

EUGENE EDUCATION ASSOCIATION – BETHEL SICK LEAVE BANK INITIAL REQUEST 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 _____

First date of absence: _____ Anticipated date of return to work: _____

Number of days requested: _____

(see guidelines)

1. I understand I must first use:
 - a) all my individual accumulated paid sick leave
 - b) all my paid individual personal leave (this year’s allotment and any accumulated personal leave)
2. I am not currently receiving:
 - a) Workers Compensation
 - b) Long Term Disability (LTD)
 - c) PERS Disability
3. I have attached the following to this form:
 - a) Personal statement indicating the circumstances for which I am requesting this additional paid sick leave.
 - b) 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 includes an anticipated return to work date.**
 - c) Repayment agreement form
4. I understand that any unused sick leave hours will be returned to the Sick Leave Bank.
5. I affirm that the information I have provided is accurate to the best of my knowledge.
6. I authorize the Sick Leave Bank Committee to verify my date of employment, paid sick leave balances, paid personal leave balances, documented case of leave abuse, and status of compensation, Long Term Disability, and PERS Disability.
7. I authorize release of any pertinent information submitted to the District concerning this request.
8. I understand that I am not eligible to receive Sick Leave Bank hours while receiving compensation under Long Term Disability, or PERS Disability, and **if an overlap occurs I will be required to reimburse the Sick Leave Bank an amount equal to the cost of salary paid out for that time period (e.g., back payment for LTD, Paid Leave Oregon, Workers Compensation benefits) that exceeds one hundred percent (100%) of the compensation I would have received had I been actively working.**

Signature _____ Date _____

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)**
- Amber Jackson @ Cascade - in a sealed envelope. (via District Intra-school Mail)**
- Amber Jackson • amber.jackson@bethel.k12.or.us (via Email)**