

**SEIU Sick Leave Bank  
Application for Sick Days**

Employee Name \_\_\_\_\_ Date \_\_\_\_\_

Work Location \_\_\_\_\_ Employee Group SEIU

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: \_\_\_\_\_