Name of Member____________________________________________Date________________

(Employee - please check appropriate box)

☐ 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)


2. __________________________________________________________

3. __________________________________________________________

Signature of Member ________________________________ Date __________________

Signature of Member’s Representative ____________________ Relationship of Rep.to Member ____________
(Only if member is incapacitated)

Member 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 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
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 9/5/01