### APPLICATION

**SICK LEAVE BANK GRANT**

<table>
<thead>
<tr>
<th>Name of Member ___________________________</th>
<th>Date ___________________________</th>
</tr>
</thead>
</table>

(Employee - please check all applicable boxes)

- [ ] AAUP  
- [ ] M/C

**Instructions:**

**Part A** – To be completed by member or member’s representative and submitted to the Personnel/Human Resources Office when exhaustion of earned sick leave days has, or is likely, to occur.

**Part B** – To be completed by the Personnel/Human Resources Office and submitted to the Sick Leave Bank Committee as soon as possible after receipt. One copy to be retained by the Personnel/Human Resources Office.

**Part C** – Following the vote on the application, Committee to send the original to the Personnel/Human Resources Office and retain one copy in the System Office.

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### PART A

<table>
<thead>
<tr>
<th>University _______________________________</th>
<th>No. Days Requested _________</th>
</tr>
</thead>
</table>

**Statement of Justification** (Please provide all necessary information to assist Committee)

________________________________________________________________________

________________________________________________________________________

List of all attachments (including adequate medical evidence)

1. State of Connecticut (Form P-33A) Medical Certificate signed by a physician.

2. ________________________________________________________________________

3. ________________________________________________________________________

**Signature of Member** ________________________  **Date** ________________________

**Signature of Member’s Representative**  
(Only if member is incapacitated)  
**Relationship of Rep.to Member** ________________________
PART B

Member has / will (circle one) exhaust(ed) all earned sick leave on ________________.

☐ Criteria met ☐ Returned to employee regarding the following: ________________

__________________________________________

Signature of Personnel/HR Officer Date

PART C

(For use by Sick Leave Bank Committee)

1. ☐ Application is accepted for initial grant of _____ days to be no later than ________________.
   ☐ Application is rejected.

   For the Committee Date

2. ☐ Application is accepted for an additional grant of _____ days to be taken no later than ________________.
   ☐ Application is rejected.

   For the Committee Date

3. ☐ Application is accepted for an additional grant of _____ days to be taken no later than ________________.
   ☐ Application is rejected.

   For the Committee Date

4. ☐ Application is accepted for an additional grant of _____ days to be taken no later than ________________.
   ☐ Application is rejected.

   For the Committee Date
Member’s Name ____________________________

**PART D**
(For use by Personnel/Human Resource Office)

Total Days Granted __________________________
Total Days Taken __________________________
Total Days Returned to Sick Leave Bank ________
Date Member Returned to Work ________________

__________________________________________
Personnel/HR Officer Date

Revised 1/18/05 by ECSU