

APPLICATION FORM
Congress, AFSCME, or AFT Member
Emergency Sick Leave Bank



Employee Name _____ Date _____

College: _____

Bargaining Unit: _____

Instructions:

Part A - To be completed by member or member's representative and submitted to the Human Resources Office when exhaustion of all sick, personal, or vacation leave, and any other compensatory time due.

Part B - To be completed by the campus Human Resources Office and submitted to the Emergency 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. _____

The applicant hereby authorizes access by the Sick Leave Bank Committee to any medical or personnel records necessary for action on this application. Applicant further certifies that he/she has received a copy of the Sick Leave Bank guidelines, read them and agrees to comply with all the provisions of the guidelines.

Signature of Member

Date

Signature of Member's Representative
(Only if member is incapacitated)

Relationship of Rep.to Member

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

For the Committee

Date

Member Name _____

PART D

(For use by Human Resource Office)

Total Days Granted _____

Total Days Taken _____

Total Days Returned to Sick Leave Bank _____

Date Member Returned to Work _____

Human Resource Director/Officer

Date