



## SICK BANK APPLICATION LOCAL 808

DATE: \_\_\_\_\_

S.S. #: \_\_\_\_\_

NAME: \_\_\_\_\_

ACCOUNT #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

DEPT.: \_\_\_\_\_

ILLNESS: \_\_\_\_\_

TELEPHONE #: \_\_\_\_\_

DURATION OF LEAVE: \_\_\_\_\_

I, \_\_\_\_\_, hereby make application for \_\_\_\_\_ hours of sick time from  
(Print Name)

the LiUNA LOCAL 808 Sick Bank. Attached hereto, please find all the necessary medical documentation regarding the above-stated illness/injury.

I understand that after careful review of all medical documentation and attendance records, a written determination of eligibility will be rendered within one (1) month of receipt of said application.

**I UNDERSTAND THAT I MAY ONLY MAKE APPLICATION FOR TIME FROM THE LiUNA LOCAL 808 SICK BANK IF ALL MY ACCRUED PERSONAL, VACATION, AND SICK TIME HAVE BEEN FULLY DISCHARGED.**

\_\_\_\_\_  
Signature

**FOR SICK BANK COMMITTEE ONLY:**

**VERIFICATION OF RECEIPT:**

\_\_\_\_\_  
Date of Receipt

\_\_\_\_\_  
Signature of Union SBC Member

\_\_\_\_\_  
Signature of State SBC Member