

**University of Connecticut  
Professional Employees Association  
Sick Leave Bank Guidelines**

**Purpose of Sick Leave Bank:** The Sick Leave Bank shall be available to UCPEA employees as a source of additional sick time for employees with very serious or catastrophic personal illness or injuries when all other options have been exhausted

**Eligibility:** UCPEA employees who have suffered a very serious or catastrophic illness or injury and have used all available contract year sick leave allotments, “as if” accrued sick leave, banked sick leave, vacation, personal leave, holiday and compensatory time are eligible to apply in accordance with Article 11 of the contract. Employees on Worker Compensation are not eligible for this benefit. The University may also grant at its discretion, additional paid sick time beyond any allotted from the Sick Leave Bank. Consideration of additional paid sick time shall be coordinated by the Department of Human Resources

**Administration:** The Sick Leave Bank shall be administered by the Sick Leave Bank Committee. The bank shall reside in the Contractual Benefits Unit of the Department of Human Resources. The administrative process shall be coordinated by the Manager of Contractual Benefits.

**Committee Composition and Terms of Office:** The UCPEA Sick Leave Bank Committee shall be composed of the Vice President for Collective Bargaining and three members from the UCPEA bargaining unit appointed by the UCPEA President. The Manager of Contractual Benefits in the Department of Human Resources for the University shall be an ex-officio member of the committee. Members of the committee shall serve staggered three-year terms of office. Members of the committee may be re-appointed.

**Donation of Days:** Members may donate accrued vacation or holiday time in July and December. Donations must be in either half day or full day increments. In order to make a donation the member must fill out a Sick Leave Bank Donation Form which is available on UCPEA’s webpage. Each year of the contract, the University shall match (on a one-to-one basis) donations by UCPEA members, up to a maximum of the equivalent of 20 donated days. Any unused time in the Sick Leave Bank will be carried forward from year to year. Members must indicate “Donation to Sick Leave Bank” in the comments section of the payroll card. A copy of the on-line timecard with the comment section must accompany the donation form.

**Application for Use of Sick Leave Bank Time:** The UCPEA member, his/her agent or family member may obtain an application from the UCPEA office by calling (860) 487-0850, sending a request by Fax to (860) 487-0050, stopping by the office during the hours of 8:30 a.m. until 4:30 p.m. Monday through Friday, or on the UCPEA web page [www.ucpea.org](http://www.ucpea.org). Members applying for time from the sick leave bank should contact Vicki Fry at 486-0411 to obtain the medical certificate. The completed application, along with medical documentation, , should be sent marked “confidential” to the Manager of Contractual Benefits, 9 Walters Avenue, Unit 5075, Storrs, CT 06269-5075. The Manager of Contractual Benefits shall forward the forms to the Sick Leave Bank Committee.

**Response Time:** The Sick Leave Bank Committee shall meet and respond to the request within ten workdays of receipt by the Manager of Contractual Benefits, Department of Human Resources.

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**Disposition:** The Sick Leave Bank shall either grant, modify or deny the request. If additional information is needed, a request for such information will be made before the application is acted upon. Committee decisions will be made by consensus and are non-grievable.

These guidelines shall serve to formalize the establishment, the administration, the donation of time to and the application for benefits from the Sick Leave Bank established by the Collective Bargaining Agreement between The University of Connecticut Board of Trustees and the University of Connecticut Professional Employees Association, Local 3695 AFT-CT, AFT, AFL-CIO.

These guidelines will be reviewed and revised if necessary.

**UNIVERSITY OF CONNECTICUT  
PROFESSIONAL EMPLOYEES ASSOCIATION  
APPLICATION FOR USE OF SICK LEAVE BANK**

**INSTRUCTIONS: (print or type)**

**PART A:** To be completed by member or his/her agent or family member and submitted to Manager of Contractual Benefits, Department of Human Resources, 9 Walters Ave., Unit 5075, Storrs, CT 06269-5075.

**PART B:** To be completed by Manager of Contractual Benefits, Human Resources @ 9 Walters Avenue, Unit 5075, Storrs, CT 06269-5075 and submitted to the UCPEA Sick Leave Bank Committee as soon as possible after receipt.

**PART A**

Name of Member

Date

Department

Number of Days Requested

**STATEMENT OF JUSTIFICATION:** I am requesting paid sick leave from the UCPEA Sick Leave Bank for a very serious or catastrophic personal illness or injury. I have exhausted my contract year sick leave allotments, 'as if' accrued sick leave, banked sick leave, vacation, personal leave, holiday and compensatory time.

List of attachments including any medical documentation.

1.

2.

Note: Submission of this application authorizes the UCPEA Sick Leave Bank Committee to investigate and examine materials (including payroll records of member) necessary to assist in its disposition of this application.

Denial of this application is not grievable.

\_\_\_\_\_  
Signature of Member

\_\_\_\_\_  
Date

Signature (If other than member making application)

Relationship to Member

Date

Street Address

Town

State

Zip Code

Phone Number

**PART B**

I certify that the above member has/will (circle one) exhaust (ed) all available contract year sick leave allotments, 'as if' accrued sick leave, banked sick leave, vacation, personal leave, holiday and compensatory time on \_\_\_\_\_.

\_\_\_\_\_  
Signature, Mgr. of Contractual Benefits

\_\_\_\_\_  
Date

**COMMITTEE DETERMINATION**

Approved \_\_\_ Modified \_\_\_ Denied \_\_\_\_\_

Number of Days Granted \_\_\_\_\_

\_\_\_\_\_  
Signature of Chair or Designee

\_\_\_\_\_  
Date