

**Application for Belding Education Association (BEA)
Sick Leave Bank**

***Notice:** Read Article 8, Section B *Sick Leave Bank* in the Master Agreement carefully before submitting to the Sick Bank Chair.

| |
|---|
| For Office Use Only: Date Received: _____ Date of Review: _____ Circle: Approved Denied |
|---|

Name _____ Building _____
**Please Print*

Date of Application _____ First anticipated date of need _____

Will you need the bank CONSECUTIVELY or INTERMITTENTLY? (Please circle one)
If BOTH, please explain below: (ex. You will be out for surgery, but then will have several intermittent follow up appointments for physical therapy or additional treatment for the SAME condition)

Projected return date, if applicable: _____

Home Address: _____
**Street, City, Zip*

Home Email: _____

Home Phone: _____ Cell Phone: _____

Please Initial next to each statement:

- _____ I have attached a copy of my FMLA paperwork and/or any relevant letters or communication on official letterhead pertaining to this leave for committee review.
- _____ I hereby authorize the Association to communicate with the district concerning the relevant elements of my leave including, but not limited to, diagnosis, prognosis and projected date of return to work.
- _____ This claim is not covered by worker's compensation, disability insurance, social security disability or any other source.
- _____ I have read Article 8, Section B *Sick Leave Bank* and understand my rights under this Article. If there is a change in information provided on this form, I will provide written notice to the Association via the Sick Bank Chair.
- _____ I understand that any falsified information or abuse of the sick leave bank may result in termination of the benefit and/or repayment of days used, as determined by the committee.

Signed, _____ Date: _____