SUOAF APPLICATION SICK LEAVE BANK GRANT

Name of Member____________________________________________Date________________

(Member - please check all applicable boxes)

☐ SERS (TIER I, II, IIA) Participant OR ☐ ARP Participant

☐ SUOAF member prior to ○ OR ☐ SUOAF member on or after July 1, 2001 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 occurrence, 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. 02/11) Medical Certificate signed by a physician.

2. 

3. 

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 thirty (30) days of vacation time (if accumulated) immediately preceding eligibility on__________________.

Is there any evidence of abuse of sick leave usage by the member?  ☐ Yes  ☐ No

☐ 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 _____________________________

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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 01/2015