

Application to Receive Leave Under the Catastrophic Sick Leave Bank Program

This application is to be completed by individuals who are employed full-time on an annual salary basis, who are currently enrolled in the Catastrophic Sick Leave Program, with at least two (2) years of continuous full-time CUNY service, who meet all the eligibility criteria (see Program details) to receive donated leave through the Catastrophic Sick Leave Bank ("CSLB"). The applicant completes Section I of this form and submits it to the College Office of Human Resources for verification. The College Office of Human Resources completes Section II and forwards it to the University Office of Shared Services if the employee is deemed eligible or returns the application to the employee if the employee is deemed ineligible. The University Office of Shared Services completes Section III and returns it to the College Office of Human Resources, which completes the attached letter and sends it to the applicant.

I. To Be Completed by the Employee

Name: [Click here to enter text.](#)

Home Address: [Click here to enter text.](#)

CUNYfirst ID:* [Click here to enter text.](#)

Title: [Click here to enter text.](#)

College/Department: [Click here to enter text.](#)

* If you don't know your CUNYfirst ID, please contact your College Office of Human Resources.

1. Are you currently a member of the Catastrophic Sick Leave Bank? ☐ Yes ☐ No

2. Is your illness or injury job related? ☐ Yes ☐ No

3. How many consecutive working days have you been absent from work due to your present illness or injury? Please indicate the last date you were at work.

Number of Work Days Absent: [Click here to enter text.](#)

Last Date Worked: [Click here to enter text.](#)

4. Have you applied for a sick leave advance from your college and/or for supplemental income benefits from your union for your present illness? ☐ Yes ☐ No

If yes, please specify:

[Click here to enter text.](#)

5. Have you exhausted all of your annual leave, sick leave, compensatory time balances, and sick leave advancements, to the extent applicable? ☐ Yes ☐ No

If no, please indicate the number of hours of leave remaining.

Annual Leave: [Click here to enter text.](#)

Sick Leave: [Click here to enter text.](#)

Compensatory Time [Click here to enter text.](#)

Sick Leave Advancement: [Click here to enter text.](#)

6. Taking into account all of your annual leave, sick leave, compensatory time balance, and sick leave advancements, to the extent applicable, state the last date through which you will be, or were, entitled to paid leave. Last date of paid leave entitlement: [Click here to enter text.](#)
7. Please confirm that you have attached documentation from your physician stating the nature and severity of your illness or injury and the projected period of your absence from work by checking the box below.

☐ Documentation Attached (Required) Absence Projected Through [Click here to enter text.](#)

8. Are you currently on a disciplinary suspension and/or have you been subjected to a disciplinary suspension during the last 12-month period? ☐ Yes ☐ No

I hereby authorize the University Office of Shared Services or CUNY's Appeals Panel (should an appeal become necessary) -- or a physician retained by either of them -- to contact my personal physician to seek clarification or additional information concerning the medical documentation submitted herewith. I also agree to submit to an examination by a physician retained by the University Office of Shared Services, if deemed necessary. I understand that leave under the CSLB may be approved by the University Office of Shared Services in increments not to exceed one (1) month. Should I need more than one (1) month of leave under the CSLB, I understand that I may be required to submit additional medical documentation for each subsequent one (1) month period, up to a maximum of ninety (90) days or three (3) months of paid leave.

Employee Signature: _____ Date: _____

II.To be completed by the College Human Resources Director or Designee.

Date the application was received by the College Office of Human Resources:

A ☐ Employee is eligible to receive leave through the Catastrophic Sick Leave Bank.

If Box "A" is checked, the application is to be forwarded to the University Office of Shared Services with medical documentation attached to the address below, within five (5) working days of receipt, from the employee, to the extent feasible. See Section III below.

B ☐ Employee is ineligible to receive leave through the Catastrophic Sick Leave Bank because:

☐ Employee is not in a full-time eligible title employed on an annual salary basis.

☐ Employee is in a substitute title with no underlying regular full-time annual appointment.

☐ Employee does not have the minimum number of years of continuous full time service with CUNY. Faculty members -- other than faculty Librarians -- must have five (5) or more years of full-time continuous CUNY service. All other employees must have two (2) or more years of full-time continuous CUNY service.

☐ Employee did not donate at least one (1) day of sick leave or annual leave for the program year in which leave has been requested. Faculty members -- other than faculty Librarians -- are required to donate sick leave in order to participate in the CSLB.

☐ Employee has previously exhausted his/her CSLB allotment for the current program year.

If Box "B" is checked, the application is to be returned to the employee within five working days of receipt, to the extent feasible.

You may appeal in writing and submit additional medical documentation, if any, to CUNY's Appeals Panel within fifteen (15) working days of your receipt of this denial. All decisions issued by CUNY's Appeals Panel shall be final and will not be subject to any further appeal by way of employee collective bargaining agreements or otherwise.

Appeals are to be submitted in care of the Office of the Vice Chancellor for Human Resources Management, 205 East 42nd Street, 10th floor, New York, New York 10017.

Signature of College Human Resources Director or Designee:

Name

Signature

Date

III. To be completed by the University Office of Shared Services

Date the application was received by the University Office of Shared Services: _____

☐ Employee's application to receive leave through the Catastrophic Sick Leave Bank is approved.
_____ Days approved.

☐ Employee's application to receive leave through the Catastrophic Sick Leave Bank is denied because _____

Signature: University Executive Director, Office of Shared Services or Designee:

Name

Signature

Date

The application is to be returned to the College Human Resources Director within five (5) working days of the determination, to the extent feasible.
The College Human Resources Director will notify the employee of the determination and the appeals process, as set forth in the attached letter.

Dear _____:

☐ Your request to receive leave through the Catastrophic Sick Leave Bank has been approved for _____ days.

☐ Your request to receive leave through the Catastrophic Sick Leave Bank has been denied because _____

You may appeal in writing and submit additional medical documentation, if any, to CUNY’s Appeals Panel within fifteen (15) working days of your receipt of this denial. All decisions issued by CUNY’s Appeals Panel shall be final and will not be subject to any further appeal by way of employee collective bargaining agreements or otherwise.

Appeals are to be submitted in care of the Office of the Vice Chancellor for Human Resources Management, 205 East 42nd Street, 10th floor, New York, New York 10017.

Signature of College Human Resources Director or Designee: _____

Date: _____