

Application to Receive Leave from the Worksite Sick Leave Bank

Applicant's Name (Last First & Middle)		Last 4 digits of SSN		Date of Birth	
Position title & pay plan (CE or CY)		Do you sign an annual employment contract? Yes No		Are you a bargaining unit employee? Yes No	
Are you affected by a medical emergency? Yes No	Is the leave requested due to the health condition of an immediate family member? If yes, employee is ineligible. Yes No	Is the employee's illness/injury long term or short term (3 weeks or less)? Long term Short term		Date emergency began	
General nature and severity of emergency. (May attach documentation from health care provider identifying relevant medical information.)				Estimated duration of medical emergency	
Current sick leave balance	Current personal leave balance	Annual leave balance (if applicable.)	Hours of leave without pay used for this emergency.		
Name of person completing application		Relationship to applicant (If not the applicant.)		Telephone number	
Signature of applicant or individual completing on behalf of the applicant.				Date signed	
<p>Privacy Act Statement: Participation in this program is voluntary. The information collected on this form will be used to administer pay and leave provisions pursuant to, the 62 BIAM 11 and collective bargaining agreements, as applicable. Your information may be disclosed as follows: in relevant legal proceedings, to law enforcement, if requested; to entities under contract with the Department or Bureau to perform audits; to labor organizations as required by law; and to the EEOC, MSPB, OWCP, Office of Special Counsel or Government Accounting Office. Furnishing the social security number and date of birth is voluntary; however, failure to disclose that information may delay or prevent action on this application.</p>					
Committee use only:	Approved	Disapproved	Date Received	Date of action	
Number of hours approved					
Reason(s) for denial:					
Signature of Committee members					
Member 1		Member 2		Member 3	
HR Liaison			Timekeeper initials	Date	