



APPLICATION SICK LEAVE BANK GRANT

Name of Member _____ Date _____

(Employee - please check all applicable boxes)

AAUP

OR

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.

PART A

University _____ No. Days Requested _____

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

Member's Name _____

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