

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.

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.
