

PORTLAND PUBLIC SCHOOLS

Human Resources

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Portland Public Schools is an equal opportunity and affirmative action employer.

## SEIU SICK LEAVE BANK APPLICATION FORM

Name \_\_\_\_\_ Employee ID: \_\_\_\_\_

Address \_\_\_\_\_

Phone: L bf %o %o

- |  |    |    |
|--|----|----|
| 2. I anticipate exhausting all applicable paid leave balances                    | %o | %o |
| 3. I have an extended/recurring illness/injury                                   | %o | %o |
| 4. I am under a physician's care   | %o | %o |
| 5. My illness/injury is work related   | %o | %o |
| 6. I will not receive disability benefits while covered by sick leave bank hours | %o | %o |

I certify that the above information is true to the best of my knowledge.

\_\_\_\_\_

\_\_\_\_\_