

FACULTY 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 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.

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.

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.

APPROVED / DENIED

Chair, Faculty Sick Bank

Date