

## **SICK LEAVE BANK APPROVAL COMMITTEE**

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. All requests to draw from the SLB must be made on the approved forms which cannot be submitted until after a first day of absence has occurred. All completed forms must be received by the SLBAC within thirty (30) days of the first day of eligibility. The first day of eligibility for the initial grant is either the first unpaid day of absence due to the qualifying condition or the eleventh consecutive day, whichever occurs later. All subsequent applications for grant extensions must follow the same thirty (30) day time line.
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, and by email if selected on your application. 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.