



APPLICATION FORM AAUP Members SICK LEAVE BANK GRANT

Employee Name _____ Date _____

University: _____

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

Employee Name _____

PART B

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

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

Employee Name _____

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 _____

Signature of Chief Human Resources Officer

Date