

Cambridge Public Schools

Sick Leave Bank Application

FORM INSTRUCTIONS:

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

President
The Cambridge Liaisons Invested in Families and Education
C/O Family Resource Center
459 Broadway
Cambridge, MA 02138

You can email the form as well to:

Attn: Lissa Galluccio
lgalluccio@cpsd.us

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. Maximum number of days:

Maximum days per application	Maximum days per year
20	30

6. 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:

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: 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