

BOOKER ISD

PHYSICIANS RELEASE OF INFORMATION TO
THE CATASTROPHIC SICK LEAVE BANK

The information requested below is required in order that _____,
an employee at Booker ISD may be considered to receive extra sick leave from Booker ISD's
Catastrophic Sick Leave Bank. This leave has been donated by employee members to assist
fellow employee members when their sick leave is exhausted as a result of a long-term illness
of the employee or a member of his/her immediate family.



I authorize Dr. _____ to release the information requested
below by the Catastrophic Sick Leave Bank (CSLB) of Booker ISD.

Signature of Employee: _____ Date: _____

Signature of Immediate Family Member who is Ill: _____



The information below will be considered confidential and will be used exclusively by the
Catastrophic Sick Leave Bank Executive Committee in determining sick leave need of the
Booker ISD employee listed above.

Physicians Statement

1. _____ is a patient under my care.
2. This patient is expected to be unable to perform his/her duties as a(an)
_____, or may require the presence of the employee for a period
of _____ days during his/her illness.
3. The patient is expected to be able to return to his/her position on full-time or part-time
basis on approximately _____. I will provide a note to attach to this
sheet when the patient may return to work and his/her basis for returning or when the
member of the immediate family is well enough for the employee to return to work.

Signature of Physician: _____ Date: _____