

**APPLICATION FORM**  
**Congress, AFSCME, or AFT Member**  
**Emergency Sick Leave Bank**



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

College: \_\_\_\_\_

Bargaining Unit: \_\_\_\_\_

**Instructions:**

**Part A** – To be completed by member or member’s representative and submitted to the Human Resources Office when exhaustion of all sick, personal, or vacation leave, and any other compensatory time due.

**Part B** – To be completed by the campus Human Resources Office and submitted to the Emergency Sick Leave Bank Committee as soon as possible after receipt. One copy to be retained by the Human Resources Office.

**Part C** – Following the vote on the application, System Office to send a copy to the Human Resources Office and retain the original in the System Office.

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**PART A**

No. Days Requested \_\_\_\_\_

Statement of Justification (Please provide all necessary information to assist Committee)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List of all attachments (including adequate medical evidence)

1. State of Connecticut (Form P-33A, Rev. 02/11) Medical Certificate signed by a physician.
2. \_\_\_\_\_
3. \_\_\_\_\_

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 Member \_\_\_\_\_

Date \_\_\_\_\_

Signature of Member's Representative  
(Only if member is incapacitated) \_\_\_\_\_

Relationship of Rep.to Member \_\_\_\_\_

Member Name \_\_\_\_\_

**PART B**

Member has / will (circle one) exhaust(ed) all sick, personal, or vacation, and any other compensatory time due on \_\_\_\_\_.

Member is a full-time, permanent employee.

Member has contributed three days to the ESLB.

Leave is not covered by Workers' Compensation claim.

An acceptable medical certificate supporting the absence is on file.

Criteria met     Returned to employee regarding the following: \_\_\_\_\_

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

\_\_\_\_\_  
Signature of campus Human Resource Director / Officer                      Date

**PART C**

(For use by Emergency Sick Leave Bank Committee)

1.  Application is accepted for initial grant of \_\_\_\_\_ days to be taken effective \_\_\_\_\_, but no later than \_\_\_\_\_.

Application is rejected.

\_\_\_\_\_  
For the Committee    Date

2.  Application is accepted for an additional grant of \_\_\_\_\_ days to be taken no later than \_\_\_\_\_.

Application is rejected.

\_\_\_\_\_  
For the Committee    Date

3.  Application is accepted for an additional grant of \_\_\_\_\_ days to be taken no later than \_\_\_\_\_.

Application is rejected.

\_\_\_\_\_  
For the Committee    Date

4.  Application is accepted for an additional grant of \_\_\_\_\_ days to be taken no later than \_\_\_\_\_.

Application is rejected.

\_\_\_\_\_  
For the Committee    Date

Member Name \_\_\_\_\_

**PART D**

(For use by Human Resource Office)

Total Days Granted \_\_\_\_\_

Total Days Taken \_\_\_\_\_

Total Days Returned to Sick Leave Bank \_\_\_\_\_

Date Member Returned to Work \_\_\_\_\_

\_\_\_\_\_  
Human Resource Director / Officer

\_\_\_\_\_  
Date