PORTLAND PUBLIC SCHOOLS
Human Resources
501 N Dixon Street • Portland, OR 97227
503-916-3544 • Fax: 503-916-3107
Portland Public Schools is an equal opportunity and affirmative action employer.

SICK LEAVE BANK APPLICATION FORM
BUILDING ADMINISTRATOR AND NON- REPRESENTED EMPLOYEES

Name____Employee ID: _______________

Address____Phone: ____________________

Work Site_______________________________Position Title: ___________________________________

Emergency Contact Name/Phone: ____

Attending Health Care Provider Name/Facility: ____

I am requesting _____________________ days of sick leave bank (Not to be less than 6 days or more than 2 0 days)

Answer the following :	Yes	No
1. I have been employed by the District for the last 12 months	‰	‰
2. I anticipate exhausting all applicable paid leave balances	‰	‰
3. Myself or an immediate family member has an extended/recurring illness/injury and is under a physician's care	‰	‰
4. My illness/injury is work related	‰	‰
5. I will not receive disability benefits while covered by sick leave bank hours	‰	‰

6. Relationship of family member (if applicable) ____

I certify that the above information is__