File: GBGH-E2

Application for Sick Leave Bank Benefits

Member’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_

Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Building Site\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full-Time\_\_\_\_\_\_\_ Part-Time\_\_\_\_\_\_\_

Person Requesting Leave\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Member\_\_\_\_\_\_\_\_\_\_\_\_
(Only if member is incapacitated)

Date illness/injury began\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Anticipated Duration \_\_\_\_\_\_\_\_\_\_

Date all leave days will be/were exhausted\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Briefly describe the nature of illness/injury\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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I hereby certify that I understand, agree to and meet the requirements of the Sick Leave Bank Policy. I also authorize the Steering Committee to obtain necessary information concerning this application.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Member Date

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TO BE COMPLETED BY ATTENDING PHYSICIAN

I certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is experiencing a catastrophic medical hardship that warrants extended relief from work for \_\_\_\_\_\_\_ days.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Physician Date

Catastrophic Definition: An acute, prolonged or life threatening injury or illness that is serious in nature and necessitates an absence from work for ten (10) consecutive days. Determination of catastrophic is based upon the physician’s statement with diagnosis, the patient’s age, and any complications. A few examples of conditions that could be considered catastrophic are:

Cancer with chemotherapy treatment

Organ transplant

Major surgery—requires an inpatient Hospital stay

Multiple Trauma—Severe injury due to a vehicle accident

Chronic Conditions—Cystic Fibrosis, Cerebral Palsy, Spinal Bifida, Muscular Dystrophy and TB

High Risk Pregnancy—as per Physician’s statement

Serious Mental Illness

TO BE COMPLETED BY STEERING COMMITTEE

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Not Approved

Date Request was Received: \_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Steering Committee Chairperson Date

Adopted: September 19, 2001

Revised: January 18, 2017