

Plainfield Board of Education

Employee Sick Leave Bank Application

Please complete this form in order to apply to the Sick Leave Bank. All information will be kept confidential in the Human Resources Department at 1200 Myrtle Ave., Plainfield, NJ 07060.

EMPLOYEE INFORMATION

Name:

Address:

Phone #:

Cell Phone #:

Building/ Location:

Department:

By checking this box, you grant permission to the Sick Leave Bank Committee and Human Resources to request doctor's notes, medical statements, medical documentation and any information deemed necessary Yes ☐ No ☐

HEALTH INFORMATION:

Physician's Name:

Address:

Phone #:

Zip Code:

Emergency Contact Name:

Phone number:

By signing below, I certify that I have read all conditions of the Plainfield Public School Sick Leave Bank and Sick Leave Bank Guidelines.

Employee Name (please print):

Date:

Employee Signature:

FOR OFFICE USE ONLY

Date of Hire:

Enrollment Date:

Number of accumulated days:

As of this date:

Human Resources Designee:

Date:



Public Schools of Plainfield

DEPARTMENT OF HUMAN RESOURCES
1200 Myrtle Avenue
Plainfield, NJ 07060
Phone: 908-731-4328 Fax: 908-731-4332

**PLAINFIELD PUBLIC SCHOOL'S
SICKBANK HEALTHCARE PROVIDER'S STATEMENT
To be completed by Physician**

Employee Name: _____

Nature of Medical Condition/Disability: _____

Date(s) you treated the patient for condition: _____

Will the patient need to have treatment visits? ☐ Yes ☐ No

If so, estimated number of visits: _____

Name of Attending Physician:

Address:

(please print)

Signature:

Date: _____

Phone Number: _____