

ESPA SICK BANK ACCESS REQUEST FORM

In accordance with Article XVI, Section F of your ESPA Union Contract please be advised you must present medical documentation for a catastrophic illness or injury that is not work related. The Sick Bank Committee's definition of catastrophic is: 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. The illness/injury must be certified by a licensed physician specializing in the field that pertains to your illness/injury. Serious chronic illnesses or injuries that result in intermittent absences from work may be considered catastrophic.

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: _____

Reason for Application:

Please attach any and 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 physician (as described above) explaining your condition (more information is better). The documentation provided should meet the criteria of the ESPA definition of catastrophic. The applicant is also afforded the opportunity to submit additional information to support their case. Incomplete documentation may cause a delay in a decision from the Sick Bank Committee. All information received from you will be distributed and discussed only with the Sick Bank Committee.

Medical Release Statement: The Sick Bank Committee has my permission to review and discuss the documentation I gave to the Sick Bank Committee from my licensed physician in order to determine my eligibility to access the Sick Bank.

I _____ agree with all of the above information and conditions.

Signature: _____ Date: _____

The sick bank committee will decide the exact number of hours a member may receive from the sick leave bank, up to a maximum of 420 hours for a 35 hour employee and 480 hours for a 40 hour a week employee, per calendar year.

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

HUMAN RESOURCES DEPARTMENT:

The ESPA member has _____ has not _____ donated time to the ESPA Sick Bank this calendar year.

The ESPA member has _____ has not _____ exhausted all accumulated leave.

ADMINISTRATIVE USE ONLY:

APPROVED: _____ DENIED: _____

Administration Date

Union Date

PAYROLL REQUEST INFORMATION FORM

Name: _____

CCRI ID#: _____

Campus: _____

Department: _____

Leave balances as of _____ Sick _____ Vacation _____ Personal

Time used in the last six months:

Signature of time keeper