

**APPLICATION FOR EAEA SICK LEAVE BANK**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home/Cell phone # \_\_\_\_\_

Building/School \_\_\_\_\_ Work Phone # \_\_\_\_\_ Ext. \_\_\_\_\_

After receiving and reviewing the guidelines and rules governing the use of the Sick Leave Bank, I agree to comply with all said rules and hereby request a grant of days from the EAEA Sick Leave Bank because of a serious, incapacitating illness and/or accident which has caused me to exhaust all of my available and accumulated personal illness days. I hereby attach a medical history and prognosis prepared by my attending physician/counselor, and hereby authorize the said physician/counselor to further explain or disclose to the committee any additional details of my illness or accident that may be necessary in determining the granting of days from the bank. In addition, I grant permission for the committee to access my attendance history.

Signature of requesting party \_\_\_\_\_ Date \_\_\_\_\_

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**ATTENDING PHYSICIAN INFORMATION**

(Medical form SLB 3 must be completed and attached to this application.)

Physician's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

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**SICK LEAVE DATA**

Last day worked \_\_\_\_\_

Number of accumulated sick days available at that time \_\_\_\_\_

Number of sick days requested from the bank \_\_\_\_\_

Specific dates of days required \_\_\_\_\_

(You are responsible for knowing when your accumulated personal illness days are exhausted. If you are uncertain, contact the Central Office.)

Are you currently receiving compensation from another employer? Yes No

If yes, please explain. \_\_\_\_\_

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**FOR COMMITTEE USE ONLY**

Employee's name \_\_\_\_\_

Building/School \_\_\_\_\_

Date received \_\_\_\_\_

Date last covered by earned sick day \_\_\_\_\_

Date of pay loss (1 day mandatory) \_\_\_\_\_

Absence verified: Yes No

Date of hearing \_\_\_\_\_

Applicant or representative in attendance? Yes No

APPLICATION GRANTED Number of days granted \_\_\_\_\_

Effective date of grant \_\_\_\_\_ to \_\_\_\_\_

GRANT EXTENDED Number of days extended \_\_\_\_\_

Effective date of extension \_\_\_\_\_ to \_\_\_\_\_

GRANT EXTENDED Number of days extended \_\_\_\_\_

Effective date of extension \_\_\_\_\_ to \_\_\_\_\_

APPLICATION DENIED Date of denial \_\_\_\_\_

SIGNATURE OF SLB CHAIRPERSON: \_\_\_\_\_ Date: \_\_\_\_\_

Comments: \_\_\_\_\_

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

VOTES: