

SICK LEAVE BANK APPLICATION

**American Federation of State, County and Municipal Employees
(AFSCME) Local 1776**

SECTION ONE (To Be Completed by Member)

Name

Employee ID No.

Home Address

Home Telephone No.

Department

Job Title

Name of Supervisor

Last Day of Work

Expected Date of Return to Work

Employee's Statement of Request including Nature of Illness or Injury (please attach additional sheets as necessary):

Signature _____ Date _____

SECTION TWO (To Be Completed by Physician)

Name of Patient:

Patient's diagnosis and date of onset of illness:

How long have you been treating this patient for this diagnosis; include dates of first and most recent visits:

Describe your treatment plan and prognosis for this patient in as much detail as possible:

When do you think the patient will be able to return to work?

Would you anticipate the patient would be able to return to work prior to this date on a modified work schedule?

I hereby certify that I have examined the above named patient and certify under the pains and penalties of perjury that the information listed is true, based upon my knowledge and belief.

Signature of Physician: _____ Date: _____

Please print the following information:

Name of Physician:

Address:

Telephone Number:

Specialty:

Registration Number:

(Please attach additional sheets if necessary.)

SECTION THREE (To Be Completed by Member's Supervisor)

_____ (employee name) has notified me of his/her intention to apply to the AFSCME

Sick Leave Bank for up to _____ hours of paid leave time per week from _____ (date) until

_____ (date) due to his/her own illness/injury.

If the paid leave requested is part time: the employee and I have agreed to the attached work schedule, which meets both the needs of the department and the physician's recommendations (as appropriate).

Based on the information available to me, this leave does not result from a work-related illness or injury.

Supervisor Signature

Date

Supervisor Name (printed)

Campus Address

Campus Telephone Number