FORMS FOR EMPLOYEE CATASTROPHIC ILLNESS AND INJURY

DONATION OF SICK DAYS FORM

Non-returnable donation of sick days for the
Employee Catastrophic Illness and Injury Policy

Name of donating employee:____

Current number of sick days:____

Donation being made to:____

Number of days donating:____

Conditions for donations:____

____
Signature of donating employee

Submit to the Sick Bank Committee

Forms for Employee Catastrophic Illness and Injury

PHYSICIAN VERIFICATION FORM

THIS FORM IS TO BE COMPLETED BY A PHYSICIAN RELATIVE TO AN EMPLOYEE REQUESTING TO RECEIVE DONATED SICK DAYS UNDER THE EMPLOYEE CATASTROPHIC ILLNESS AND INJURY POLICY OF THE COLLINSVILLE UNIT 10 SCHOOL DISTRICT.

PATIENT NAME: ____

ADDRESS: ____

PHONE NUMBER: ____

1. ILLNESS, INJURY, OR PREGNANCY TREATED: (BE SPECIFIC)

   ____

   ____

   ____

2. IS THE CONDITION RELATED TO:

   A. PATIENT EMPLOYMENT: YES _________ NO __________
   B. AUTO ACCIDENT: YES _________ NO __________
   C. ILLNESS: YES _________ NO __________

3. HAVE YOU SEEN THE PATIENT BEFORE THE ABOVE ILLNESS?

   YES _________ DATE FIRST SEEN __________ NO __________

4. IN YOUR JUDGMENT, IS THE PATIENT AT THE PRESENT TIME ABLE TO PERFORM THE DUTIES OF HIS/HER OCCUPATION FOR THE COLLINSVILLE SCHOOL DISTRICT?

   YES _________ NO __________

5. IF THE ANSWER TO NUMBER 4 IS “NO”, WHY IS THE PATIENT NOT ABLE TO PERFORM HIS/HER DUTIES? PLEASE BE SPECIFIC.

   ____

   ____

   ____

6. IS IT YOUR OPINION THAT THE PATIENT CANNOT EVER RETURN TO HIS/HER PRESENT DUTIES?
YES _________ NO __________

7. IF THE ANSWER TO NUMBER 6 IS "NO", WHEN DO YOU ESTIMAT THE PATIENT CAN RETURN TO WORK? DATE ____________________

8. PLEASE STATE OTHER COMMENTS THAT MIGHT BE HELPFUL TO THE SICK LEAVE BANK COMMITTEE IN MAKING A DECISION ON THE ABOVE LISTED PATIENT:

____

____

____

DOCTOR'S NAME: ____

ADDRESS: ____

____

PHONE: ____

DOCTOR'S SIGNATURE: ______________________________________

DATE SIGNED: ______________________________________

PLEASE RETURN THE COMPLETED FORM AS SOON AS POSSIBLE TO:

Sick Bank Committee
c/o Mr. Kevin Robinson
201 West Clay Street
Collinsville, IL 62234
Phone: 618/346-6350