

Application for Sick Bank Leave:

Application Guidelines:

In order to apply for, and to receive, Sick Bank Leave, you must meet the requirements set forth in Article 19.K. Such requirements include:

- Being an active, contributing member to the Sick Bank
- YOU (not a family member) are suffering from extended disability resulting from illness and/or accident
- Submission of your application at least twenty (20) days prior to the point at which your sick days will be exhausted
- Having exhausted all accrued sick days

If you meet the requirements listed above, please submit the following items:

- A completed Application
- A dated letter from a Licensed Medical Practitioner that includes:
 - Official Letter Head from the Medical Practitioner
 - Your estimated date of leave from work
 - Your estimated date of return to work
 - A statement certifying you are unable to work due to illness or disability

Complete this application thoroughly and honestly.

Name: _____

Home Address: _____

Personal Phone Number: _____

Personal Email Address: _____

School: _____ Position: _____

1. In consultation with your Licensed Medical Practitioner, how many days of leave do you expect to need for recovery (or until you may return to work)? _____
2. How many sick days have you accrued? _____
3. What is the estimated date these sick days will be exhausted? _____
4. How many sick bank days are you applying for? _____

Please initial the following:

I understand and agree to the following statements:

_____ The decision of the Sick Bank Leave Committee is final and is not subject to grievance or arbitration.

_____ These days may only be used for illness or disability for myself

_____ The initial grant of sick leave by the Sick Bank Leave Committee cannot exceed twenty (20) days.

By signing this application I certify that:

_____ I have read, understand, and will abide by the entirety of Article 19, Section K, Sick Leave from the Collectively Bargained Agreement.

_____ I have done my best to submit this application at least twenty (20) days prior to the point at which my sick leave is to be exhausted.

_____ I have included a Licensed Medical Practitioner's statement with this application

I certify the information provided in this application is true and accurate.

Name (Please print): _____

Signature: _____ Date: _____

