☐ Yes ☐ No	Signature:		Date:	
Date Processed by Payroll Dept.:		Signature:			

Please note before submitting your application:

All requests to draw upon the Sick Leave Bank must be received in the FCTA Office no more than thirty (30) days from the date your own sick leave has been exhausted. Failure to meet this deadline will result in lost days of pay.

It is the member's responsibility to ensure that the FCTA Sick Leave Bank Request Form and any other necessary documents are received at the FCTA office. Forms may be delivered to the FCTA office by hand, U.S. Mail, FCPS Courier, or faxed to (301)-662-9205. Forms may be emailed, in .PDF only, to FCTASLB@mseanea.org.
No other submissions will be accepted.

All requests to draw upon the Sick Leave Bank must be accompanied by a physician's statement confirming the cause of the illness or confinement made on an FCTA Sick Leave Bank Physician's Confirmation Form, signed by the physician.

In cases of childbirth, the actual delivery date and type of delivery must be noted on this form to be processed. Such requests should not be submitted until after birth. Failure to provide this information may lead to delays in processing your grant request.

The expected date of return must be completed by the physician on the Sick Leave Bank form.

It is recommended that a member using the Bank for psychiatric disability be under the care of a registered psychologist or psychiatrist. The above-mentioned clinicians should provide a treatment plan that addresses the member's specific diagnosis.

Please refer to the Rules of the FCTA Sick Leave Bank, which can be found on our website, MYFCTA.org for all of the rules and procedures for our sick leave bank.