

**BROWARD TEACHERS UNION
SICK BANK WITHDRAWAL APPLICATION FORM**

TO BE COMPLETED BY APPLICANT

Check One:

Teacher

ESP

Applicant: _____ Work Location: _____

Home Address: _____

Personnel Number: _____ Home Phone Number: _____

Nature of Catastrophic Illness/Injury: _____

Date of Disability due to Catastrophic Illness/Injury: _____

Number of Days Requested: _____ Date Expected to Return to Work: _____

TO BE COMPLETED BY SCHOOL SITE/OFFICE ONLY

Last Day of Work: _____ Last Day Covered by Applicant's Sick/Personal Leave: _____

Principal's Verifying Signature: _____

READ AND INITIAL

_____ By submission of this application for consideration of sick leave withdrawal from the sick leave bank, I hereby agree that any dispute over the decision by the sick leave bank committee shall be resolved through binding arbitration conducted by the American Arbitration Association.

_____ I further authorize the sick leave bank committee to share with the district any medical information relevant to the consideration of my application. I also agree to release any and all medical information concerning my condition relevant to the sick leave requested.

_____ I understand that failure to comply with these conditions may result in a delay or denial of my application.

_____ I understand that I must exhaust my available leaves. In addition, I must be ineligible for other leaves, including but not limited to illness in the line of duty, which is available for on-the-job injuries or illnesses, and/or disability, **which provides benefits thirty (30) calendar days after I become disabled.**

Applicant's Signature

Date

SICK BANK COMMITTEE DISPOSITION

Date Application Received: _____ Date Action Taken: _____

Disposition of Application: _____ Approved _____ Denied

Number of Days Approved: _____ Start Date: _____ End Date: _____

Comments: _____

Authorized Signature

TO APPLICANTS APPLYING FOR THE SICK BANK

Please complete the application form on the reverse side of this document including your name, work location, home address, personnel number, home phone number, nature of the catastrophic illness or injury, the date when you became disabled, the number of days requested and the date you expect to return to work.

Those items in the second box are items which **you must have completed by the office and verified by your principal**. It is important that these items be accurate so consult with your immediate supervisor and school payroll person in order to ensure accuracy.

It is important to attach a Doctor's Statement that verifies your catastrophic illness or injury. The Doctor's Statement should be on letterhead and as clear as possible to explain the nature of the catastrophic illness or injury, verification that the condition prevents you from working, and the anticipated length of recovery. Please include an explanation of any accidental injury which might be covered by Workers' Compensation or personal insurance.

The original, completed, signed application form and accompanying doctor's statement on letterhead should be sent to:

Broward Teachers Union
6000 North University Drive
Tamarac, Florida 33321
ATTN: Sick Bank Committee

Please Note: BTU will forward a copy of the completed, signed application and the medical information to the Employee Relations Department ONLY if you have initialed the application provision that authorizes the release of your medical information. Otherwise, you must provide a copy of those materials to the Employee Relations Department in order to have your application processed.

The Committee normally meets on the first and third Wednesday of each month to consider applications. **Applications and supporting documents must be received the Friday prior to the meeting by 12:00 Noon.**

Use of the Sick Bank is subject to the withdrawal procedures and limitations which are set forth in Article 23, R of the Collective Bargaining Agreement for Teachers and Article 12, P for the Education Support Professionals. A copy of those limitations and procedures has been included for your information and review.