

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 #: _____

Reason for Application:

Please submit this Sick Bank Access Request Form to Dave Judd, Chair, PSA Sick Bank Committee, Knight 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 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