



COUNCIL OF SCHOOL OFFICERS
LOCAL 4



COUNCIL OF SCHOOL OFFICERS
AMERICAN FEDERATION OF SCHOOL ADMINISTRATORS, LOCAL 4 (AFL – CIO)

RICHARD JACKSON
PRESIDENT

BARBARA B. CHILDS
EXECUTIVE VICE PRESIDENT

SICK LEAVE BANK APPLICATION

Part I – INSTRUCTIONS FOR APPLICANT

1. Complete and sign Part I (type or print legibly)
2. Forward to Attending Physician to complete Part II
3. When completed by the physician, forward application to the Council of School Officers
4. Please attach proof of **approved** DCPS Application for FMLA

Name: _____ Phone: _____

Address: _____

Employee ID: _____ Years in DCPS: _____

Current Position: _____ Site: _____

I request _____ days starting from _____ (Date) from the CSO Sick Leave Bank.

Signature: _____ Date: _____

Part II – TO BE COMPLETED AND SIGNED BY ATTENDING PHYSICIAN

I hereby certify that I am the attending physician for _____, who is applying for leave from the CSO Sick Leave Bank. I also certify that the prognosis is due to an unexpected illness, except for a cesarean delivery. Based upon my professional evaluation, the expected return date is _____.

Optional Physician Notes:

Signature: _____ Date: _____

Address: _____ Phone: _____