



# APPLICATION SICK LEAVE BANK GRANT

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.

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**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. 11/99) Medical Certificate signed by a physician.
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

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**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

Member Name\_\_\_\_\_

**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