

# FACULTY SICK BANK ACCESS REQUEST FORM

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**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 60 days or 480 hours per Faculty Contract)*: \_\_\_\_\_

Reason for Application: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please submit this Sick Bank Access Request Form to Gary Bower, Chair, Faculty Sick Bank Committee, Lincoln Campus.**

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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 a copy of this form with accompanying medical documentation to Michelle O'Brien, Associate Director, Human Resources, Knight Campus.**

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## HR DEPARTMENT:

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

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

Leave balances as of \_\_\_\_:      \_\_\_\_ Sick      \_\_\_\_ Vacation      \_\_\_\_ Personal

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

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APPROVED /  DENIED

\_\_\_\_\_  
Chair, Faculty Sick Bank

\_\_\_\_\_  
Date