

REQUEST FOR SICK LEAVE BANK DAYS

(When possible, to avoid disruption to pay, please submit this form prior to exhausting available sick or prolonged illness days.)

Employee Name:

Address:

Telephone (accessed during leave)

Building

The intent of the Sick Leave Bank program is to provide a means to assist employees who, because of long-term personal illness, have exhausted their leave benefits and would be otherwise subject to a severe loss of income during a continuing absence from work. The program is not intended to provide supplemental income that would result in compensation levels exceeding normal wages. Please review the criteria for eligibility as part of the request process and then complete the items below.

The following requirements must be satisfied for utilization of the Sick Leave Bank:

- a. Absence is the result of a prolonged personal illness, which is defined as an employee illness that extends for more than 15 consecutive school days.
- b. All *Prolonged Illness Days* will be exhausted prior to SLB allocation.
- c. No more than 10 *Personal and Family Illness* days available at the time of SLB allocation. (Note: These 10 days are NOT eligible for compensation on FMLA childcare leave CBA 3-4-6, 29-4-6, 49-4-6)
- d. Not on an unpaid leave of absence nor have left the employment of the Pittsford Central Schools.
- e. Not received reimbursement from any other source.
- f. For pregnancy related absence, the Sick Leave Bank is only applicable during the medically excused portion of absence.
- g. The Sick Leave Committee may require submission of a doctor's statement.

Signature

I request utilization of the Sick Leave Bank up to my maximum allowance. I certify that the above requirements have been met. I understand that the Sick Leave Bank Committee may contact me for additional information.

Employee Signature _____ Date _____

Return to: PDTA Office, 42 West Jefferson Road, Pittsford, NY 14534

or

Email: tracy_castleberry@pittsford.monroe.edu

For Office Use Only

____ **DAYS**

PDTA President's Signature _____ Date _____