Colorado School of Mines

Leave Sharing Bank Program
Application for Use of Bank Leave

PART I: To be completed by employee (please type or print legibly in ink).

Name:_____ CWID #:_____

Home Address City/State/Zip: _____

Home Phone: _____ Work Phone:_____

Department/Agency: <u>Higher Education/Colorado School of Mines</u>

CSM Department: _____

Title:_____   Date Service Began:_____

Request is for: ☐ Self   ☐ Child   ☐ Parent   ☐ Spouse   ☐ Other

Are you requesting/applying for: (if applicable)

☐ Short-term Disability   ☐ Worker's Comp   ☐ Disability Retirement

Number of hours requested:_____

Briefly describe the nature of illness/injury or catastrophic
event:_____
_____
_____
_____
_____

I hereby certify that I understand, agree to, and meet the requirements and conditions of the Leave Sharing Bank Program. Also, I hereby authorize the CSM President or his designee to obtain any necessary information concerning this application. I understand that denial of this application is not subject to grievance or appeal.

Signature of Employee:_____   Date:_____

****
PART II: To be completed by Supervisor.

I hereby certify that, to the best of my knowledge, the above information is accurate. Also, I hereby certify that if the application is approved, authorization to use that leave is granted.

Signature of Supervisor:_____   Date:_____

TO BE COMPLETED ONLY FOR MEDICALLY RELATED REQUESTS

PART III: Attending Physician's Statement (please type or print legibly).

NAME: _____   Phone #: _____

Address City/State/Zip: _____

Date first consulted for this condition:_____

Briefly describe the nature, diagnosis, and treatment of illness/injury:_____
_____
_____
_____

Anticipated duration employee is unable to work due to condition or direct care of family member
From:_____   Through:_____

Signature of Physician:_____   Date:_____

****

PART IV: To be completed by Colorado School of Mines Human Resources Department.

The above named employee has/will have exhausted all annual and sick leave as of
_____.

Authorized Signature:_____   Date:_____

****

FOR CSM PRESIDENT USE:

Application was received on: _____

DECISION: (check one)   ☐ Approve   ☐ Reject

Authorized Signature:_____ Date:_____

Revised 9/01/02