CONSOLIDATED SCHOOL DISTRICT OF NEW BRITAIN

EMERGENCY SICK BANK APPLICATION

Under contact Provisions 6:6(b)

NAME: _____ DATE: _____

ADDRESS: _____

SCHOOL: _____ POSITION: _____

HOME PHONE: _____

I have used all my accumulated sick leave and would like to apply for _____ days.
(30 max) *Only enough to return to work*

The granting of any sick leave days shall be by majority vote of the committee members and said vote shall be final and shall not be subject to the grievance process.

PLEASE PROVIDE:

- **A written statement indicating your reasons for requesting sick bank days.**
- **A physician's confirming note describing the illness and offering a prognosis for a date of return to work.**

I give the Emergency Sick Bank Committee permission to examine my employment records, history of the use of sick time, and to call upon such other matters as they deem necessary.

DATE:_____ SIGNED :_____

If there is no deduction made from the salary account of the application, the amount of money allotted by the Committee may be added to the account.

If there has been a deduction from the salary account of the applicant, the teacher must take a lump sum.

All applicants' documents are to be forwarded to the sick bank chairperson:

Eric Schenfield
c/o New Britain High School
110 Mill Street.
New Britain, CT 06051