



**APPLICATION FORM**  
**CSCU Management/Confidential Professional**  
**Personnel**  
**SICK LEAVE BANK GRANT**

Employee Name \_\_\_\_\_ Date \_\_\_\_\_

College/University/System Office \_\_\_\_\_

Job Title \_\_\_\_\_  
*(Employee must be in a non-temporary, full-time M/C position for at least one year.)*

**Instructions:**

**Part A** - To be completed by the employee or employee's representative and submitted to the Human Resources Office when exhaustion of earned sick leave days has, or is likely, to occur.

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

**Part C** - Following the vote on the application, System Office to send a copy to the Human Resources Office and retain the original in the System Office.

---

---

**PART A**

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. 02/11) Medical Certificate signed by a physician.

2. \_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Employee's Representative  
(Only if employee is incapacitated)

\_\_\_\_\_  
Relationship of Rep.to Employee

Name \_\_\_\_\_

**PART B**

Employee has/will exhaust(ed) all earned sick leave on \_\_\_\_\_.

Criteria met      Returned to employee regarding the following:

\_\_\_\_\_  
Signature of Human Resources Director/Officer

\_\_\_\_\_  
Date

---

---

**PART C**

(For use by Sick Leave Bank 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

Name \_\_\_\_\_

**PART D**

(For use by Human Resource Office)

Total Days Granted \_\_\_\_\_

Total Days Taken \_\_\_\_\_

Total Days Returned to Sick Leave Bank \_\_\_\_\_

Date Employee Returned to Work \_\_\_\_\_

\_\_\_\_\_  
Human Resources Director/Officer

\_\_\_\_\_  
Date