

**SICK LEAVE BANK
 Grant Request (Claim) Form**

COMPLETED FORMS SENT BY FAX OR EMAIL WILL BE ACCEPTED FROM PHYSICIAN OFFICES ONLY

Last:		First:		EIN:
Contact Phone#:	Non-Work Email:			Birth Date:

- a. Have you filed a Workers' Compensation claim for this illness/injury? Yes No If yes, date of injury: ____/____/____
- b. Do you elect to exhaust your personal leave prior to using the Sick Leave Bank (SLB)? Yes No

***REQUIRED EVERY GRANT PERIOD. Check only One:**

- I was using the SLB at the end of the last school year (JUNE); I am renewing my grant for the new school year (AUGUST). *SUPERVISOR SIGNATURE REQUIRED*
- I used the SLB in the past and I returned to work. This is a different grant request (10 day waiting period applies) *SUPERVISOR SIGNATURE REQUIRED*
- This is my first request to use the Sick Leave Bank. (The 30 day waiting period applies) *SUPERVISOR SIGNATURE REQUIRED*

FOR COMPLETION BY SUPERVISOR: I AM AWARE THE BELOW EMPLOYEE IS REQUESTING AN EXTENDED LEAVE BEYOND (10 CONSECUTIVE DAYS). PLEASE NOTE: ALL DECISIONS REGARDING EXTENDED LEAVES WILL BE DETERMINED BY ABSENCE MANAGEMENT.

SUPERVISOR SIGNATURE: _____ DATE: ____/____/____

- I am applying for an extension of grant that was approved this school year (during or after AUGUST)

***REQUIRED EVERY GRANT PERIOD AUTHORIZATION TO RELEASE INFORMATION**

I hereby authorize the indicated physician to release any information acquired in the course of my treatment or examination to the PGCEA Sick Leave Bank Approval Committee. I understand that information contained on this form and any additional information received may be shared with the Benefits Department of the Prince George's County Public Schools. Any days not used for the specific disability indicated on this form will be returned to the Sick Leave Bank.

I also hereby authorize the Board of Education of Prince George's County to release information from my personnel file regarding my medical history, doctors' records, and/or use of sick leave to PGCEA in order that the PGCEA Sick Leave Bank Approval Committee can determine if I am eligible for benefits from the Sick Leave Bank. I understand PGCEA reserves the right to send me for a second medical opinion, if it is deemed necessary, at my expense. I certify that all the information I provided is accurate.

SIGN HERE *EMPLOYEE'S SIGNATURE: _____ DATE: ____/____/____

***REQUIRED EVERY GRANT PERIOD PHYSICIAN'S STATEMENT TO BE COMPLETED BY PHYSICIAN ONLY**

***ALL QUESTIONS MUST BE ANSWERED** Please use the attached job requirements to answer the following questions:

- Condition Start DATE: ____/____/____
- ***ICD9 CODE IS REQUIRED**

ICD(9)/DSM-IV Codes	Diagnosis and Impact on essential functions of the job:

Condition is Mild Moderate Severe Other: _____

- Surgery DATE (OR) Hospitalization DATE (if applicable) ____/____/____ Prognosis: _____
- Specific Plan of Treatment - including surgery, medications, therapies, or counseling:

- What is the usual recovery period for this condition? _____ days, weeks, months
- Based on the attached job requirements, is the employee able to perform essential functions of their job with restrictions? NO YES
- If NO, Temporary absence from DATE ____/____/____ to DATE: ____/____/____ a separate release is required for actual date. (Or)
- Never able to perform essential functions of job
- If YES, The patient will medically be able to return to work on DATE: ____/____/____.
- Without restrictions
- With restrictions

- Identify the functions the employee are unable to perform:

<input type="checkbox"/> Standing or walking with a seated break as needed	<input type="checkbox"/> Lifting with knees (with straight back) not more than 5 lbs. up to 3 times/hr.	<input type="checkbox"/> Squatting up to 4 times/hr.
<input type="checkbox"/> Sitting with a standing break as needed	<input type="checkbox"/> Work less than standard 4-7.5 hours per day	<input type="checkbox"/> Driving up to 2 hrs./day
Other: _____		

