

Administrator's Catastrophic Illness Leave Bank REQUEST FOR SICK BANK DAYS

Name: _____ Position: _____

I am an active member in the Administrator's Catastrophic Illness Leave Bank. I have worked for Ulster BOCES for _____ years and now request _____ days from the Catastrophic Illness Leave Bank. My current and/or accumulated sick leave days have been (or will be) exhausted and I have (or will have) met the two (2) week deductible period. I have attached supporting documentation from my physician.

Nature of personal illness, accident, disability or long-term recuperation: _____

Attending physician, name and address: _____

Date of onset of illness/accident: _____ Expected "return to work" date: _____

Date accrued sick leave days will be exhausted: _____ Requesting _____ days from the Sick Bank

Is this application related to a Workers' Compensation claim? Yes No

Applicant's Signature: _____ Date: _____

For Office Use Only

Catastrophic Illness Leave Bank Committee Review Date: _____

Committee Members Present: _____

Committee Decision: <input type="checkbox"/> Approved Vote: _____	<input type="checkbox"/> Denied Vote: _____	<input type="checkbox"/> Undecided, Meeting to be reconvened Date of Next Meeting: _____
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If Approved, Number of Days Granted: _____

Committee Comments: _____

_____ Date

_____ Assistant Superintendent for Administration