

ESPA SICK BANK ACCESS REQUEST FORM

In accordance with Article XVI, Section F of your ESPA Union Contract, please review the following definitions before completing this form:

Sick Leave Bank Definition of “Catastrophic”: A catastrophic illness or injury is a severe condition or combination of conditions affecting the mental or physical health of the employee for a prolonged period of time. The illness/injury must be certified by a licensed physician specializing in the field that pertains to your illness/injury. Serious chronic illnesses or injuries that result in intermittent absences from work may be considered catastrophic.

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

Name: _____
Please Print

Campus: _____ Department: _____

Work Telephone #: _____

Application Purpose: _____

Please attach to this form any and 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 physician (as described above) explaining your condition (more is better). The information received from you will be distributed and discussed only with the Sick Bank Committee.

Medical Release Statement: The Sick Bank Committee has my permission to review and discuss the documentation I gave to the Sick Bank Committee from my licensed physician and/or myself in order to determine my eligibility to access the Sick Bank.

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

Signature: _____ Date: _____

All requests must be submitted to one of the following union committee members:
Bob Antonson (Lincoln) – Joanne Burger (Lincoln) – Bob Santos (Warwick)

Please do not write below this line:

APPROVED: _____

DENIED: _____

Administration

Date

Union

Date