

Queen Anne's County Education Association Sick
Leave Bank request form c/o Karen Fields, Sick
Leave Bank Committee Please submit electronically
or through BOE mail

Name Employee ID #

Address phone #

position school/work site location

Reason for your request: _____

Number of days requested from the bank _____.

Specific dates of days required _____ (You are responsible for knowing when your
regular and personal days have been exhausted.

This information along with your doctor's medical statement will be reviewed by the QACEA Sick Leave
Bank Committee. Guidelines are posted on the qacea website, www.qacea.org.

Signature of Applicant and Date

Queen Anne's County Education Association
Sick Leave Bank Medical Doctor's Statement

Patient's Name and Address Position

Authorization to Release information: I hereby authorize the undersigned licensed medical doctor to release
any information acquired in the course of my treatment or examination. If detailed information is not
provided, I understand it may be necessary to submit more medical statements at the Committee's request.
I understand that failure to submit sufficient information may result in denial of this request.

Applicant's Signature and Date

To be completed by licensed medical doctor. Note to Physician: The purpose of this application is to provide sick leave to the above mentioned member of the QACEA Sick Leave Bank in case of **prolonged, incapacitating, and catastrophic personal illness**. The Sick Leave Bank is a contribution of days from its members. In order to protect all members of the Sick Leave Bank, it is necessary for the Committee to have specific information if you consider the patient's disability to be **catastrophic**. This will allow the committee to render a fair and reasonable decision whether or not this meets criteria as defined "herein."

Patient _____ was under my care and unable to work from _____ through _____.

Date patient should be able to return to work: (If exact date is not known, give an approximate date)
_____.

Please provide, **in layman's language**, detailed information explaining why the patient is unable to perform his/her duties. **Please include a brief description of illness, medical treatment plan and current condition**. This information will allow the Committee to render a fair and reasonable decision regarding eligibility. **Please attached this information to this form.**

(Licensed Medical Doctor's Name (type or print))

Licensed Medical Doctor's Signature

Address and date

Please return this form to patient for submission to Sick Leave Bank Committee.