

# PSA 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 #: \_\_\_\_\_

Reason for Application:

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**Please submit this Sick Bank Access Request Form to Dave Judd, Chair, PSA Sick Bank Committee, Knight 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 Human Resources, Knight Campus.**

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## 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