



Washoe Education Support Professionals

## SICK LEAVE BANK INFORMATION

Please read and complete the enclosed Sick Leave Bank Application and include:

1. A statement from your physician including diagnosis (nature of your illness), prognosis (recovery), the expected length of time you will be off work, and if surgery is indicated, whether it is elective, required, or was an emergency.
2. An official printout from your timekeeper or H. R. Technician showing your sick leave and vacation usage for the past 2 years. **ALL SICK, VACATION, and COMP TIME MUST BE USED BEFORE SICK LEAVE BANK BEGINS.**  
**The Washoe County School District classified HR technicians are:**
  - Dani Howell (last names beginning with A-G) 348-0237
  - Carla Bennett (last names beginning with H-O) 333-3767
  - Noemi Garcia (last names beginning with P-Z) 348-0328
3. The Sick Leave Information Request forms must be filled out completely (show hours used for each) and signed by the timekeeper and your supervisor.
4. Include a copy of your ***approved, signed, and dated*** Leave of Absence Form and Health Care Provider Form.
5. **YOU MUST INCLUDE ALL ITEMS OR YOUR APPLICATION WILL BE TURNED DOWN DUE TO LACK OF INFORMATION. Failure to include any of the requested information may delay review of your application. All information submitted is confidential.**
6. In order to expedite your request and meet payroll time limits your application must be turned in for committee consideration on the Wednesday before pay day. Please allow enough time for the application to be processed so you don't go into an unpaid status. **Sick Leave Bank is not paid retroactively.**

Send all information to:

Toni Maresjo  
C/O WESP  
1135 Terminal Way #107  
Reno, NV 89502  
Office: 333-0805 FAX: 284-0864



**Washoe Education Support Professionals**

**SICK LEAVE BANK ASSISTANCE APPLICATION**

Employee Name: \_\_\_\_\_ School/Location \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Position/Title: \_\_\_\_\_ Salary Range: \_\_\_\_\_

Is surgery required? Yes \_\_\_ No \_\_\_ Elective? Yes \_\_\_ No \_\_\_ Emergency? Yes \_\_\_ No \_\_\_

Statement from physician (**MANDATORY**) must be attached. Description of illness/accident (attach additional pages if necessary): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

CDS Claim (on the job injury): Yes \_\_\_ No \_\_\_

Number of days anticipated away from work as a result of illness/accident: \_\_\_\_\_

Employee's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please forward this form to the **Classified Sick Leave Bank Committee at Washoe Education Support Professionals (WESP) office, located at 1135 Terminal Way #107, Reno, NV 89502.**  
Please do not send application to WCSD Personnel.

**Classified Sick Leave Bank Committee Use Only**

If new enrollee, has 90-day waiting period been completed? Yes \_\_\_ No \_\_\_

Number of sick leave days approved: \_\_\_\_\_

CDS to be supplemented? Yes \_\_\_ No \_\_\_

Date employee is approved to begin utilizing sick leave days: Month \_\_\_ Day \_\_\_ Year \_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Classified Sick Leave Bank Committee Signatures

Date: \_\_\_\_\_

**Personnel Use Only**

ID# \_\_\_\_\_ Location: \_\_\_\_\_ Daily Work Hours: \_\_\_\_\_



**Washoe Education Support Professionals**

**SICK LEAVE INFORMATION REQUEST**

**(Please fill out form completely or there may be a delay in processing your request.)**

Employee's Name \_\_\_\_\_ Position/Site \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Hours per day \_\_\_\_\_ Months per year \_\_\_\_\_ WCSD hire date \_\_\_\_\_

Date eligible to begin accruing sick leave: \_\_\_\_\_

Date sick leave to begin: \_\_\_\_\_ Date return to work: \_\_\_\_\_

Sick Leave Balance as of (date): \_\_\_\_\_ Hours: \_\_\_\_\_

Vacation Leave Balance as of (date): \_\_\_\_\_ Hours: \_\_\_\_\_

Comp Time Balance as of (date): \_\_\_\_\_ Hours: \_\_\_\_\_

Number of hours used in the past two years in the following areas:

Self sick: \_\_\_\_\_ Hours    Family sick: \_\_\_\_\_ Hours    Personal Business: \_\_\_\_\_ Hours

**Timekeeper's signature:** \_\_\_\_\_ **Work Phone Number:** \_\_\_\_\_

Any lengthy absences prior to this request?     Yes     No

Dates (s): \_\_\_\_\_ Number of hours used: \_\_\_\_\_

Date (s): \_\_\_\_\_ Number of hours used: \_\_\_\_\_

Please explain any lengthy and/or frequent sick leave usage:

**Supervisor's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_