



APPLICATION FORM
CSCU Management/Confidential Professional
Personnel
SICK LEAVE BANK GRANT

Employee Name _____ Date _____

College/University/System Office _____

Job Title _____
(Employee must be in a non-temporary, full-time M/C position for at least one year.)

Instructions:

Part A - To be completed by the employee or employee'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. _____

Employee's Signature

Date

Signature of Employee's Representative
(Only if employee is incapacitated)

Relationship of Rep. to Employee

Name _____

PART B

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

Criteria met Returned to employee regarding the following:

Signature of Human Resources Director/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

Name _____

PART D

(For use by Human Resource Office)

Total Days Granted _____

Total Days Taken _____

Total Days Returned to Sick Leave Bank _____

Date Employee Returned to Work _____

Human Resources Director/Officer

Date