

## FACULTY SICK BANK ACCESS REQUEST FORM

In accordance with Article IV, Section D3 of your Faculty Union Contract, be advised that you must present medical documentation for a catastrophic illness or injury. The definition of "Catastrophic" is as follows: A catastrophic illness or injury is a severe condition or combination of conditions affecting the mental or physical health of the employee for a prolonged period of time.

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**EMPLOYEE:** *(Please Print)*

Please complete the following information if you have contributed hours and would like to request access to the Sick Bank:

Name: \_\_\_\_\_ CCRI ID#: \_\_\_\_\_

Campus: \_\_\_\_\_ Department: \_\_\_\_\_

Work Telephone #: \_\_\_\_\_ Home Telephone #: \_\_\_\_\_

Number of hours being requested (*up to a maximum of 60 days or 480 hours per Faculty Contract*): \_\_\_\_\_

Reason for Application:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Please send to Human Resources all pertinent medical documentation you wish the committee to review to consider your request. The committee requires, at minimum, a doctor's note from a licensed healthcare practitioner explaining your condition (more is better). The information received from you will be discussed only with the Sick Bank Committee. Incomplete documentation may cause a delay in a decision from the Sick Leave Bank Committee.

**Medical Release Statement:** The Sick Bank Committee has my permission to review and discuss the documentation provided to Human Resources from my licensed healthcare practitioner and/or myself in order to determine my eligibility to access the Sick Bank.

I, \_\_\_\_\_, agree with all of the above information and conditions.  
*(Please print)*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit this form with accompanying medical documentation to Human Resources, Knight Campus.**

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**The committee shall decide the exact number of days (or hours) a faculty member may receive from the sick leave bank, up to a maximum of 60 days (or 480 hours). When medically eligible (the elimination period is 180 calendar days), the employee is requested to apply for Long-Term Disability benefits. Failure to apply for this coverage will cause immediate cessation of the sick leave bank. Once LTD is approved, your allocation from the sick bank will be reduced by approximately 60% to offset the earnings from LTD. The combination of your monthly LTD benefit and the sick bank supplement will equal approximately 100% of your regular gross pay. Under no circumstances will a sick leave bank be extended for longer than 480 hours.**

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**HR DEPARTMENT:**

The faculty member  has /  has not donated time to the Faculty Sick Bank this calendar year.

The faculty member  has /  has not exhausted all accumulated leave.

Leave balances as of \_\_\_\_\_ : \_\_\_\_\_ Sick \_\_\_\_\_ Vacation \_\_\_\_\_ Personal

The faculty member  has /  has not been advanced two weeks' sick time as stipulated in the faculty contract.

APPROVED /  DENIED

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Chair, Faculty Sick Bank

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Date