



SUOAF APPLICATION SICK LEAVE BANK GRANT

Name of Member _____ Date _____

(Member - please check all applicable boxes)

SERS (TIER I, II, IIA) Participant **OR** ARP (TIAA-CREF) Participant

SUOAF member prior to July 1, 2001 **OR** SUOAF member on or after 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. 11/99) Medical Certificate signed by a physician.

2. _____

3. _____

Signature of Member

Date

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

Relationship of Rep. to Member

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.

_____ Date

For the Committee

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

_____ Date

For the Committee

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

_____ Date

For the Committee

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

_____ Date

For the Committee

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 _____

_____ Date

Personnel/HR Officer