

SICK LEAVE REQUEST FORM

This form is to be used by employees whom have run out of sick leave due to an extended illness and would like to request additional sick leave from their peers in accordance with:

OSEA Chapter 119 CBA: Article 11.2: Sick leave Transfers.

OSEA Chapter 114 CBA: Article 10.1: Sick leave Transfers.

OEA CBA: Article 17: Sick leave Transfers.

Management & Confidential: Board Policy GCBD/GDBD(2): Sick Leave Transfers

Clarifying procedure for sick leave requests: (revised 8/16/2011)

For additional information on Sick Leave Transfers please contact the Business Office.

1. Employees will be notified by their Department Administrator when they have run out of sick leave
2. Administrator will provide Employee with the Sick Leave Request Form
3. The employee must then complete SECTION 1 of the *Sick Leave Request Form* and submit it to the Union President
4. The Union President (or designee) will submit the form to Payroll to complete SECTION 2
5. The Union President (or designee) and Superintendent will then meet to determine the employee's needs and eligibility to receive sick leave transfers, based on the employees CBA or board policy, and complete SECTION 3
6. Once eligibility has been determined; The Union President will send an email out to Eligible Union Members on the employees behalf and CC the Business Office (including HR & Payroll)
7. Eligible members whom wish to donate sick leave need to contact HR or Payroll to complete a *Sick Leave Donation Form* (Eligibility to donate will be determined as stated in the employees CBA or board policy)

SECTION 1: to be completed by requesting employee:

Name: _____ Today's Date: ____/____/____

Position: _____ Department: _____

Last Day of work was: ____/____/____

Date illness began: ____/____/____ Date expected to return to work: ____/____/____

Brief explanation of illness or reason for request (not to be disclosed):

By signing this request form I understand that should my request be granted that I am authorizing the Union President to send an email notification to other Union members requesting leave donations on my behalf.

Employee Signature

SECTION 2: for PAYROLL use ONLY: (FS023)

Date LWOP began: ____/____/____ Hire Date: ____/____/____

Leave hrs Used to date:	_____ Hrs	_____ Hrs	_____ Hrs	_____ Hrs
	Personal/Emergency	Vacation	Safety Coupons	Comp Time

Leave Available:	_____ Hrs	_____ Hrs	_____ Hrs	_____ Hrs
	Personal/Emergency	Vacation	Safety Coupons	Comp Time

Previous donation request Date: ____/____/____ Amount: _____ hrs

SECTION 3: APPROVAL

Request accepted: ____ on: ____/____/____ request denied ____ for the following reasons:

Union President Signature

Superintendent Signature