



UT-AAUP SICK LEAVE BANK
APPLICATION FORM
(Please Print or Type)

Personal Information

Full Name: _____
Last First M.I.
Address: _____
Street Address Apartment/Unit #
City State ZIP Code
Home Phone: () Office Phone: ()

Job Information

Title: _____ Employee ID: _____
Dept. Chair or Supervisor: _____ Department: _____
Office Location: _____ E-mail Address: _____
Office Phone: () Date of Hire: _____

Claim Information

Date of diagnosis of current catastrophic illness or injury: _____ Name of diagnosing physician: _____
Applicant's leave balance at the end of the last pay period:
Sick: _____ Vacation: _____ Comp Time: _____
Name of Individual Completing Application: _____ Relationship to Applicant: _____ Telephone Number: _____

Participation in this program is voluntary. The information provided will be used to identify records associated with the application for Leave Bank Hours as provided by the UT-AAUP CBA 2014-2018 (Lecturers CBA Appendix A/Tenured, Tenure-Track CBA Appendix C). The information provided in this application may be disclosed to a national, state, or local law enforcement agency or court when there is an indication of a violation or potential violation of civil or criminal law, rule, or regulation, or to another agency or court when the Government is party to a suit.

I certify the above information is true and I give permission to the authorized UT-AAUP-LBC Committee members to review this application for the sole purpose of determining whether to grant or deny my request for sick leave time from the Sick Leave Bank.

Signature of Applicant or Individual Completing Application on Behalf of Applicant: _____ Date: _____

UT-AAUP-LBC Use Only

Date Application Received: _____ UT-AAUP-LBC Review: Approved Disapproved

Signature: _____ Date: _____

UT-AAUP-SLBA
SUBMIT COMPLETED APPLICATION TO:
UT-AAUP-LBC, P.O. Box 2588, Toledo, Ohio 43606