

## ATU SICK LEAVE BANK APPLICATION FORM

Name \_\_\_\_\_ Employee ID: \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

Work Site \_\_\_\_\_ Position Title: \_\_\_\_\_

Emergency Contact Name/Phone: \_\_\_\_\_

Attending Health Care Provider Name/Facility: \_\_\_\_\_

I am requesting \_\_\_\_\_ days of sick leave bank (Not to be less than 5 days or more than 20 days)

Answer the following :

	<u>Yes</u>	<u>No</u>
1. I anticipate exhausting all applicable paid leave balances	%	%
2. I have an extended/recurring illness/injury	%	%
3. I am under a physician's care	%	%
4. My illness/injury is work related	%	%
5. I will not receive disability benefits while covered by sick leave bank hours	%	%

I certify that the above information is true to the best of my knowledge .

\_\_\_\_\_  
(Signature of Employee or Guardian)

\_\_\_\_\_  
(Date)

**Next Steps:**

1. Submit your request to: PPS Human Resources 501 N Dixon St. Portland, OR 97227, Fax 503-916-3107, or e-mail [leave@pps.net](mailto:leave@pps.net)
2. Applications for sick bank are considered for approved leave and require a medical certification from your provider.

Approved: Maximum hours granted \_\_\_\_\_ (unused hours are returned to the bank)