SICK LEAVE BANK APPLICATION

INSTRUCTIONS & IMPORTANT STEPS FOR APPLICANTS:

- ☐ **Must submit an electronic FMLA application directly to DCPS for approval.**
- ☐ **Must complete a WTU Sick Leave Bank application and attach an electronic copy of the approved FMLA letter from DCPS.**
- ☐ **Must be enrolled in the Sick Leave Bank for at least three (3) months prior to your application being submitted. (Must have selected the Sick Leave Bank during the WTU Dental and Vision Open Enrollment in August of every school year via the online WTU Bswift benefits website).**
- ☐ **Must have donated one day of your annual 12 days of sick leave granted each year into the Sick Leave Bank via DCPS payroll deduction.**
- ☐ **Must request to take Sick Leave during the school year and not during holiday and/or summer breaks.**
- ☐ **Must submit a doctor's notice on letterhead specifying the time needed for recovery.**
- ☐ **Must have a signed approval by your physician/doctor on the WTU application and FMLA form.**
- ☐ **The dates requested cannot exceed the approved dates granted by DCPS.**
- ☐ **Must fax completed leave application to: 202-379-3404**
  OR email to: info@wtulocal6.net

OR mail to: **WTU Membership Services Department**
1239 Pennsylvania Avenue, S.E.
Washington, D.C. 20003

PLEASE ALLOW FOR THE NORMAL PROCESSING TIME OF 15 BUSINESS DAYS.

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Part I – THIS SECTION TO BE COMPLETED BY APPLICANT

First Name: _____ MI: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____SSN: _____ DCPS ID: _____

Email Address: _____

Attending Physician/Doctor and phone: _____

School: _____ Years of service at DCPS: _____

I request a grant of _____ days from the Sick Leave Bank. (You MUST request no less than 5 days)

Leave Start Date: _____ Leave End Date: _____

Employee Signature: _____ Date: _____

Part II – THIS SECTION TO BE COMPLETED BY PHYSICIAN/ADOPTION AGENCY

Duration of Time Needed for Recovery: _____

Physician/Doctor Signature: _____ Date: _____

Physician Phone Number: _____

Part III – THIS SECTION TO BE COMPLETED BY LEAVE BANK ADMINISTRATOR ONLY

Current Request: _____**APPROVED** _____**DISAPPROVED**

Leave Start Date: _____ Leave End Date: _____

Disapproved Reason: _____

Authorized Signature: _____ Date: _____