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**SICK LEAVE BANK
APPLICATION FOR BENEFITS FORM
LICENSED EMPLOYEES**

NAME _____ EMPLOYEE # _____
(last) (first)

BUILDING _____ POSITION _____

I would like to apply for Sick Leave Bank benefits. I understand that leave days will only be authorized from the Bank for my personal illness or injury. I also understand that days will not be granted to care for someone else who is ill or disabled, nor for non-contracted days in which I was covered by workers' compensation. I understand that I must have used twenty-five (25) consecutive leave days (paid and/or unpaid) to be eligible for Sick Leave Bank days.

I understand that a maximum of fifteen (15) days each contract year can be drawn from the bank. If I am less than full-time, days will be prorated accordingly. I know that I will not be required to replace these days authorized to me except as a regular contributing member of the Bank.

I, _____ certify that I am unable to fulfill my contractual obligations because of my medical condition. Attached is certification from a qualified physician explaining the medical reasons for my absence.

Signature of Employee

Date

For additional information about the Sick Leave Bank, please refer to negotiated agreement, section E-27.

Please return this form to Human Resources (HRD) in the Education Center.

Number of days _____ Dates from _____ to _____

HRD Approval _____ Date _____