

APPLICATION FOR SVFT SICK LEAVE BANK

(TO BE COMPLETED BY EMPLOYEE AND FORWARDED TO
SICK BANK COMMITTEE OR UNION REPRESENTATIVE)

NAME _____

HOME ADDRESS _____

SCHOOL _____

EMPLOYEE NUMBER: _____

The applicant hereby authorizes access by the Sick Leave Bank Committee to:

- a) Copies of all medical certificates on file pertaining to the current illness/injury.
- b) Copy of applicant's attendance record pertaining to this illness/injury.
- c) Copy of applicant's complete attendance record from date of employment.
- d) Copy of record of any disciplinary action taken for abuse of sick leave.
- e) Medical information pertaining to the current illness/injury from the applicant's physician(s) as may be needed to consider the application for benefits.

Applicant further certifies that he/she has carefully read the Sick Leave Bank Guidelines attached hereto, has received a copy thereof, and agrees to comply therewith. This includes submitting a new medical certificate every 30 days.

Signature of Applicant

Date of Application

APPLICATION FOR SVFT SICK LEAVE BANK
(Article 4, Section Four, SVFT Contract)

(TO BE COMPLETED BY UNION REPRESENTATIVE OR PERSONNEL UNIT STAFF)

Name of Applicant _____

	YES	NO
1. Has applicant contributed to the Sick Leave Bank?	_____	_____
2. Has applicant completed the three-year probationary period in the SVFT bargaining unit?	_____	_____
3. Date of permanent appointment as a full-time member of the bargaining unit:	_____	
4. a) Has applicant exhausted all sick leave?	_____	_____
b) Date on which all sick leave was/will be exhausted:	_____	
5. a) Has applicant exhausted all personal leave?	_____	_____
b) Date on which all personal leave was/will be exhausted:	_____	
6. a) Is illness or injury covered by worker's compensation?	_____	_____
b) If yes, has all worker's compensation been exhausted?	_____	_____
7. Is acceptable medical certificate supporting the entire absence on file?	_____	_____
8. a) Date of commencement of illness or injury for which sick leave bank benefits are being requested:	_____	
b) Date on which applicant first returned to work after illness or injury, if applicable:	_____	
	Does not apply:	_____
9. Please attach the following:		
a) Copies of all medical certificates on file pertaining to the current illness/injury.		
b) Copies of applicant's attendance record applicable to this illness/injury.		
c) Copy of applicant's complete attendance record from date of employment.		
d) Copy of record of any disciplinary action for abuse of sick leave.		

Completed by:

Signature

Date

Telephone Number
(Home or School)