

**SICK LEAVE BANK APPROVAL COMMITTEE
C/O TAAAC
2521 Riva Road, Suite L7, Annapolis, Maryland 21401**

SPECIAL INSTRUCTIONS

IMPORTANT: Please read carefully and use the attached checklist.

APPLICANT:

1. Do not write below the double line on this application. That section is to be completed by your principal.
2. Request Form and Physician's Statement must be in duplicate. Send both copies of each to the TAAAC office.
3. Please be advised that requests must be accompanied by all required paperwork and an explanation of medical conditions necessitating the request in legible layman's terms on the Physician's Statement. (See attached checklist.)
4. Each Sick Leave Bank request form must be received at the TAAAC Office within 30 calendar days from the first day of bank usage requested on each request (including extension requests).
5. The committee meets regularly prior to each payday. All paperwork must be in to the TAAAC office by the Monday prior to payday during the school year or the request will be held over to the next meeting.
6. You will be advised of the Sick Leave Bank Approval Committee's (SLBAC) action on your application in writing. Please do not call the TAAAC office requesting this information from the TAAAC staff. Based in part on confidentiality requirements, the TAAAC staff has been instructed not to discuss action taken by the Sick Leave Bank Approval Committee.

NOTES TO APPLICANT:

1. The AACPS may require you to apply for leave under the FMLA upon the exhaustion of paid sick leave.
2. Please call the AACPS Payroll Office in the event of a shortage in your biweekly pay.
3. If your qualifying illness or injury is mental or emotional (such as depression) your physician's statement must be completed by a licensed psychiatrist. (See Rule 7, page 2)

PRINCIPAL:

1. When completing verification of absence, please write in the first day of absence rather than the first grant day requested. This will allow the committee to determine if the 10-day window has been met.
2. Remember, the applicant must actually be absent from work in order for the administrator to verify the absence.

SICK LEAVE BANK APPLICANT CHECK LIST

For your assistance, the Sick Leave Bank Approval Committee suggests that you use this check list to insure that all parts of your Sick Leave Bank application are completed, fully and accurately.

REQUEST FORM

- Checked request to DRAW box.
- Completed Social Security number.
- Completed box of LAST NAME (4 letters).
- Date of Application reflects date form submitted.
- Name, address, zip and phone number reflect current information.
- Completed Cost Center Number (School Number).
- Indicated current teaching status, checked appropriate box.
- Indicated exact duty/working days to be covered. There must be a starting and concluding date. No more than 20 days may be requested on an application.
- Showed total number of duty days coverage requested in this grant application.
- Checked box to indicate if the application is an extension.
- Signed and dated the medical release.
- School Administrator has signed and dated the "Verification of Absence" section.

PHYSICIAN'S STATEMENT

- Applicant completed name and address section.
- Applicant completed release signature and dated it.
- Applicant completed physician name, telephone & address sections.
- Physician completed medical statement in lay language with as much explanation as possible.
- Physician completed disability dates. Dates requested on application fall within disability dates.
- Physician signs statement.
- Physician completed name and address information.

NOTE: Until the Sick Leave Bank Approval Committee has received both the Request Form and Physician's Statement, it cannot act. The applicant bears the responsibility for the completion of the forms.