

BTEAA & BTEA Members Extended Sick Bank Leave (SBL) Application

Please complete the information below for extended use of the sick leave bank. This application can not be submitted prior to receiving an approval letter for your initial SBL request. The information provided must be as accurate as possible to ensure your application will be processed in a timely manner. Return the completed application to the Sick Bank Leave Officer, as designated by the BTEA. SBL applications will be reviewed by a three-member approval committee, appointed by the association, on a monthly basis. Information provided on this application will be shared with members of the Sick Leave Bank Committee and staff members of BTSD Human Resource Services, solely for the purposes of sick bank administration. After the application is reviewed and processing is finalized, applicants will be issued a letter informing them of their approval status. Please refer to the Sick Leave Policy 334 for all additional SBL policies and procedures.

Name: _____

Section A:

School/ Assignment:: _____

Home Address: _____

Phone Number _____

Section B- Membership: Please complete the following

1. I am BTEA or Administrator Sick Bank Member requesting extended leave after my initial use of sick bank leave (SBL) _____ (initial)
2. I have received an approval letter for use of SBL with a return date of _____
3. I understand that eligible sick days for extended leave must be from my own personal bank of accumulated sick days and that donated days will not be used to match sick bank days _____ (initial)

Section C- Details of Sick Leave:

1. Total accumulated sick days beginning this year: _____
2. Number of your own sick days used for this medical condition _____

- 3. Total number of **sick leave bank days** used for this medical condition _____
- 4. Last day of absence for this medical condition (or expected last day) _____
- 5. Total number of sick days eligible to use for alternating days _____

Section D- Physicians Form

- 1. Complete the attached physician's form. To be eligible for an additional benefit, the physician must complete and sign a second Sick Leave Bank physician's form, dated as of the date the employee has used all thirty (30) days of his/her days and the thirty (30) additional bank days. The form must be completed and submitted along with application. SBL applications submitted without the completed physician's form will not be considered. If approved, sick days will be granted alternately, one (1) by the individual, one (1) from the bank, etc., until the accumulated sick leave of that individual has expired. The Sick Leave Bank Committee may request that the applicant be examined by the district physician for a second opinion prior to the committee rendering a decision.

- 2. I hereby certify the above information to be true and correct. I am attaching the Sick Leave Bank Physician's Statement to verify this information. I understand and agree that the decision to award days from the Sick Leave Bank is at the sole discretion of the Sick Leave Bank Committee
 _____ (initial)

Signature: _____

NAME _____ **DATE** _____

Section E: FOR COMMITTEE USE ONLY

Approved: ____ Yes ____ No; if denied, attach statement of reason(s)

Number of SB Days: _____

Beginning Date: _____ **Ending Date:** _____

SLB Chairperson BTEA:

Name: _____

Signature: _____

Date: _____

SLB Chairperson Admin:

Name: _____

Signature: _____

Date: _____