

EUGENE EDUCATION ASSOCIATION – BETHEL SICK LEAVE BANK

REQUEST FOR EXTENSION FORM

Return this form to EEA ~ Bethel Sick Leave Bank Chair

Name (print) _____ Home Phone: _____

Address _____ City _____ Zip _____

Bethel Employee # _____ Bethel E-mail address _____ @bethel.k12.or.us

Current FTE _____ Work Site Assignment _____

Number of additional days requested: _____

(see guidelines)

Anticipated date of return to work: _____

I have attached the following to this form:

- Additional health care provider’s statement indicating that I am unable to perform my assigned responsibilities due to a long-term illness or injury. This statement must also include my anticipated return to work date.

OR

- A copy of my application for Long Term Disability.

I affirm that the information I have provided is accurate to the best of my knowledge,

Signature _____ **Date** _____

THE COMMITTEE WILL REVIEW THIS REQUEST AND NOTIFY YOU OF ITS DECISION.

For Committee Use Only

Previous Sick Leave Bank days awarded: Date _____ Days _____

As of this date: _____

- Remaining individual accumulated sick leave hours: _____
 - Paid Individual personal leave hours: _____
-

Date request received: _____

Date request reviewed: _____

_____ APPROVED

_____ DENIED

If approved, number of days granted: _____ (_____ hours)

If denied, reason: _____

Authorized by _____ Date _____

Sick Leave Bank Committee Chair

Date returned to work: _____

Number of hours returned to Bank: _____

The Committee may send copies of your application to EEA, the Bethel Payroll Department, and Bethel Human Resources.

Return this form to:

Amber Jackson/EEA • 1525 Echo Hollow Rd, Eugene, OR 97402 (via USPS)
Cascade - in a sealed envelope. (via District Intra-school Mail)
Amber Jackson • amber.jackson@bethel.k12.or.us (via Email)