- Specify accommodations to be made: _____

PHYSICIAN'S NAME (PLEASE TYPE OR PRINT): _____ PHONE () _____

ADDRESS: _____

BOARD CERTIFICATION SPECIALTY _____ PHYSICIAN'S LICENSE# _____ STATE _____

SIGN HERE *PHYSICIAN SIGNATURE: _____ DATE ____/____/____

POSITION DESCRIPTION

POSITION TITLE: **Classroom Teacher**
JOB CODE: **94**

POSITION SUMMARY:

The teacher provides for instruction of students by developing, selecting, and modifying instructional plans and materials and presenting them using instructional techniques which meet the needs of all students. The teacher provides an atmosphere and environment conducive to the intellectual, physical, social and emotional development of students. This position monitors and evaluates student performance, develops and implements plans to improve student performance, and maintains required records and follows required procedures and practices.

DUTIES & RESPONSIBILITIES:

To perform this job successfully, an individual must be able to perform each essential duty satisfactorily.

- Establishes clear goals and objectives related to the School Improvement Plan;
- Plans and prepares lessons, assignments, instructional materials;
- Establishes learning objectives consistent with appraisal of student needs, curriculum framework, and knowledge of human growth and development;
- Prepares, administers and corrects evaluations and assessments, and records results;
- Selects and uses appropriate instructional strategies including, but not limited to, lectures, group discussions, demonstrations, modeling and multimedia teaching aids to present subject matter to students;
- Evaluates student progress using appropriate assessment techniques;
- Maintains order and discipline in the classroom conducive to effective learning and takes all necessary safety precautions to protect students, equipment, materials and facilities;
- Creates a classroom environment that provides for student involvement in the learning process and enables each student to achieve learning objectives;
- Counsels pupils when academic and adjustment problems arise;
- Confers with parents and students regarding progress/problems of assigned students; arranges and participates in teacher-parent or teacher-student conferences as necessary;
- Maintains accurate and complete records as required by law, Board Policy and Administrative Regulation;
- Monitors appropriate use and care of equipment, textbooks, materials and facilities;
- Attends and actively participates in staff/faculty meetings and provides input regarding the planning of instruction goals, objectives and methods;
- Improves skill and knowledge base in current trends, research and methodology in instructional techniques, technology, multi-cultural content, problem solving and interdisciplinary connections;
- Plans and supervises purposeful assignments for paraprofessional educators, student teachers, and volunteers; and
- Performs other duties as assigned.

QUALIFICATIONS:

The requirements listed below are representative of the knowledge, skill, and/or ability required.

- Ability to work with diverse populations;
- Knowledge of school organization, goals and objectives, curriculum, teaching techniques, current trends, research, and materials of instruction in field of specialization;
- Excellent knowledge and understanding of the teaching and learning process;
- Ability to provide instruction that reflects multiple perspectives and multicultural education;
- Ability to infuse technology into curriculum;
- Ability to work effectively with students, parents, administrators, colleagues, community, and other school system staff; and
- Excellent oral and communication skills.

PHYSICAL DEMANDS:

The physical demands are representative of those that must be met by an employee to successfully perform the essential functions of this job. Reasonable accommodations may be made to enable individuals with disabilities to perform the essential functions.

While performing the duties of this job, the employee is frequently required to stand, talk, hear, walk, sit, and use fingers, tools or controls. The employee is occasionally required to reach with hands and arms and stoop, kneel, crouch, or crawl. Specific vision abilities required by this job include close vision such as to read handwritten or typed material, the ability to adjust focus, and depth perception. While performing the duties of this job, the employee may occasionally push or lift up to 25 lbs.

WORKING ENVIRONMENT:

The work environment characteristics are representative of those an employee encounters while performing the essential functions of the job.

For applicable job description go to <http://www1.pgcps.org/>