

## **Application to Receive Leave under the Catastrophic Sick Leave Bank Program**

This application is to be completed by individuals who are employed full-time on an annual salary basis, who are currently enrolled in the Catastrophic Sick Leave Program, with at least two (2) years of continuous full-time CUNY service, who meet all the eligibility criteria (see Program details) to receive donated leave through the Catastrophic Sick Leave Bank ("CSLB").

- Section I – to be completed by employee and submitted to the College Office of Human Resources for verification.
- Section II – to be completed by College Human Resources Director.
- Section III – to be completed by the University Benefits Office and returned to the College Office of Human Resources.
- The College HR office completes the attached letter with a final decision and sends it to the applicant.

### **I. To Be Completed by the Employee**

Name:

Home Address:

CUNYfirst ID:\*

Title:

College/Department:

\* If you don't know your CUNYfirst ID, please contact your College Office of Human Resources.

1. Are you currently a member of the Catastrophic Sick Leave Bank? Yes No

2. Is your illness or injury job related? Yes No

3. How many consecutive working days have you been absent from work due to your present illness or injury? Please indicate the last date you were at work.

Number of Work Days Absent:

Last Date Worked:

4. Have you applied for a sick leave advance from your college and/or for supplemental income benefits from your union for your present illness? Yes No

If yes, please specify:

5. Have you exhausted all of your annual leave, sick leave, compensatory time balances, and sick leave advancements, to the extent applicable? Yes No

If no, please indicate the number of hours of leave remaining.

Annual Leave:

Sick Leave:

Compensatory Time

Sick Leave Advancement:

6. Taking into account all of your annual leave, sick leave, compensatory time balance, and sick leave advancements, to the extent applicable, state the last date through which you will be, or were, entitled to paid leave. Last date of paid leave entitlement:
7. Please confirm that you have attached documentation from your physician stating the nature and severity of your illness or injury and the projected period of your absence from work by checking the box below.
- Documentation Attached (Required) Absence Projected Through
8. Are you currently on a disciplinary suspension and/or have you been subjected to a disciplinary suspension during the last 12-month period?  Yes  No

I hereby authorize the OHRM University Benefits Office or CUNY's Appeals Panel (should an appeal become necessary) -- or a physician retained by either of them -- to contact my personal physician to seek clarification or additional information concerning the medical documentation submitted herewith. I also agree to submit to an examination by a physician retained by OHRM, if deemed necessary. I understand that leave under the CSLB may be approved by the University Benefits Office in increments not to exceed one (1) month. Should I need more than one (1) month of leave under the CSLB, I understand that I may be required to submit additional medical documentation for each subsequent one (1) month period, up to a maximum of ninety (90) days or three (3) months of paid leave.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**II.To be completed by the College Human Resources Director or Designee.**

Date the application was received by the College Office of Human Resources:

\_\_\_\_\_

A.  Employee is eligible to receive leave through the Catastrophic Sick Leave Bank.

If Box "A" is checked, the application is to be forwarded to the University Office of Shared Services with medical documentation attached to the address below, within five (5) working days of receipt, from the employee, to the extent feasible. See Section III below.

B.  Employee is ineligible to receive leave through the Catastrophic Sick Leave Bank because:

Employee is not in a full-time eligible title employed on an annual salary basis.

Employee is in a substitute title with no underlying regular full-time annual appointment.

Employee does not have the minimum number of years of continuous full time service with CUNY. Faculty members -- other than faculty Librarians -- must have five (5) or more years of full-time continuous CUNY service. All other employees must have two (2) or more years of full-time continuous CUNY service.

Employee did not donate at least one (1) day of sick leave or annual leave for the program year in which leave has been requested. Faculty members -- other than faculty Librarians -- are required to donate sick leave in order to participate in the CSLB.

Employee has previously exhausted his/her CSLB allotment for the current program year.

If Box "B" is checked, the application is to be returned to the employee within five working days of receipt, to the extent feasible.

You may appeal in writing and submit additional medical documentation, if any, to CUNY's Appeals Panel within fifteen (15) working days of your receipt of this denial. All decisions issued by the Appeals Panel shall be final and will not be subject to any further appeal by way of employee collective bargaining agreements or otherwise.

Appeals are to be submitted in care of the Office of the Vice Chancellor for Human Resources Management, 205 East 42nd Street, 10<sup>th</sup> floor, New York, New York 10017.

Signature of College Human Resources Director or Designee:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**III. To be completed by the University Benefits Office**

Date the application was received by the University Benefits Office: \_\_\_\_\_

Employee's application to receive leave through the Catastrophic Sick Leave Bank is approved.

\_\_\_\_\_ Days approved.

Employee's application to receive leave through the Catastrophic Sick Leave Bank is denied because \_\_\_\_\_

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Signature: University Executive Director, Benefits Office or Designee:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The application is to be returned to the College Human Resources Director within five (5) working days of the determination, to the extent feasible.  
The College Human Resources Director will notify the employee of the determination and the appeals process, as set forth in the attached letter.

Dear \_\_\_\_\_:

Your request to receive leave through the Catastrophic Sick Leave Bank has been approved for \_\_\_\_\_ days.

Your request to receive leave through the Catastrophic Sick Leave Bank has been denied because \_\_\_\_\_  
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You may appeal in writing and submit additional medical documentation, if any, to CUNY's Appeals Panel within fifteen (15) working days of your receipt of this denial. All decisions issued by CUNY's Appeals Panel shall be final and will not be subject to any further appeal by way of employee collective bargaining agreements or otherwise.

Appeals are to be submitted in care of the Office of the Vice Chancellor for Human Resources Management, 205 East 42nd Street, 10<sup>th</sup> floor, New York, New York 10017.

Signature of College Human Resources Director or Designee: \_\_\_\_\_

Date: \_\_\_\_\_