



6500 Arapahoe, P.O. Box 9011  
Boulder, Colorado 80301

Division of Human Resources  
303-447-5031  
Fax::303-447-5098  
[hrd@bvsd.org](mailto:hrd@bvsd.org)  
[www.bvsd.org](http://www.bvsd.org)

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

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
(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 that 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.

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Number of days \_\_\_\_\_ Dates from \_\_\_\_\_ to \_\_\_\_\_

HRD Approval \_\_\_\_\_ Date \_\_\_\_\_