

**UNIVERSITY OF CONNECTICUT
PROFESSIONAL EMPLOYEES ASSOCIATION
APPLICATION FOR USE OF SICK LEAVE BANK**

INSTRUCTIONS: (print or type)

PART A: To be completed by member or his/her agent or family member and submitted to Manager of Contractual Benefits, Department of Human Resources, 9 Walters Ave., Unit 5075, Storrs, CT 06269-5075.

PART B: To be completed by Manager of Contractual Benefits, Human Resources @ 9 Walters Avenue, Unit 5075, Storrs, CT 06269-5075 and submitted to the UCPEA Sick Leave Bank Committee as soon as possible after receipt.

PART A

Name of Member

Date

Department

Number of Days Requested

STATEMENT OF JUSTIFICATION: I am requesting paid sick leave from the UCPEA Sick Leave Bank for a very serious or catastrophic personal illness or injury. I have exhausted my contract year sick leave allotments, 'as if' accrued sick leave, banked sick leave, vacation, personal leave, holiday and compensatory time.

List of attachments including any medical documentation.

1.

2.

Note: Submission of this application authorizes the UCPEA Sick Leave Bank Committee to investigate and examine materials (including payroll records of member) necessary to assist in its disposition of this application.

Denial of this application is not grievable.

Signature of Member

Date

Signature (If other than member making application)

Relationship to Member

Date

Street Address

Town

State

Zip Code

Phone Number

PART B

I certify that the above member has/will (circle one) exhaust (ed) all available contract year sick leave allotments, 'as if' accrued sick leave, banked sick leave, vacation, personal leave, holiday and compensatory time on _____.

Signature, Mgr. of Contractual Benefits

Date

COMMITTEE DETERMINATION	
Approved ___	Modified ___ Denied _____
Number of Days Granted _____	
_____ Signature of Chair or Designee	_____ Date