



Sick Leave Bank - Hour Request Form

(AFSCME, Educational Assistants, Nutrition Services, Teachers, and Teaching Assistants Bargaining Units only)

Employee ID: _____

Employee Name: _____

Employees under the AFSCME, Educational Assistants, Nutrition Services, Teaching Assistants, or Teacher Bargaining Unit (only) are able to access donated sick days from the Sick Leave Bank for qualified circumstances. This bank would provide the recipient monies where as, no other benefit was available (IE: workers compensation, social security, long-term disability, etc).

To be eligible to access donated sick hours through the Sick Leave Bank, an employee must:

- 1. be a regular full-time or part-time member of AFSCME, Educational Assistants, Nutrition Services, Teaching Assistants, or Teacher bargaining unit who is eligible for benefits,
2. have exhausted her/his accumulated sick leave and all other paid leave, such as accrued vacation, if applicable, at the time the recipient requests a donation from the Bank,
3. be eligible for leave under the Family Medical Leave Act (FMLA) prior to the need for donated sick leave
4. not be serving a disciplinary suspension, and
5. not have submitted a resignation or retirement to the District.

I, _____ request to receive a sick leave bank donation. Due to a prolonged absence from duty and have suffered a substantial loss of income (unpaid for five (5) duty days) for the following reason:
(Place a check beside the reason that applies)

- _____ Leave for my own serious health condition
_____ Leave to care for a
_____ Parent _____ Spouse _____ Member of household with a serious health condition

I understand that I may be asked to provide the appropriate medical documentation to support my eligibility (if I have not already done so) and that requests for updated documentation must be provided to Human Resources.

I understand that the decisions of the District in administering the Bank are final and not subject to the grievance procedure. Donated hours shall be distributed to eligible recipients on a first-come, first-served basis and in no case may the number of distributed hours exceeds the number of hours donated.

I certify that the request above is for the purpose(s) indicated. I understand that I must comply with my Labor Agreement regarding the eligibility and procedures for the Sick Leave Bank and this request is subject to HR approval.

In the event that it is found the information provided for this request is fraudulent, I will immediately be removed from the program, subject to disciplinary action, required to repay money received from the program, and criminal prosecutions may be pursued.

Signature of Employee _____

Date _____

Job Title _____