

TOTEM/CLASSIFIED SICK LEAVE BANK INSTRUCTION SHEET

Only employees who are members of the Sick Leave Bank may apply. Sick Leave Bank awards are based upon medical necessity and eligibility.

Make sure this application is complete.

Please make sure your name and address are legible and you have signed the forms.

There are 2 options of leave request:

1. Sick Leave Bank - This is for your own personal health leave only. Do not mark use this if you are applying to caring for a family member.
2. Catastrophic Leave Bank Request- Request this if you exhausted your leave as well as the Sick Leave Bank you were awarded. Or, you are caring for a family member and have exhausted all your personal leave.

Catastrophic Leave Bank Request is only for TOTEM members.

If this illness or injury is work related, you may be eligible for Workers' Compensation. If eligible, you MAY NOT apply to the Sick Leave Bank.

Leave Bank Application

**Part A:
To Be Completed by Applicant**

Check the type of leave you are applying for.

- Sick Leave Bank Request
 Catastrophic Leave Bank Request

Last Name (Please Print)

First Name

SS#

XXX-XX-

Mailing Address

City

Zip Code

Home Phone

Do you want your award notice mailed or emailed to you?

___ Mailed ___ Emailed (Provide Email)

Job Title:

Work Location:

Applicant's Signature

Date

**Part B:
To Be Completed by Benefits:**

Date Received :

Beginning Date of Illness

Date to Return to Work

Will this be Intermittent leave?

Yes No

Do Applicant qualify for FMLA/AMLA? ___ Yes ___ No

**Part C:
To Be Completed by Payroll:**

Date Received:

Date Hired:

Hourly Salary:

Accrual Rate:

Hours Worked:

Month Worked:

Emp ID:

Total hours eligible from Sick Leave Bank

Hours Granted from Bank this year prior to this request

Remaining eligibility this year

Hours needed to cover illness

thru

Number of days x hours needed

X

Total

Hours

Days

V Days

Holidays

Number of hours awarded by Sick Leave Bank Committee _____

Chairperson _____

Date _____