



**EAGLE MOUNTAIN
SAGINAW ISD**

Fostering a Culture of Excellence

Catastrophic Sick Leave: Packet

All completed forms must be submitted to the Risk Management department via email at kheiskell@ems-isd.net or via Fax (817) 744-8910



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Eagle Mountain Saginaw Independent School District Catastrophic Sick Leave Bank Request Form

Definition of Catastrophic illness or injury:

A catastrophic illness or injury is a severe condition or combination of conditions affecting the mental or physical health of the employee or a member of the employee's immediate family that requires the services of a licensed practitioner for a prolonged period of time and that forces the employee to exhaust all leave time earned by that employee and to lose compensation from the District. Such conditions typically require prolonged hospitalization or recovery or are expected to result in disability or death.

Requested Date: _____

Employee's Name: _____

Position: _____ Campus/Department: _____

Address: _____

City: _____ Zip: _____ Phone Number: _____

Is the request for yourself or an immediate family member? Please specify.

Are you currently on an approved district leave of absences: Yes or No

If, yes, please provide a timeframe. (include dates) _____

Number of days requesting from the Bank: _____

Describe nature of illness, or accident for request: _____

I hereby certify the information given to the Catastrophic Sick Leave Bank program administrator is valid to the best of my knowledge.

Employee Signature (or designee)

Date:

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Eagle Mountain Saginaw Independent School District Catastrophic Sick Leave Bank Medical Certification (Completed by Attending physician)

Employee Name: _____

Patient Name: _____

Please complete the following information regarding the patient named above. The Catastrophic Sick Leave Bank is a voluntary program offered by Eagle Mountain Saginaw Independent School District. The bank covers members' catastrophic illnesses and injuries. The bank does not cover pre-existing conditions, elective surgeries, pregnancy, or other non-catastrophic situations.

The district defines "Catastrophic illness or injuries as:

A catastrophic illness or injury is a severe condition or combination of conditions affecting the mental or physical health of the employee or a member of the employee's immediate family that requires the services of a licensed practitioner for a prolonged period of time and that forces the employee to exhaust all leave time earned by that employee and to lose compensation from the District. Such conditions typically require prolonged hospitalization or recovery or are expected to result in disability or death.

Pre-existing Conditions: Catastrophic Sick Leave Bank cannot be used for any medical conditions for which the member was diagnosed on or before the date they first joined.

Describe illness or injury:

Date of diagnosis: ____/____/____ Is patient still under your care? Yes or No

Circle All That Applies:

The patient's illness, injury, or condition is:

a.) Life threatening

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- b.) Requires in patient prolonged hospitalization
- c.) Expected to result in permanent disability or death

Date of Treatment: ____/____/____

Date Treatment is expected to End: ____/____/____

Explain the short- term prognosis:

Explain the long- term prognosis:

Hospitalization:

Name and Address of Hospital:

Date Admitted: ____/____/____

Date of Discharged: ____/____/____

Name of Attending Physician:

Address:

Phone Number: _____ Fax Number: _____

I certify the information given on this Attending Physician's Statement is accurate and true.

Physician's Signature

Date