

UNIVERSITY OF MASSACHUSETTS CHAN MEDICAL SCHOOL

Employee Sick Leave Bank Request Form

FOR EMPLOYEES NOT COVERED BY A COLLECTIVE BARGAINING AGREEMENT WITH THE EXCEPTION OF SHARE AND NAGE EMPLOYEES

Nature of Illness or Injury:

I am applying for time to be granted to me from the Sick Leave Bank and and acknowledge that I have already provided the medical certification as well a	as the
request for leave of absence form, as required.	

1. Additional documentation and/or medical consultation may be requested by the Sick Leave Bank Committee at any time during my sick leave. My Department Head/Supervisor will be consulted for a review of my past attendance record.

I may not draw on the Sick Leave Bank while also receiving income from Worker's Compensation and/or an employer sponsored disability insurance plan.
All accrued vacation, personal, sick and holiday compensatory time must be used and I must be absent without pay for five days or a pro-rata mount for a regular part-time employee before eligible to draw time.

All vacation and sick time which is accrued for any month during which I am using time from the Sick Leave Bank will be reassigned to the Sick Leave Bank.
The decision of the Committee is binding and is not subject to any campus or grievance appeal procedure.

I acknowledge that I have read and agree to all of the term	s above.		
	ALL FIELDS ARE REQUIRED		
Date Of Request:			
Date Of Request.			
-	MM/DD/YYYY		
ID and Name of Employee Requesting:			
	ID	Last name, First name	
Department:			
Job Title:			
		E-mail Address	
Home Phone:			
_	# # #-# # # # #	_	
Name of Supervisor:			
Briefly describe the nature of illness/Injury:			
L			
Requested Sick Leave :	Total Hours:		
То			
I agree my electronic signature is the equivalent	of my manual/handwritten signature on this r	request form.	
,	, , , , , , , , , , , , , , , , , , , ,	Employee Signature	
Please email this completed form to: Benefits.UMMS@Umassmed.edu			
Benefits will review this information for compliance and mail you a disposition letter of approval or denial as soon as possible			