

**THE CLASSICAL ACADEMY
EXTREME ILLNESS OF A STAFF MEMBER
LIMITED SICK LEAVE BANK APPLICATION FORM (GBCA-TCA-E-1)**

Full Name of Staff Member: _____

Work Location: _____ Position: _____

Do you anticipate being absent more than five consecutive workdays? Yes No

Have you previously received an award of days from the Limited Sick Leave Bank?

 Yes No Unsure

Have you completed and submitted a Long Term Disability (LTD) Claim? Yes No

Number of Limited Sick Leave Bank Days requested* (up to 20 days): _____

*Sick leave bank days are intended to cover the gap between when all types of paid leave are exhausted and Long Term Disability Payments begin

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

Staff Member's Signature: _____ Date: _____

IMPORTANT NOTES:

- The staff member must submit a Leave Request Form (GBC-TCA-E-1)
- The staff member must submit a Health Care Provider's statement certifying that the medical condition restricts the staff member from being able to work. (GBC-TCA-E-2)
- To access the Limited Sick Leave Bank, you must be on a TCA approved leave of absence greater than 5 consecutive workdays.
- The staff member must have exhausted his/her staff leave, personal leave, and paid vacation before receiving any Limited Sick Leave Bank days.
- The Sick Leave Application must be accompanied by a completed Long Term Disability claim
- Awards of Limited Sick Leave Bank days shall be made in increments no greater than 20 days for a staff member's critical illness or injury and may not exceed a total of 60 days during the lifetime of a staff member's employment with TCA.

Human Resources Use:

Last paid leave date _____ LTD benefits start date _____

Number of SLB days/hours used _____