PORTLAND PUBLIC SCHOOLS
Human Resources
501 N Dixon Street • Portland, OR 97227
503-916-3544 • Fax: 503-916-3107

PAT SICK LEAVE BANK APPLICATION FORM

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 5 days or more than 20 days)**

Answer the following:	**Yes**	**No**
1. I anticipate exhausting all applicable paid leave balances	❑	❑
2. I have an extended/recurring illness/injury	❑	❑
3. I am 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	❑	❑

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

_____ _____
(Signature of Employee or Guardian) (Date)

Next Steps:

1. **Attach completed Certification of Health Care Provider form**
2. **Attach completed PPS Application for Leave of Absence**
3. **Submit your request to: PPS Human Resources 501 N Dixon St. Portland, OR 97227, Fax 503-916-3107, or e-mail benefits@pps.net**

☐ Approved: Maximum hours granted _____ (unused hours are returned to the bank)

☐ Denied: Reason _____

_____ _____
Human Resources Department Date

_____ _____
PAT Representative Date