

**Application to Receive Sick Leave
for Employees in Titles Eligible for Collective Bargaining**

This application is to be completed by employee in a title eligible for collective bargaining, in a Mayoral agency, who believes he/she is eligible to receive donated sick leave through the Dedicated Sick Leave Program.

To be completed by employee

Name of Employee: _____

Home Address: _____

Social Security Number: _____

Civil Service Title: _____

Title Code Number: _____

Employing Agency: _____

Agency Code Number: _____

City Start Date: _____

1. Is your illness or injury job-related? _____ Yes _____ No

2. How many consecutive working days have you been absent from work due to your present illness or injury? State the last day you were at work.
Days Absent: _____ Last Date Worked: _____

3. Did you apply for advanced sick leave from your agency? If yes, state how many days of sick leave were advanced, if any. _____ Yes _____ No
Days Advanced: _____

4. Has annual leave been advanced to you? If yes, state how many days of annual leave were advanced. _____ Yes _____ No
Days Advanced: _____

5. If you are a permanent employee with at least ten years of City service, did you apply for a sick leave grant from your agency? If yes, state how many days of sick leave were granted, if any. _____ Yes _____ No
Days Granted: _____

6. Have you exhausted all of your sick leave and annual leave, compensatory time, advanced leave, and sick leave grants? If no, please indicate the number of hours of leave remaining.
_____ Yes _____ No

Sick Leave: _____

Advanced Sick Leave: _____

Annual Leave: _____

Advanced Annual Leave: _____

Compensatory Time: _____

Sick Leave Grant: _____

7. Taking into account all of your sick leave, annual leave, compensatory time, advanced leave and sick leave grants, state the last date for which you are, or were, entitled to paid leave.
Last Date of Leave Entitlement: _____
8. Check the line below if you have attached documentation from your physician stating your diagnosis and the projected number of days you will be absent from work.
_____ documentation attached
9. Do you authorize your agency to secure donations for leave on your behalf with the understanding that every reasonable effort will be made to maintain the confidentiality of medical information? ____ Yes ____ No

Employee Signature: _____

Date: _____

To be completed by Personnel Officer

Date Application Received: _____

I have reviewed the employee's application and certify that all answers are accurate when compared with the records of this agency and the Office of Payroll Administration. The employee is eligible, or will shortly be eligible, to receive a sick leave donation under the Dedicated Sick Leave Program for Employees Eligible for Collective Bargaining.

Please forward this application, with medical documentation attached, within 5 working days of receipt from employee to the Agency Head or his/her designee.

The decision of the Agency Head or his/her designee will be sent to the Personnel Officer within 5 working days of receipt.

If employee is **not** eligible to receive a sick leave donation based on this application, or has been denied approval by the Agency Head or his/her designee, please complete applicable portion below and return to employee within 5 working days of receipt of application or denial.

You are ineligible to receive a sick leave donation because _____

Your request to receive a sick leave donation has been denied. You may appeal this determination by writing to the DCAS Office of Special Programs, and attaching additional medical documentation, within 15 working days from the date of this notice.

Signature of
Personnel Officer: _____

Date: _____