

AEL/AACPS SICK LEAVE BANK: APPLICATION FOR USE (Rev. 7-1-08)

Return to: AEL P. O. Box 74 Severna Park, Md. 21146 (pink)

#Days Requested: _____ (Max. 20) Date of Application: ___/___/___
Month Day Year

(1) Initial Application? OR (2) Application for Extension? [If (2)**sign and go directly to Section (A)]
(✓) (✓)

SSN: _____
(Print) Last Name First Name M.I. (last four digits only)

Home Address Number and Street City/Town State Zip Personal Phone #

Current Position School/Location 4-Digit Location # Work Phone #

My signature authorizes the use of any information acquired in the course of my examination and treatment for SLB Committee use only and as necessary to evaluate the request for SLB days as stated:

** _____ (signature)
(Signature required for initial application OR request for extension)

(A) FOR TREATING PHYSICIAN'S USE ONLY (Confirmation of Need for Absence from Work)

Brief Description of Illness (in Lay Terms) for which the request for sick leave bank days are being requested:

Physician's Name (Print Legibly) Patient was under my care and unable to work: from _____ to _____

Physician's Signature Mo. Day Year Physician's Telephone

(B) FOR AEL SICK LEAVE BANK COMMITTEE USE ONLY: Request Approved Denied
(✓) (✓)

If Approved: # of Days Date of Decision ___/___/___ Signed: _____
Mo. Day Year AEL SLB Chair

(C) FOR HR/PAYROLL/BENEFITS OFFICE USE ONLY

Authorization for Payment: Director of Personnel _____
Signature Mo. Day Year

Sick Leave Days Have Been Depleted as of: ___-___-___ Annual Leave as of: ___-___-___

Anticipated Date of Return to Work: ___-___-___ Number of SLB Days Returned/Credited to Bank: _____

Duty Days Approved by the AEL Sick Leave Bank Committee:
Month: _____ 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31
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Routing Order if Request is Approved by AEL SLB Committee: (1) Director of Personnel (2) Payroll w/CC to Requester
Upon completion of Section (III): CCs to: (1) AEL SLB Committee Chair (2) Requester

Routing Order if Request is Denied: (1) Requester