

**ROGER WILLIAMS UNIVERISTY AND ROGER WILLIAMS UNIVERSITY SCHOOL OF LAW
REQUEST FOR SICK LEAVE BANK WITHDRAWAL**

INSTRUCTIONS: Please complete the form, read the conditions listed at the bottom of this page, sign and date it and return to the Department of Human Resources to the attention of the Benefits Specialist. **You must include a copy of your RI TDI benefit determination with this information.**

Employee Name _____ *Last 4 digits of Social Security #* _____

Address _____ *City & State* _____ *Zip Code* _____

Position _____ *Department* _____

Supervisor's Name _____

Important Note about Sick Leave Bank Withdrawals:

- Your sick leave bank time is reduced by any RI Temporary Disability Insurance (TDI) benefits and Sun Life Short Term Disability Benefits that are paid to you.
- **If anything changes that affects payment of your sick leave bank time you requested, you MUST notify Human Resources.**

Sick Leave Bank Eligibility:

Available to Non-Aligned, School of Law, Faculty Union, Facilities Union and Public Safety Union Employees

If you donated sick days to the sick leave bank, then you may be eligible to request a withdrawal from the bank. Eligibility also depends upon the applicable sick leave bank policy or union contract provisions.

You must use all paid time (sick and vacation) before requesting time from the sick leave bank.

I request the following number of days from the sick leave bank: _____

The reason for the withdrawal request:

_____ _____ _____ _____

Conditions:

1. I will not accept other employment during the period of this leave.
 2. If I do not return to work after the sick leave bank expires my employment may be terminated, and I may be liable for the full benefit premiums paid on my behalf by the University.
 3. When this sick bank time ends, I understand that I may or may not be returned to my position or a similar one.
 4. I understand that if my leave is for medical reasons, I must submit a doctor's note releasing me to full duty prior to my return to work.
 5. I understand that, if I am on an Extended or Sick Leave of Absence, all accrued sick and vacation leave will be utilized during the course of this leave with accrued sick time used first.
 6. Approval of this withdrawal is per the applicable union contract or Non-Aligned policy of the University. Approval or denial of my request shall be provided by the University.
-

Signature and Acknowledgment:

I certify as to the truth and accuracy of the information I provided on this form.

I further understand that if leave is due to a health condition, I must submit periodic, updated medical information completed by the appropriate health care provider at the University's request.

Employee Signature

____/____/____
Date

Human Resources Review

Authorized University Signature

____/____/____
Date

Approved <input type="checkbox"/>	Denied <input type="checkbox"/>

