

Sick Leave Bank - Bank Request Form

Return to:

TAAAC Sick Leave Bank Approval Committee
2521 Riva Road Suite L-7, Annapolis, Maryland 21401

Requests to draw from the Bank **MUST** be received *within 30 calendar days* from the (1st) first day of requested bank usage on each form.

Please Print or Type information. This form is on Pressure Sensitized Paper.

Application For (check one): <input type="checkbox"/> Request to DRAW from Bank <input type="checkbox"/> RETURN Unused Bank Days: number _____	Date of Birth ____ / ____ / ____ Mo. Day Year	Employee ID Number _____	Date of Application ____ / ____ / ____ Mo. Day Year
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Name (Last) _____ (First) _____ (Initial) _____

Address (Street) _____ (City) _____ (State) _____ (Zip) _____

School/Work Location _____	Position Held _____	Home/Cell Phone _____	Work Year	Length
Personal Email Address _____	Send actions by email Yes ___ No ___	Work Phone _____	<input type="checkbox"/> 10 mo.	<input type="checkbox"/> Full Time
			<input type="checkbox"/> 12 mo.	<input type="checkbox"/> Part Time

All Accumulated Sick Leave Must Be Depleted Before Receiving Bank Days	Number of Duty Days Requested _____ (Not to exceed 20 days per request form)	Is this an illness or injury resulting from or related to an incident on the job or other situation covered by Workers' Compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Dates of Duty Days to be Covered by this Application (From) _____ (Through) _____	Is this a Bank Grant Extension <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you filed for Workers' Compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No
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I hereby authorize the Board of Education of Anne Arundel County to release information from my personnel file regarding my medical history, doctor's records and/or letters, and use of sick leave to TAAAC in order that the TAAAC Sick Leave Bank Approval Committee can determine if I am eligible for leave from the Sick Leave Bank.

I further authorize the TAAAC SLBAC to release my Physician's statement to AACPS for FMLA Leave.

Employee's Signature _____ Date _____

⚠ DO NOT COMPLETE BELOW THIS LINE ⚠

Verification of Absence — To Be Completed By Administrator

First Day of Absence: _____	Has employee returned to work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Date Returned : _____
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Comments: _____

Signature of Administrator _____ Date _____

To Be Completed By TAAAC Sick Leave Bank Approval Committee

Request <input type="checkbox"/> Yes	Authorized Signatures _____	Date _____
Approved <input type="checkbox"/> No		
Duty Days Approved By SLBAC	Month _____	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
	Month _____	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

Comments: _____

To Be Completed By Director of Human Resources

Payment <input type="checkbox"/> Yes	Authorized Signature _____	Date _____
Approved <input type="checkbox"/> No		

PAYROLL USE ONLY

Sick Leave <input type="checkbox"/> Yes	Date Sick Leave Depleted _____	Date Request Processed _____
Depleted <input type="checkbox"/> No		

Sick Leave Bank Request Form Reviewed and Posted by: _____ Name _____ Date _____