



EDUCATORS' ASSOCIATION SICK LEAVE BANK WITHDRAWAL REQUEST FORM

Part I (To be completed by the Employee/Applicant)

Employee's Name →		Today's Date →	
Work Location →		School Year →	

I affirm that I am a current member of the Educators' Association sick leave bank and have used up my accumulated sick leave. I am suffering a prolonged illness, which has caused my absence from work for more than 20 consecutive days.

I am making an initial request of _____ days (up to a maximum of 15 days) from the sick leave bank.

I was previously approved for _____ days from the sick leave bank. I am now requesting an additional _____ days (up to a maximum of 60 days) to cover the same illness.

I acknowledge that the decision of the Sick Leave Bank Committee is final and not subject to grievance.

You must forward a copy of all applicable doctors' statements with this withdrawal request.

Signature of Applicant: _____ Date: _____
Please forward this form to Payroll

Part II (To be completed by the Payroll Department)

Doctor's Note Received ►	[<input type="checkbox"/>] yes [<input type="checkbox"/>] no	Dates of Disability ►	From
1 st day without pay ►			To
20 th consecutive day out			

Signature: _____ Date: _____
Please forward to the Director of HR

Part III (To be completed by the Sick Leave Bank Committee)

Date email sent to Committee: ____/____/____

To Payroll: The Sick Leave Bank Committee met on _____, 20__ and approved the above applicant for _____ sick days. You may begin to deduct sick leave days from the Sick Leave Bank and credit them to the above employee. Effective: ____/____/____ when out of sick time.

Signature: _____ Date: _____
 Director of Human Resources

Director of HR / Committee: Please forward the original of this form to the Payroll Office and a copy to the Association President and the applicant