

Flowchart/Checklist for Withdrawal from the Sick Leave Bank



1. Are you or an immediate family member suffering from a serious or long-term illness or catastrophic injury or chronic illness?
 - a. Please acquire documentation from a doctor that can be provided to the SLB.
 - i. *You may redact private medical information as necessary, please leave the date and doctor's signature.*
2. Check your paid leave balances on iVisions and subtract any time taken since the 5th on Frontline
 - a. How many hours do you have left of sick leave and personal leave? _____
 - i. This number must be below 16 hours to apply for the sick leave bank
3. Are you returning from FMLA/OFLA and anticipating you will need additional appointments?
 - a. If so, please be advised that you only qualify for 5 days per the CBA.
 - b. If you are beginning FMLA/OFLA qualified leave this does not qualify for SLB time due to qualifying for Paid Leave Oregon hours
4. Have you requested days from the SLB before this academic year?
 - a. How many? _____
 - b. The SLB can award a maximum of 20 days per request and 40 days per person per year.
5. The final step is to complete the SLB Withdrawal application and submit it with your evidence from step 2 to sickleavebank@woodburnea.org

SLB Checklist

Please review the following checklist BEFORE submitting a request to the SLB

- You or an immediate family member is affected
- The condition meets one of the following criteria:
 - Serious illness
 - Long-term illness
 - Chronic illness
 - Catastrophic injury
- You have checked iVisions and Frontline and verified you are down to 16 hours or less
- Are you returning from FMLA or OFLA?
 - Yes (Please request 5 days)
 - No
- Have you used less than 40 days from the SLB this year?
- Complete Application on page 2



Sick Leave Bank Withdrawal Application Form

Employee Name (Printed): _____

Your Building Site: _____ Position: _____

Date of Request: _____

Have you exhausted all of your available leave? Yes _____ No _____

Date of Last Day Worked: _____

Is this request to cover maintenance appointments returning from FMLA or OFLA leave? Yes ___ No ___

Number of days requested: _____

(If "yes" above, request cannot exceed 5 days, otherwise not to exceed 20)

Reason for request:

OFFICE USE ONLY

Date Request Received _____

Sick Bank Membership Verified _____

Exhausted All Paid Leave Verified _____

Approved

Denied

Notification to Business Office _____