

Application to Receive Sick Leave

Employee: Please fill out the top portion of this form, print, sign and give to your Agency Personnel Officer (APO)/Agency Representative. A doctor's note must accompany your request. If you are unsure of any information, ask your Agency Personnel Officer (APO).

Program Type: **DEDICATED SICK LEAVE** **CATASTROPHIC SICK LEAVE BANK** (current members only)

Eligibility Questions:

- Have you worked for the City for at least two years? Yes No *If you answered "NO," you are NOT eligible.*
- Are you a full-time employee? Yes No *If you answered "NO," you are NOT eligible.*
- Are you serving in a title eligible for collective bargaining? Yes No
- Is this illness or injury job related? Yes No *If you answered "YES," you are NOT eligible.*
- Have you been/will you be out of work for at least 30 continuous work days? Yes No *If you answered "NO," you are NOT eligible.*

Employee Authorization:

- By checking this box, I authorize my agency to coordinate my request and/or secure donations for leave on my behalf with the understanding that every reasonable effort will be made to maintain the confidentiality of my medical information.

For additional information on the *Dedicated Sick Leave Program for Employees in Titles Eligible for Collective Bargaining in Mayoral Agencies* and the *Salary Continuation Program*, please reference the Personnel Services Bulletins (<http://www.nyc.gov/html/dcas/html/resources/psbhome.shtml>).

Employee Name (Please Print):

Employee Signature: Date:

APO / Agency Representative Certification: Please fill out the following information according to PMS, sign and keep for your records. *******Utilize this information to complete the Case Questionnaire found on the APO Portal.******* Note: It is the responsibility of the APO/ Agency Representative to submit an employee's correct information and to follow the policies according to each program. An audit process will take place to ensure adherence to accuracy, policies and procedures.

Employee's Information:

Request Type (select one): **NEW CASE** **CONTINUING CASE** Employee ID #:

Agency Code: How many hours does the employee work per day?

Title Code: Civil Service Title:

City Start Date: Annual Salary:

Last Date Worked: Has the employee exhausted all of his/her Sick Leave, Annual Leave, and compensatory time? Yes No

Last Date on Payroll: (include Sick and Annual Leave, advance days granted, sick leave grant, and any other paid leave)

The date of return, based on the **attached** doctor's note is: (dates in excess of 90 days will require an updated doctor's note)

Employee's Sick Leave balance as of application date: Employee's Annual Leave balance as of application date:

I have reviewed the employee's application and certify that all answers are accurate when compared with the records of this agency and the Office of Payroll Administration. The employee is eligible, or will shortly be eligible, to receive donated Leave.

APO/Agency Representative Signature: Date: