

DEPARTMENT REPORT

First Working Date of Absence _____ Total of Sick Days Off _____ Sick Hrs. Off _____ Excl. RDO & Holiday _____
 Visiting Doctor Code 1 By Doctor at Home or Office Code 2 No Doctor Code 3 At Hospital
 Pass No. _____ Payroll No. _____ Title code _____ Section _____ Date of Appt. _____ Date Hired _____

Additional sick leave shall be provided at 75% of what the employee would have been paid if he/she worked in accordance with his/her regular schedule:

- | | | | |
|--------------------------------------------------------------------------------------------------------------------------|----------------|-------|-------|
| | (Please check) | Yes | No |
| a) have been absent due to illness for 9 or more consecutive work days and; | | _____ | _____ |
| b) have exhausted their sick leave bank and; | | _____ | _____ |
| c) have 3 or more years of service in the SSSA / TWU 106 (TSO/QSA/CRT only) at the beginning of the sick leave year and; | | _____ | _____ |
| d) were eligible for an allowance of 12 sick leave days in the leave year | | _____ | _____ |

The additional sick leave shall not be accumulated from year to year but shall be available to the covered employee in each year. The additional sick leave pay shall be retroactive to the first day of illness or the date employee's sick leave bank is exhausted, whichever is earlier.

e) If answers to questions a) through d) are Yes, employee is eligible for an additional 60 days when recommended by the department.

- Interim Report: Code 1 This is the **ONLY** report for this illness.
 Code 2 This is the first of several reports to be submitted for same illness.
 Code 3 Previous report or reports were submitted.
 Code 4 Final report where interim reports have been submitted.

First Day of Absence (if previous application was submitted) _____

Balance of Sick Leave as of _____	Days	Hours
Unused (75%/100%) Sick Leave Allowance _____	_____	_____
Approved with pay on this application _____	_____	_____
Balance (75%/100%) allowance _____	_____	_____

	Days	Hours*	Night Dif. Hrs.
APPROVED with 75%/100% pay _____	_____	_____	_____
TAX EXCLUDED _____	_____	_____	_____

DISAPPROVE _____ (Reason) _____

AMOUNTS TO BE PAID

Type	Code	Hours*		Pro Rate	Days		Night Diff. Hrs. Min.		Rate
	8 - 9	10 - 14		15 - 16	17 - 19		34 - 38		39 - 44
Current 75%/100% sick	02								
Non-current 75% sick	04								

_____ (Certifying Official)	_____ (Title)	_____ (Date)
_____ (Department Head)	_____ (Title)	_____ (Date)

*Show 75% of pay hours for days allowed