

AFSCME COUNCIL 93 - LOCAL 747
PO BOX 468
BELLINGHAM, MASSACHUSETTS 02019

SICK LEAVE BANK - Member Request Form

TO:

AFSCME Council 93 - Local 747
Sick Leave Bank Committee

DATE OF REQUEST: *(Today's Date)*

FROM: *(Your Name/Phone Number)*

DATE OF HIRE:

UNIT: *(Check One)*

☐ DPW

TITLE/WORK LOCATION:

(Your Job Title/Where do you work?)

☐ Municipal Center Employees

☐ School Department Employees

NUMBER OF DAYS YOU WORK *(Per/Week):*

NUMBER OF HOURS YOU WORK *(Per/Day):*

NUMBER OF DAYS REQUESTED:

EFFECTIVE DATE: *(When will this start?)*

I am asking the Sick Leave Bank Committee of Local 747 consider this request to draw days from the Sick Leave Bank. I have attached documentation from my physician and/or health care provider in support of my request. I further authorize the Sick Leave Bank Committee to request information from the Town of Bellingham regarding my current leave balances, and my previous use of accrued Sick Leave. I understand that the decisions of the Sick Leave Bank Committee are final, and not subject to the provisions of the Grievance and Arbitration Procedure of the collective bargaining agreement.

Member's Signature