

**SPRINGBORO COMMUNITY CITY SCHOOLS
LOAN APPLICATION FOR SICK LEAVE BANK**

Date: _____

Name: _____ Building: _____

Number of sick days used this school year _____

Number of sick days used for current illness _____

Estimate of additional days needed _____

Employee's reason for request (be specific) _____

I give my physician permission to release the above requested medical information.

Employee's Signature

PHYSICIAN'S STATEMENT

_____ is unable to perform their contracted duties and requires extended sick leave because
(please be specific with diagnosis and description of complications).

_____ requires non-elective surgery

Nature of procedure: _____

Physician's estimate of number of days needed for recovery _____

Physician Name: _____

Physician's Address: _____

Physician's Contact Number: _____

Physician's Signature

Date: _____

Please submit this completed application and statement to: Kristen Black, HR Administrative Assistant
Springboro Community Schools
1685 South Main Street
Springboro Ohio 45066
(937) 748-3960 (937) 748-3956 fax