

DR. TIFFANY FREY  
Executive Director

ADMINISTRATIVE OFFICE:  
1207 N. LARKIN AVENUE | JOLIET, ILLINOIS 60435  
phone: 815.741-7777 fax: 815.741-7779

GRACE DOYLE  
Assistant Director

### Sick Leave Bank Request Form

Staff Member Name: \_\_\_\_\_ Date: \_\_\_\_\_

SOWIC Assignment: \_\_\_\_\_ Email address: \_\_\_\_\_

Your phone number: \_\_\_\_\_

Type of request:                      Initial Withdrawal \_\_\_\_\_                      Additional Withdrawal \_\_\_\_\_

Reason for Request: \_\_\_\_\_

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

Signature

For a complete listing of requirements, please refer to the current SOWIC/AFT~IFT Local 604 Collective Bargaining Agreement regarding the Sick Leave Bank at: <http://www.sowic.org/cba-teachers.pdf>

**YOU MUST ALSO ATTACH A PHYSICIAN'S STATEMENT TO THIS FORM AS REQUIRED BELOW:**

*F. The Sick Leave Bank is available to teachers who have exhausted all of their accumulated sick leave and personal leave and suffer from a personal illness, disability, or hospitalization of a "catastrophic" nature. Catastrophic refers to a life-threatening, extraordinary, or chronically debilitating medical condition and is not intended to include commonplace or ordinary medical conditions. Examples of catastrophic medical conditions include certain cancers and pregnancy/child-birth complications that are hazardous to the life of the mother and/or unborn child. In contrast, the flu, a broken leg, and routine pregnancies are not considered catastrophic medical conditions. Generally, catastrophic medical conditions must be considered both long-term in nature and require a long-term recuperation period. A physician's statement certifying that the medical condition is life threatening, extraordinary or chronically debilitating must be submitted with the teacher's request to access the sick leave bank.*

Sick Leave Bank Committee Eligibility Determination: \_\_\_\_\_ Date: \_\_\_\_\_

The above named applicant has been: \_\_\_\_\_ (Approved) \_\_\_\_\_ (Not Approved) for \_\_\_\_\_ days from the Sick Leave Bank

Agreement of SLB Committee Members (please sign):

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