



Birdville Independent School District

Birdville Independent School District
Employee Sick Leave Bank

Attending Physician's Statement

TO THE ATTENDING PHYSICIAN: My patient is requesting extended sick leave benefits from the Birdville Independent School District that will afford patient full payment for up to 30 days of sick leave in the event they are not able to work due to a catastrophic illness or injury, or need to care for an immediate family member with a catastrophic illness or injury. Prior to approving any payment for days lost, a doctor's statement is required concerning the patient's illness. Please fax the completed information below to 817-547-5580.

Employee's Name:

Patient's Name:

Relation to Birdville ISD employee

Relevant Medical Facts Pertaining to this Condition: (Layman's language please)

Dates and Treatment for this Condition:

If patient was hospitalized: Date Admitted: _____

Date Released: _____

If there were complications arising from this illness/injury/surgery, please explain:

Is this an elective procedure or any procedure that could be scheduled without detriment to the member's health, at a time more compatible with the member's work responsibilities? Yes _____ No _____

Identify the job functions the employee is not able to perform, or the functions the employee will be providing to the family member

Expected date employee can return to work: _____

Continued on Next Page

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If additional followup appointments/treatment will be needed, please describe:

Date

Physician's Signature

Physician's telephone number

Physician's Printed Name