

McLean County Unit District No. 5

SICK LEAVE BANK

REQUEST FORM

Sick Leave Bank Contract Language

Once per school year each member of the bargaining unit may voluntarily transfer one (1) day of accumulated sick leave to a Sick Leave Bank.

Any bargaining unit member who contributes to the Sick Leave Bank, who exhausts his/her accumulated sick leave, and who is absent for more than three (3) consecutive work days with his/her own illness or disability may apply for the use of days from this Sick Leave Bank. Use of these days must be during the year the bargaining unit member contributes to the bank.

Such request will be forwarded to the president of the Association who will approve or deny the request and then forward the request to the administration for approval. Such request must be accompanied by a doctor's verification. If the request for use of days from the Sick Leave Bank is approved, the day(s) granted will be applied retroactively to include the three (3) days preceding the request.

No member of the bargaining unit will be allowed to use more than thirty (30) days from the Sick Leave Bank in any one (1) year.

If there are any unused days in this Sick Leave Bank at the end of the school year, they will be carried over into the next school year.

Procedure for Authorization to Use Sick Leave Bank Days

- 1. Obtain a physician's note that verifies the medical advice that the employee be off work for three days or longer due to personal illness.
2. Complete the form below and submit the form and the physician's note to the president of Unit Five Education Association (UFEA). Retain a copy of the form for personal records.
3. The UFEA president will approve or deny the request and convey the decision to a designated central administrator.
4. The central administrator will approve or deny the request and convey the decision to the following individuals: the initiator of the request; the president of UFEA; the building principal; and the payroll coordinator.

This request will not be considered unless a physician's note is attached.

Employee's Social Security Number _____

Employee's Name _____

Homebase _____

Date of Request _____ Number of Days Requested _____

Exact Dates Requested (Can be A Range of Dates) (Be Specific) _____

Name of Physician _____ Release Date _____

FOR ADMINISTRATIVE USE ONLY

UFEA Response

- Approved
Denied

Comment _____

Central Administration Response

- Approved
Denied

Comment _____

Signature and Date _____

Signature and Date _____