**Sick Leave Reimbursement Procedures Checklist**

[ ] Please fill out SAPD Form 90-SLP (01-20-17) **completely,** as incomplete requests will not be processed. Please attach any supporting documentation of the injury/illness, such as accident report and/or Doctor’s notes.

[ ] In your own words, explain the extent of the injury/illness, what procedures (Surgical, Physical Therapy, Pain Management, etc.) and the dates there of. This information is necessary for the Sick Leave Pool Board to make an informed and prudent decision, as this Board recognizes its **fiduciary responsibility** to the City, Department, and the Membership.

[ ] Please include all (one per doctor visit) completed SAPD form 172’s (Revised 7/16/2016) for the specific injury/illness, that reflects your duty status (Injured leave, limited duty, or return to regular duty) and list your physical limitations.

[ ] On the calendar supplied to you, indicate the days you took off, and how the days were taken (VAC, SICK, HOL, etc.). Also, indicate your Relief Days and any City Holidays, as these are not reimbursed. Make additional copies as necessary to depict one page per month. Keep in mind, the first 120 hours used, for **non-job** related illness or injury, are not reimbursed, per Collective Bargaining Agreement, Article 22 Miscellaneous Leave Provision, Section 12 Sick Leave Pool.

[ ] Please notify the Doctor listed on your 172 form that the Sick Leave Committee Chairperson listed below may need to call the office to inquire about the specific illness or injury. **Please give the Doctor’s office permission to release information to the Sick Leave Committee Chairperson**.

[ ] Return the requested forms and information to the Sick Leave Pool Committee Chairperson. If you need to make contact with me personally do so by calling me at the below listed phone numbers.

**All officers are reminded that this application is subject to General Manual Section 200 (Rules and Regulations) Subsection 3.02 (Truthfulness)**.

Sgt. Andrea Hobrecht #3105

Sick Leave Pool Committee Chairperson

Office # 207-5181 (Mon-Fri)

Cell # 210-289-8628