

### SUOAF APPLICATION SICK LEAVE BANK GRANT

ame of		Date		
(Member - please check all applicable boxes)				
SERS (TIER I, II, IIA) Participant	OR	ARP (TIAA-CREF) Participant		
SUOAF member prior to July 1, 2001	OR	SUOAF member on or after July 1, 2001		

NOTE: Employees hired prior to 7/1/01 who are not participating in ARP are entitled to 120 days per occurrence.

# Employees participating in ARP and/or employees hired on or after 7/1/01 may receive grants up to 120 days per occurence, but no more than a lifetime total of 180 days.

### 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, Rev. 11,	1. State of Connecticut (Form P-33A, Rev. 11/99) 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				
ARP participant has been informed of their Long-Term Disability benefits as noted in the SUOAF contract Article 30.3.3. on				
Member has used sick leave bank days during lifetime to date.				
Member has / will (circle one) exhaust(ed) all earned sick leave on				
Member has / will (circle one) used up to a maximum of thiry (30) days of vacation time (if accumulated) immediately preceeding eligiblity on				
Is there any evidence of abuse of sick leave usage by the member? $\Box$ Yes $\Box$ No				
Criteria met Returned to employee regarding the following:				

Signature of Personnel/HR Officer

	(For use by Sick Leave Dank Committee)				
1.		Application is accepted for initial grant of days to be taken effective, but 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			

## (For use by Sick Leave Bank Committee)

<u>PART D</u> (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 4/23/03