

REQUEST FOR
USE OF SICK
LEAVE BANK

REVISED
7/23

P-25-A
REQUEST #

PART 1: INSTRUCTIONS TO PARTICIPATING SICK BANK MEMBER

1. Complete and sign Part I (type or print legibly).
2. Forward to Attending Physician to complete Part II.
3. Submit both copies of the completed original form along with a copy of your most recent payroll check stub to the Sick Leave Bank Committee, 5800 Metro Drive, 2nd Floor, Baltimore, MD 21215.
4. We are not responsible for lateness or illegible forms.
5. Applications received after the committee has met will be reviewed at the next scheduled Sick Bank meeting.

Applicant Name:

Applicant Address:

Email Address:

Phone:

Employee ID#:

Yrs. of Active Service:

Payroll Location:

Payroll Location Previous Two (2) Years:

Previous Illnesses in Excess of Five (5) days: (additional sheet may be attached, if needed. If none, please indicate.)

Dates: Nature of Illness:

I request to borrow from the sick bank:

Falsification and/or distortion of information on the application will result in automatic denial of Sick Bank grants.

Signature: Date:

PART II: THIS SECTION TO BE COMPLETED BY THE ATTENDING PHYSICIAN ONLY.

1. Please type or print legibly. Illegible applications may not be approved.
2. Treatment plan **MUST** be included with each illness.
3. Maternity disability period not to exceed ten weeks, includes time before and after the delivery of the child.
4. Attach additional sheets if necessary.

Nature of Illness and Prognosis

First Day Employee is Unable to work:

Return to Work Date:

Physician's Name:

Phone:

Physician's Address:

Signature: Date:

PART III: SICK LEAVE BANK COMMITTEE ONLY

Days requested Number of Days Granted

First day employee is unable to work

Return to work date

APPROVED DENIED

Authorized Signature: Date: