Cambridge Public Schools
Sick Leave Bank Application
AFSCME – Custodian

FORM INSTRUCTIONS:

1. Employees requesting an allocation from the Sick Leave Bank must complete the Sick Leave Bank Application Form and submit to:

The Union President
Council 93, Local 611
AFL-CIO
C/O Plant Maintenance Department
456 Broadway
Cambridge, MA 02138

2. Prior to requesting an allocation from the sick leave bank, you must apply for a Medical Leave through the CPS Office of Human Resources and provide any required medical documentation. *(Please do not send medical documentation with the Sick Leave Bank application form.)*

3. Sick Leave Bank time is allocated only for personal illness. No Sick Leave Bank days are allocated for Family Medical Leaves to care for relations, nor for parental leave.
4. Applicant must have exhausted personal sick leave.
5. The following is the number of deductible days required per years of services: (Deductible days are those days an applicant must be on unpaid leave because of sickness or injury before sick bank days can be effective.)

Years	Deductible Days	Years	Deductible Days	Years	Deductible Days	Years	Deductible Days
1	10	4	7	7	4	10	1
2	9	5	6	8	3	11+	0
3	8	6	5	9	2		

6. Maximum number of days:

Maximum days per application	Maximum days per year
20	30

7. Once your application has been approved, the days will be allocated to your accrued sick leave time and you will be notified by the Payroll Office with a copy of the completed form.

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Complete the application section and submit to:

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c/o Facilities Department
456 Broadway
Cambridge, MA 02138

I. Application Section

Name: _____ Date: _____

Address: _____

School or Department: _____ Phone: _____

Preferred Email Contact: _____ # of Days Requested: _____

Actual /Anticipated Start date for medical leave: _____ Anticipated return date: _____

If Intermittent Medical Leave, anticipated number of absences this school year: _____

☐ I have applied for a medical leave through ~~the~~ Human Resources Department and have provided required medical documentation.

II. For Office Use Only

Date Sick Leave Expired (last day of sick leave): _____ ☐ On approved medical leave

Hire Date: _____ # Deductible Days: _____ Medical Leave Ends: _____

3 Year Sick Leave Bank History:

_____

III. For Committee Use Only

Approved ☐ Number of Days Approved: _____

Denied ☐ Reason for denial: _____

Signatures:

_____
NAME

_____
Chief Financial Officer or
Executive Director of Human Resources

Form Updated September 2017