



Juneau Education Association

Sick Leave Bank Request Form

Member name _____

Location/Assignment _____

Preferred Contact Phone/email _____

Reason for the SLB request (refer to bullet #4 below) _____

Are you a member of the Sick Leave Bank? (yes, no, not sure) _____

On what date will you or did you use all of your sick and personal leave? _____

Number of hours of sick leave accrued as of the first day of school this year? _____

(available via Employee Portal, payroll or email to payroll and JEA membership granting JEA permission to gather the information.)

Number of days of Sick Leave requested from the bank _____

Additional Information: **Submit request to jeahealthtrust@gmail.com.**

1. A member of the Sick Leave Bank is eligible for up to twice the amount of accrued sick leave at the start of the school year.
2. Sick Leave Bank days may only be used when all accrued sick and personal leave have been exhausted.
3. Sick Leave Bank requests must be made for each separate injury/illness. The sick Leave Bank will not approve “blanket” requests to cover incidental day to day illnesses for the duration for the year, or for the duration of the member’s available SLB amount.
4. A doctor/medical care provider’s note stating the need for the absence from work is required to process the request. If documentation is not currently available, please attach an explanation.
5. Leave requests not covered by the Sick Leave Bank may be covered by sick leave donations. More information on leave donations is available, just ask an exec board member.

For questions on Sick Leave Bank requests, contact any **jeahealthtrust@gmail.com**.

Approved by JEA position & date: