

AEL/AACPS SICK LEAVE BANK: APPLICATION FOR USE (Rev. 2/1/14)

Return to: AEL, 2521 Riva Road, Suite L-2, Annapolis, Maryland 21401

# Days Requested: \_\_\_\_\_ (Max. 20)

Date of Application: \_\_/\_\_/\_\_\_\_

(1) Initial Application? \_\_\_\_\_ OR (2) Application for Extension? \_\_\_\_\_ [If (2) \*\*sign and go directly to Section (A)]

\_\_\_\_\_  
(Print) Last Name (Print) First Name M. I. SSN: \_\_\_\_\_ (Last four digits only)

\_\_\_\_\_  
Home Address Number & Street City State Zip Personal Phone Number

\_\_\_\_\_  
Current Position City/Town 4-Digit Location # Work Phone #

My signature authorizes the use of any information acquired in the course of my examination and treatment for SLB Committee use only and as necessary to evaluate the request for SLB days as stated:

\*\* \_\_\_\_\_ (Signature)  
(Signature required for initial application OR request for extension)

**(A) FOR TREATING PHYSICIAN'S USE ONLY** (Confirmation of Need for Absence from Work)

Brief Description of Illness (in Lay Terms) for which the request for sick leave bank days are being requested:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Physician's Name (Print Legibly) Patient was under my care and unable to work: from \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature Date Physician's Telephone

**(B) FOR AEL SICK LEAVE BANK COMMITTEE USE ONLY:** Request Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

If Approved: # of DAYS  Date of Decision: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signed: \_\_\_\_\_  
AEL SLB Chair

**(C) FOR HR/PAYROLL/BENEFITS OFFICE USE ONLY**

**Authorization for Payment:** Director of Personnel \_\_\_\_\_ Signature \_\_\_\_\_ Mo. Day Year

Sick Leave Days Have Been Depleted as of: \_\_\_\_/\_\_\_\_/\_\_\_\_ Annual Leave as of: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Anticipated Date of Return to Work: \_\_\_\_/\_\_\_\_/\_\_\_\_ Number of SLB Days Returned/Credited to Bank: \_\_\_\_\_

**Duty Days Approved by the AEL Sick Leave Bank Committee**

Month: \_\_\_\_\_ 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31  
Month: \_\_\_\_\_ 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

**Routing Order if Request is Approved by AEL SLB Committee:** (1) Director of Personnel (2) Payroll w/CC to Requester  
**Upon completion of Section (III) CCs to:** (1) AEL SLB Committee Chair (2) Requester **Routing Order if Request Denied:** (1) Requester