

PSA SICK BANK ACCESS REQUEST FORM

EMPLOYEE: *(Please Print)*

Please complete the following information if you have contributed hours and would like to request access to the Sick Bank:

Name: _____ CCRI ID#: _____

Campus: _____ Department: _____

Work Telephone #: _____ Home Telephone #: _____

Number of hours being requested (*up to a maximum of 130 days or 910 hours per PSA Contract*): _____

Reason for Application:

Please send to Human Resources all pertinent medical documentation you wish the committee to review to consider your request. The committee requires, at minimum, a doctor's note from a licensed healthcare practitioner explaining your condition (more is better). The information received from you will be discussed only with the Sick Bank Committee.

Medical Release Statement: The Sick Bank Committee has my permission to review and discuss the documentation provided to Human Resources from my licensed healthcare practitioner and/or myself in order to determine my eligibility to access the Sick Bank.

I _____ agree with all of the above information and conditions.

(please print)

Signature: _____ Date: _____

Please submit this form with accompanying medical documentation to Human Resources, Knight Campus.

HR DEPARTMENT:

The PSA member has / has not donated time to the PSA Sick Bank this calendar year.

The PSA member has / has not exhausted all accumulated leave.

Leave balances as of _____ : _____ Sick _____ Vacation _____ Personal _____

The PSA member has / has not been advanced two weeks' sick time as stipulated in the PSA contract.

APPROVED / DENIED

Chair, PSA Sick Bank

Date