



TOWN OF RIVERHEAD
APPLICATION FOR USE OF SICK BANK DAYS

Under the provisions of Article V, Section 7 of the C.S.E.A. contract:

I _____
Name SSN

Hereby attest that I am a current member of the sick leave bank, that I am not under any disciplinary sanctions, that I have been out for a minimum of forty five (45) days for a serious illness under the FMLA and that I have exhausted all accrued time. Therefore, I have met the eligibility criteria to use the sick leave bank.

I am aware of the restrictions that coincide with the use of the sick leave bank. The withdrawal of time from the sick leave bank is limited to a maximum of 50% of the total unencumbered sick leave available in the bank on the first day that time from the bank is utilized for a particular absence or 120 days, whichever is less. I also understand no accrued time will be earned during the use of sick leave bank days.

I have read the provisions of the CSEA contact and I understand the restrictions and requirements that follow using time from the sick leave bank.

Signature

Date

For Office Use Only

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_____ Approved

_____ **Disapproved**-Reason: _____

At the time of your application the sick bank currently has _____ days.

In agreement with the stipulation you are entitled to _____ days.

Please note the total number of days used cannot exceed 120 days lifetime

Signature of Issuing Authority

Date