



**ALBUQUERQUE
PUBLIC SCHOOLS**

**Albuquerque Teachers Federation
Albuquerque Federation of Classified Professionals**

SICK LEAVE BANK APPLICATION

- Eligible conditions must meet the definition of catastrophic illness or injury presented in the Sick Leave Bank Guidelines.
- Upon application approval, benefits are subject to a ten (10) day deductible. If you are unable to meet the deductible through your own accumulated sick/personal/annual leave time, a payroll docking at the beginning of your benefit period will occur.

Name: _____ Employee Number: _____

Mailing Address: _____ Zip Code: _____

Phone #'s: Home: _____ Cell: _____ Work: _____

Work Location Number: _____ Location Name: _____

Site Supervisor: _____ Site Secretary: _____

Last Day Worked: _____ Beginning Date: _____ Ending Date: _____

Physician's Name: _____ Physician's Phone: _____

- Attach a Sick Leave Bank "Physician's Statement" completed and signed by your licensed, certified physician)
- Alteration or falsification of information on either this Application or the Physician's Statement could result in termination of benefits and disenrollment from the Sick Leave Bank.

Nature of Illness: _____

Is this work related? Yes No Is this condition the result of an accident at work? Yes No

Is surgery required? Yes No Surgical procedure required: _____

List medications prescribed for this condition: _____

Have you had this illness previously? Yes No If yes, when? _____

Have you requested SLB benefits for this condition previously? Yes No If yes, when? _____

Have you received SLB benefits previously for an unrelated condition? Yes No If yes, when? _____

I agree to abide by the terms of the guidelines that provide for the recovery of benefits paid by other insurance or liability coverage. In the event of an insurance settlement, I understand that I am responsible for repayment in full to the Sick Leave Bank of benefits paid to me as the result of an accidental injury.

Applicant's Signature: _____ Date: _____

Return the original Application and Physician's Statement to:

**APS Sick Leave Bank, 6400 Uptown Blvd NE, Suite 115 East; or the Physician can fax it to
(505) 884-0536. No third party faxes.**

