

**APPLICATION FOR MANAGEMENT SICK LEAVE BANK USE  
(Management Personnel Policy 97-1)**

**TO BE COMPLETED BY EMPLOYEE AND FORWARDED TO AGENCY HEAD OR HUMAN RESOURCES ADMINISTRATOR**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Agency: \_\_\_\_\_

Official Class Title: \_\_\_\_\_

The applicant hereby authorizes access by the Sick Leave Bank Committee to any medical or personnel records necessary for action on this application. Applicant further certifies that he/she has received a copy of the Sick Leave Bank guidelines, read them and agrees to comply with all the provisions of the guidelines.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Application

**TO BE COMPLETED BY AGENCY HUMAN RESOURCES ADMINISTRATOR AND FORWARDED TO THE MANAGEMENT SICK LEAVE BANK COMMITTEE:**

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Has applicant elected to participate in the Management Sick Leave Bank?                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has applicant been employed by the State for at least two (2) years?                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is applicant a State Manager as defined in Section 5-196(cc) or 5-270(g)?                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Is applicant a full-time permanent employee?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. (a) Has applicant exhausted all sick leave?  | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Give date on which all sick leave will be/was exhausted. _____                            |                          |                          |
| 6. (a) Has applicant exhausted all personal leave? _____                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Give date on which all personal leave will be/was exhausted. _____                        |                          |                          |
| 7. (a) Has applicant exhausted all compensatory time?   | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Give date on which all compensatory time will be/was exhausted. _____                     |                          |                          |
| 8. (a) Has applicant exhausted all but sixty (60) days vacation credit?                       | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Give date on which all vacation in excess of sixty (60) days will be/was exhausted. _____ |                          |                          |

9. (a) Is illness or injury covered by worker's compensation?

(b) If yes, has worker's compensation benefit been exhausted?

10. Is an acceptable medical certificate supporting the entire absence on file?

11. (a) Give date of commencement of illness or injury for which sick leave bank benefits are being requested. \_\_\_\_\_

(b) Give date applicant first returned to work after illness/injury. \_\_\_\_\_

**12. Please attach the following:**

(a) Copies of all medical certificates on file pertaining to the current illness/injury.

(b) Copy of applicant's attendance record applicable to this illness/injury.

(c) Copy of record of any disciplinary action taken for abuse of sick leave.

**Completed by:**

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

**ACTION BY THE MANAGEMENT SICK LEAVE BANK COMMITTEE:**

**APPROVAL OF THIS APPLICATION FOR USE OF SICK LEAVE BANK IS HEREBY GRANTED TO COMMENCE ON:** \_\_\_\_\_

**AND, UNLESS RENEWED, WILL TERMINATE ON:** \_\_\_\_\_

**This application is denied because:** \_\_\_\_\_

**The agency is authorized to compensate the employee at the rate of one-half (1/2) day for each day of illness or injury up to a maximum of two hundred (200) 1/2 days per fiscal year (July 1 through June 30). No vacation, sick leave, holiday or other paid leave benefits will accrue during the period applicant is receiving benefit hereunder.**

**\*WHEN AN EMPLOYEE RETURNS TO WORK, OR WHEN SICK LEAVE BANK BENEFITS HAVE BEEN EXHAUSTED, THE EMPLOYER WILL NOTIFY THE STATE DESIGNNESS AT THE DAS, IN WRITING, WITH THE TOTAL NUMBER OF HOURS USED BY SAID EMPLOYEE.**

**FOR THE MANAGEMENT SICK LEAVE BANK COMMITTEE:** \_\_\_\_\_