



Sick Leave Bank Benefits Request Form

EMPLOYEE INFORMATION			
Employee Name:		Date:	
Department:		Job Title:	
<p>The City of Lewiston maintains a Sick Leave Bank to assist employees who have experienced, or who have an immediate family member who has experienced, a catastrophic illness or injury unrelated to their employment with the City. Sick Leave Bank benefits are paid at the eligible employee's regular rate of pay and are subject to the same payroll tax liabilities as the employee's normal salary. Existing payroll deductions, including benefit premiums, will continue to occur.</p>			
To determine eligibility, please answer the following questions:			
	YES	NO	
I have read and understand the Sick Leave Bank & Donations Policy (Admin Policy 2017-07)	<input type="checkbox"/>	<input type="checkbox"/>	
I am a full time employee	<input type="checkbox"/>	<input type="checkbox"/>	
I have been employed by the City of Lewiston for at least twelve (12) consecutive months	<input type="checkbox"/>	<input type="checkbox"/>	
I have exhausted all accrued leave OR will exhaust all accrued leave on _____	<input type="checkbox"/>	<input type="checkbox"/>	
I have, or an immediate family member has, experienced a catastrophic illness or injury, which is unrelated to my employment with the City of Lewiston.	<input type="checkbox"/>	<input type="checkbox"/>	
I expect to be absent from the workplace for a minimum of thirty (30) continuous calendar days or sixty (60) days intermittently due to the catastrophic illness or injury	<input type="checkbox"/>	<input type="checkbox"/>	
I have been approved for Family Medical Leave (FMLA)	<input type="checkbox"/>	<input type="checkbox"/>	
Date accrued leave was exhausted:			
I am requesting: <input type="checkbox"/> Continuous Leave <input type="checkbox"/> Intermittent Leave			
Dates of requested Sick Leave:			
Total number of hours of Sick Leave Requested:			
In Accordance with the Sick Leave Bank & Donations Policy (2017-17), I will submit proper documentation from my healthcare provider that includes a description of the catastrophic illness or injury, the beginning date of the catastrophic illness or injury, and the expected duration of leave.			
<i>Employee Signature</i>		<i>Date</i>	

HR USE ONLY	
Request for use of Sick Leave Bank has been: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Additional Notes:	
<i>Human Resources Signature</i>	
<i>Date</i>	