



**APPLICATION FORM
SUOAF Member
SICK LEAVE BANK GRANT**

Member Name _____ Date _____

University/System Office _____

(Member - please check all applicable boxes)

SERS (TIER I, II, IIA) Participant **OR** ARP Participant

SUOAF member prior to July 1, 2001 **OR** SUOAF member on or after July 1, 2001

NOTE: Employees hired prior to 7/1/01 who are not participating in ARP are entitled to 120 days per occurrence.

Employees participating in ARP and/or employees hired on or after 7/1/01 may receive grants up to 120 days per occurrence, but no more than a lifetime total of 180 days.

Instructions:

Part A - To be completed by member or member's representative and submitted to the Human Resources Office when exhaustion of earned sick leave days has, or is likely, to occur.

Part B - To be completed by the Human Resources Office and submitted to the Sick Leave Bank Committee as soon as possible after receipt. One copy to be retained by the Human Resources Office.

Part C - Following the vote on the application, System Office to send a copy to the Human Resources Office and retain the original in the System Office.

PART A

No. Days Requested _____

Statement of Justification (Please provide all necessary information to assist Committee)

List of all attachments (including adequate medical evidence)

1. State of Connecticut (Form P-33A, Rev. 02/11) Medical Certificate signed by a physician
2. _____
3. _____

Signature of Member

Date

Signature of Member's Representative
(Only if member is incapacitated)

Relationship of Rep.to Member

PART B

ARP participant has been informed of their Long-Term Disability benefits as noted in the SUOAF contract Article 30.3.3. on _____.

Member has used _____ sick leave bank days during lifetime to date.

Member has/will exhaust(ed) all earned sick leave on _____.

Member has/will used up to a maximum of thirty (30) days of vacation time (if accumulated) immediately preceding eligibility on _____.

Is there any evidence of abuse of sick leave usage by the member? Yes No

Criteria met Returned to employee regarding the following:

Signature of
Chief Human Resources Officer

Date

PART C

(For use by Sick Leave Bank Committee)

1. Application is accepted for initial grant of _____ days to be taken effective _____, but no later than _____.
Application is rejected.

For the Committee Date

2. Application is accepted for an additional grant of _____ days to be taken no later than _____.
Application is rejected.

For the Committee Date

3. Application is accepted for an additional grant of _____ days to be taken no later than _____.
Application is rejected.

For the Committee Date

4. Application is accepted for an additional grant of _____ days to be taken no later than _____.
Application is rejected.

For the Committee Date

PART D

(For use by Human Resource Office)

Total Days Granted _____

Total Days Taken _____

Total Days Returned to Sick Leave Bank _____

Date Member Returned to Work _____

Chief Human Resources Officer Date