

Sick Leave Application Form

In addition to the complete medical documentation, there are a few things we would need to know so that we could best address your situation.

Please complete this form and return it to:

Lynn Crutchfield, Chicopee High School – lcrutchfield@cpsge.org

1. Name:
2. School:
3. Cell Phone:
4. Preferred Email:
5. Best Time to Reach You by Phone:
6. Name of Supervisor/Principal:
7. Current Assignment:
8. How Long Have You Been There?
9. How long have you worked for the CPS?
10. What is the nature of this issue? Please explain the problem.
11. When was the condition diagnosed?
12. Are you currently working or has the condition left you unable to work?