

**APPLICATION FOR USE  
MANAGEMENT SICK LEAVE BANK\***

**To be completed by employee:**

Name: \_\_\_\_\_ EE ID: \_\_\_\_\_  
 Official Class Title: \_\_\_\_\_  
 Agency: \_\_\_\_\_  
 Employee Home Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_

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: \_\_\_\_\_

**To be completed by Human Resources:**

	Yes	No
Has applicant elected to participate in the Management Sick Leave Bank?		
Has applicant been employed by the State for at least two (2) years?		
Is applicant a State Manager as defined in Section 5-196(cc) or 5-270(g)?		
Is applicant a full-time permanent employee?		
Has applicant exhausted all sick leave?		
Give date on which all sick leave will be/was exhausted		
Has applicant exhausted all personal leave?		
Give date on which all personal leave will be/was exhausted		
Has applicant exhausted all compensatory time?		
Give date on which all compensatory time will be/was exhausted		
Has applicant exhausted all but sixty (60) days vacation credit?		
Give date on which all vacation in excess of sixty (60) days will be/was exhausted		
Is illness or injury covered by worker's compensation?		
If yes, has worker's compensation benefit been exhausted?		
Is an acceptable medical certificate supporting the entire absence on file?		
Give date of commencement of illness or injury for which sick leave bank benefits are being requested.		
Give date applicant first returned to work after illness/injury		

Please attach the following:

- Copies of all medical certificates on file pertaining to the current illness/injury.
- Copy of applicant's attendance record applicable to this illness/injury.
- Copy of record of any disciplinary action taken for abuse of sick leave.

**When the employee returns to work, or when management sick leave benefits are exhausted, I will notify the DAS Designees, in writing with the total number of hours used for this employee.**

Completed by:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Email: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**Action by the Management Sick Leave Bank Committee:**

APPROVAL of this application is hereby granted and, unless renewed, will terminate on: \_\_\_\_\_

Per the MSBL agreement: After a manager has a) exhausted all of his or her sick leave, b) used any vacation or personal leave that was donated to the manager by other managers and c) been off the payroll for 15 days, the Managers' Sick Leave Bank may be accessed provided the manager is eligible to participate in the MSLB. The use of this Sick Leave Bank may last for up to 200 half-days' pay in a fiscal year. Note: a manager may retain up to 60 days of vacation leave time while using Managers' Sick Leave Bank benefits.

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) ½ 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.

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

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When the employee returns to work, or when management sick leave benefits are exhausted, the employer MUST notify the DAS Designees, in writing with the total number of hours used for this employee.

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

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

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

\*Management Personnel Policy 97-1

9/2016 REV