

**CENTER SCHOOL DISTRICT  
CLAIM FORM - SICK LEAVE POOL  
Fill out and turn in to Vicki Hansen**

**COMPLETED BY PHYSICIAN**

**Physician's Name (please print)** \_\_\_\_\_

Office Address, City, State, Zip \_\_\_\_\_

Diagnosis: \_\_\_\_\_

\_\_\_\_\_

**Anticipated length of Absence from work:**

From \_\_\_\_\_ To \_\_\_\_\_ Total # of Days Requested \_\_\_\_\_

Is this claim in relation to a Worker's Compensation Claim?      \_\_\_\_\_ YES      \_\_\_\_\_ NO

If Yes – Date of Worker's Compensation Claim      \_\_\_\_\_ To \_\_\_\_\_

**Today's Date** \_\_\_\_\_

**Physician's Signature** \_\_\_\_\_

**COMPLETED BY EMPLOYEE**

Name (please print) \_\_\_\_\_

Building and Position \_\_\_\_\_

Contact Number \_\_\_\_\_

New Claim?      \_\_\_\_\_ YES      \_\_\_\_\_ NO

**If No** – Dates of Last Claim      From \_\_\_\_\_ To \_\_\_\_\_

**Employee Signature** \_\_\_\_\_

**HUMAN RESOURCE USE ONLY**

Date Claim Form Received \_\_\_\_\_

Employee Hire Date \_\_\_\_\_ Total Days Employee is Eligible to use \_\_\_\_\_

**Committee Approved** \_\_\_\_\_      **Committee Denied** \_\_\_\_\_

Reason of Denial \_\_\_\_\_

Date Denial Letter sent \_\_\_\_\_

Human Resource  
Payroll  
Personnel File