



Sick Leave Bank - Withdrawal Request Form

[Print Form](#)

CEA || Payroll and Benefits
Mat-Su Borough School District
501 N. Gulkana
Palmer, AK 99645
(907)761-4357

Special Instructions: This form is to be completed by employees of the Classified Employee's Association bargaining unit. It is to be used for employee's illness or injury only. CEA members must be enrolled in the Sick Leave Bank in order to withdraw sick leave from the bank.

Written physician statement required.

Name Employee ID Date

Location Position Title

Address Phone

Are you a member of the CEA Sick Leave Bank? ☐ Yes ☐ No

Did this illness or injury originate as a Worker's Compensation Claim? ☐ Yes ☐ No

If yes, what is the date of the original Worker's Compensation Claim?

Please outline your need for the withdrawal request:

Period of Absence Start Date: Period of Absence End Date:

Number of days requested to withdraw from the CEA Sick Leave Bank:

Request for Paragraph 2.B (40 hours) Exception:

Have you previously applied for a withdrawal from the Sick Leave Bank? ☐ Yes ☐ No

- For the purpose of administering the Sick Leave Bank, "unusual circumstances" shall be defined as any serious physical or emotional debilitating illness which results in a prolonged absence.
- All requests for withdrawal from the Sick Leave Bank must be accompanied by a Certification of Health Care Provider Form, completed by a physician.
- All leave (sick leave, annual leave, floating holidays) accrued by the employee must be exhausted, except by committee approval for long-term catastrophic illness.
- Period of absence must be a minimum of five (5) consecutive working days.
- Maximum amount for withdrawal is twenty (20) days.



Applicant Signature _____

Date _____