

UPPER ARLINGTON CITY SCHOOLS
SICK LEAVE BANK APPLICATION

NAME: _____

BUILDING(S): _____

HOME ADDRESS: _____

HOME PHONE: _____

NUMBER OF YEARS IN THE DISTRICT: _____

Before applying for the Sick Leave Bank, you must meet the following criteria:

- Must contribute a sick leave day in order to use the bank.
- Employee must have used all of paid leave before requesting bank days (all sick leave, personal leave, and advanced sick leave days).
- Supply a Physician's statement;
The staff member's application for Sick Bank days shall be accompanied by a physician's statement describing the nature of the illness, its expected duration, and the period of time during which the staff member should be relieved of his/her duties.
- Employee's personal illness/injury only (requests involving immediate family will be considered on a case-by-case basis).
- Only up to 30 days can be approved at one time. Maximum limit is 90 days.
- Maternity Leave – **days borrowed from the sick leave bank related to the birth of a child will be reimbursed five (5) days per contractual year until all days borrowed have been returned.**
- Not eligible if on unpaid sick leave or STRS disability.

After reading the above qualifications, I am applying for _____ days for the following reasons:

I authorize the UAEA/UA Sick Leave Bank Committee to determine if I am eligible under sick leave bank rules for additional sick leave time. I understand that I am voluntarily releasing this information to the committee, and am relinquishing my HIPPA protection to this committee for purposes of considering my request for additional sick leave days.

Applicant Signature

Date

Return this form to uaeamembers1@gmail.com

Approved: _____

Disapproved: _____

Effective Date: _____

Number of Days: _____

Superintendent Association President

Treasurer Office

Human Resources Office