

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

DCU SICK LEAVE CERTIFICATION 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 :

	<u>Yes</u>	<u>No</u>
1. I have been employed by the District for 2 years or more	%	%
2. I anticipate exhausting all applicable paid leave balances	%	%
3. I have an extended/recurring illness/injury	%	%
4. I am under a physician's care	%	%

(Signature of Employee or Guardian)

(Date)

Next Steps:

1. Submit your request to: PPS Human Resources 501 N Dixon St. Portland, OR 97227, Fax 503-916-3107, or e-mail leave@pps.net
2. Applications for sick bank are considered for approved leave and require a medical certification from your provider.

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

Denied: Reason _____

Human Resources Department _____ Date _____

DCU Representative _____ Date _____