

**ATA Sick Leave Bank
Application for Sick Days**

Employee Name _____ Date _____

Work Location _____ Employee Group ATA

I am applying for available sick leave bank days due to: _____ my own illness
_____ illness of immediate family member

If you checked the illness of an immediate family member, please identify the employee's relationship to the family member:

- Spouse
- Parent – in –law
- Child
- Son- in-law
- Parent
- Daughter – in – law
- Other dependent living in your home – please explain below

Please list your anticipated date of return to work per your (family member's) doctor: _____

You must attach a doctor's certificate of continuing illness, including the date that the employee is anticipated to return to work.

Employee's Signature

Date

RETURN COMPLETED APPLICATION TO THE SUPERVISOR OF BUSINESS SERVICES

OFFICE USE ONLY

Date when this employee has used all available compensation days: _____

Number of available Sick Leave Bank Days to eligible member if the Sick Leave Bank Committee approves this application: _____