CATASTROPHIC ILLNESS LEAVE BANK REQUEST FORM (CILB)

TO BE COMPLETED BY EMPLOYEE (PRINT OR TYPE)

Name: ______________________ Last 4 digits of Social Security Number: ______________________

School/Department: ______________________ Position: ______________________

Telephone: Home: ______________ Cell: ______________ Work: ______________

Date of Last Day Worked: ______________ Number of CILB Days Requested: ______________
(Requested days are not an extension of FMLA. Maximum request of 20 days)

Describe the nature of your catastrophic illness:

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1. Catastrophic Illness Leave Bank (CILB) days are available only to employees who have joined the CILB.
2. The CILB is available to a member with a catastrophic illness. To draw from the bank a member must first exhaust accumulated sick leave days.
3. For the purpose of the Leave Bank, a catastrophic illness is defined as a severe medical condition caused by disease, illness, or injury to the employee or an immediate family member of the employee.
4. A member must be absent ten (10) consecutive work-days due to catastrophic illness immediately prior to using days from the CILB. (See guidelines for additional clarification.)
5. Physician's Name: ______________________ Telephone: ______________

   Address: ____
6. I authorize my physician(s) to release information relating to my catastrophic illness to the Cobb County School District's CILB Committee.

______________________ Signature of employee or designee

______________ Date

Submit all copies to the Chair of the CILB Committee/Benefits Office, 580 Glover Street, Marietta, GA 30060

TO BE COMPLETED BY CATASTROPHIC ILLNESS LEAVE BANK COMMITTEE

DATE REQUEST RECEIVED: ______________ PHYSICIAN'S STATEMENT ATTACHED: Yes | | No | |

MEMBER'S ACCUMULATED SICK LEAVE ENDS/ENDED: ______________________

FIRST DAY OF WORK MISSED FOR THIS ILLNESS: ______________

REQUEST GRANTED | | NUMBER OF DAYS GRANTED FROM CILB: ______________

REQUEST DENIED | | REASON DENIED: ______________________________

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______________________ Signature of CILB Committee Secretary

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