



Charles F. Mahoney, Jr.
Executive Director

Fayette-Greene-Washington

Intermediate Unit 1

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To: Department of Human Resources

From: _____

Date: _____

RE: Sick Leave Bank Benefits

- 1) I am requesting that I be granted sick leave days from the Sick Leave Bank as established by the Intermediate Unit 1 Administration.
- 2) I am requesting that the sick leave days from the Sick Leave Bank begin on: _____
- 3) By submitting and signing this application, I attest to the following:
 - a) I shall have exhausted all of my accumulated sick leave, Personal days, vacation and other paid days entitled to me by the date for which I am applying for Sick Leave Bank days because of a serious, long-term illness or disability which precludes my attending school.
 - b) I have submitted with this application a physician's statement verifying the seriousness of my illness or disability and attesting to my inability to return to work.
 - c) I am not presently receiving Worker's Compensation benefits due to work- related illness or disability,
- 4) I understand that all Sick Leave Bank days shall cease when I return to work or declared fit to work by my physician.
- 5) I understand that Sick Leave Bank days shall be paid to me according to the Wage and Salary Provisions, prior to my last paid leave date.
- 6) I understand that there shall be a limit to the number of sick leave bank days available to me according to Board Policy & Procedure.
- 7) I agree to indemnify, save and hold harmless, the Intermediate Unit 1 Administration and the Intermediate Unit 1 Board of Directors and their agents, of and from, any and all, claims, demands, suits or other forms of liability, including legal fees and court costs, which shall arise from, or by reason of, the application of this Agreement. I further agree to notify the Intermediate Unit 1 Human Resources Department when I have been released by my physician that I can resumed my professional duties on the first day I return to work.

Signature of Employee

Date

Approved by

Date