

Grand Prairie Independent School District
REQUEST FOR SICK LEAVE BANK BENEFITS

Submit to: Human Capital Office, Attn: Karen Gonzalez
karen.gonzalez@gpisd.org
2602 South Belt Line Road, Grand Prairie, Texas 75052
Office: 972-237-5369 Fax: 972-237-5318

EMPLOYEE INFORMATION

| | | |
|---|--|--|
| Full Name | Membership Date | |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | |
| Address | | |
| <input style="width: 100%;" type="text"/> | | |
| City | State | Zip |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| Home # | Cell # | |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | |
| Job Title/Position | Campus/Dept. | |
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> | |

SLB BENEFIT PRE-REQUISITES

1. Have you been physically present in your work assignment for at least one full workday in the current school year? ☐Yes ☐No
2. Have you exhausted all state, local and vacation leave? ☐Yes ☐No
3. Have you returned to work? ☐Yes ☐No

MEDICAL INFORMATION

4. State the nature of illness:
5. First date of treatment for illness (provide date):

REQUEST FOR SLB DAYS

6. Provide dates that you are requesting be covered by SLB:
From to
7. Have you submitted the following forms to the Human Capital department?
 - a. Medical Certification signed by a Healthcare Provider ☐Yes ☐No
 - b. Fitness to Return to Work form ☐Yes ☐No
8. Is this a work-related injury? ☐Yes ☐No
9. Have you previously requested sick leave bank days? ☐Yes ☐No
If yes, provide date of request:
10. How many days are you currently requesting from the bank?

| | |
|--|--|
| <input style="width: 95%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| Employee Signature | Date |