Name of Member __________________________________________ Date __________________

(Member - please check all applicable boxes)

☐ SERS (TIER I, II, IIA) Participant  OR  ☐ ARP (TIAA-CREF) Participant

☐ SUOAF member prior to July 1, 2001  OR  ☐ SUOAF member on or after July 1, 2001

NOTE: Employees hired prior to 7/1/01 who are not participating in ARP are entitled to 120 days per occurrence.

Employees participating in ARP and/or employees hired on or after 7/1/01 may receive grants up to 120 days per occurrence, but no more than a lifetime total of 180 days.

Instructions:

Part A – To be completed by member or member’s representative and submitted to the Personnel/Human Resources Office when exhaustion of earned sick leave days has, or is likely, to occur.

Part B – To be completed by the Personnel/Human Resources Office and submitted to the Sick Leave Bank Committee as soon as possible after receipt. One copy to be retained by the Personnel/Human Resources Office.

Part C – Following the vote on the application, Committee to send the original to the Personnel/Human Resources Office and retain one copy in the System Office.

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PART A

University ________________________________ No. Days Requested ______

Statement of Justification (Please provide all necessary information to assist Committee)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
List of all attachments (including adequate medical evidence)


2. 

3. 

<table>
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<tr>
<th>Signature of Member</th>
<th>Date</th>
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<tr>
<th>Signature of Member’s Representative</th>
<th>Relationship of Rep.to Member</th>
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(Only if member is incapacitated)

PART B

ARP participant has been informed of their Long-Term Disability benefits as noted in the SUOAF contract Article 30.3.3. on ______________________________.

Member has used ______________________ sick leave bank days during lifetime to date.

Member has / will (circle one) exhaust(ed) all earned sick leave on _______________________.

Member has / will (circle one) used up to a maximum of thirty (30) days of vacation time (if accumulated) immediately preceding eligibility on _______________________.

Is there any evidence of abuse of sick leave usage by the member?  □ Yes  □ No

□ Criteria met  □ Returned to employee regarding the following: _________________________
**PART C**  
(For use by Sick Leave Bank Committee)

1. □ Application is accepted for initial grant of _____ days to be taken effective ____________, but no later than ____________.  
□ Application is rejected.  

   For the Committee ___________________________ Date ___________________________

2. □ Application is accepted for an additional grant of _____ days to be taken no later than ____________.  
□ Application is rejected.  

   For the Committee ___________________________ Date ___________________________

3. □ Application is accepted for an additional grant of _____ days to be taken no later than ____________.  
□ Application is rejected.  

   For the Committee ___________________________ Date ___________________________

4. □ Application is accepted for an additional grant of _____ days to be taken no later than ____________.  
□ Application is rejected.  

   For the Committee ___________________________ Date ___________________________

**PART D**  
(For use by Personnel/Human Resource Office)

Total Days Granted _________________  
Total Days Taken _________________  
Total Days Returned to Sick Leave Bank _________________  
Date Member Returned to Work _________________

________________________________________  Date ___________________________

Personnel/HR Officer ___________________________  

Revised 4/23/03