

## APPLICATION FOR SVFT SICK LEAVE BANK

(TO BE COMPLETED BY EMPLOYEE AND FORWARDED TO  
SICK BANK COMMITTEE OR UNION REPRESENTATIVE)

NAME: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

BEST PHONE NUMBER to CONTACT: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

EMPLOYEE NUMBER: \_\_\_\_\_

The applicant hereby authorizes access by the Sick Leave Bank Committee to:

- a) Copies of all medical certificates on file pertaining to the current illness/injury.
- b) Copy of applicant's attendance record pertaining to this illness/injury.
- c) Copy of applicant's complete attendance record from date of employment.
- d) Copy of record of any disciplinary action taken for abuse of sick leave.
- e) Medical information pertaining to the current illness/injury from the applicant's physician(s) as may be needed to consider the application for benefits.

Applicant further certifies that he/she has carefully read the Sick Leave Bank Guidelines attached hereto, has received a copy thereof, and agrees to comply therewith. This includes submitting a new medical certificate every 30 days.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Application

**APPLICATION FOR SVFT SICK LEAVE BANK**  
**(Article 4, Section Four, SVFT Contract)**

(TO BE COMPLETED BY UNION REPRESENTATIVE OR PERSONNEL UNIT STAFF)

Name of Applicant \_\_\_\_\_

	YES	NO
1. Has applicant contributed to the Sick Leave Bank?	_____	_____
2. Has applicant completed the three-year probationary period in the SVFT bargaining unit?	_____	_____
3. Date of permanent appointment as a full-time member of the bargaining unit:	_____	
4. a) Has applicant exhausted all sick leave?	_____	_____
b) Date on which all sick leave was/will be exhausted:	_____	
5. a) Has applicant exhausted all personal leave?	_____	_____
b) Date on which all personal leave was/will be exhausted:	_____	
6. a) Is illness or injury covered by worker's compensation?	_____	_____
b) If yes, has all worker's compensation been exhausted?	_____	_____
7. Is acceptable medical certificate supporting the entire absence on file?	_____	_____
8. a) Date of commencement of illness or injury for which sick leave bank benefits are being requested:	_____	
b) Date on which applicant first returned to work after illness or injury, if applicable:	_____	
	Does not apply:	_____
9. Please attach the following:		
a) Copies of all medical certificates on file pertaining to the current illness/injury.		
b) Copies of applicant's attendance record applicable to this illness/injury.		
c) Copy of applicant's complete attendance record from date of employment.		
d) Copy of record of any disciplinary action for abuse of sick leave.		

Completed by:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone Number  
(Home or School)