

APPLICATION FOR SEA SICK LEAVE BANK BENEFITS

Kathy Lilley & Laurie Teggelaar
SEA Sick Leave Bank CO-Chairpersons
SPEED SEJA #802
1125 Division Street
Chicago Heights, IL 60411
(708)481-6100 Ext.4209 or Ext.3609 Fax: (708)503-4101
SEA SICK LEAVE BANK **CONFIDENTIAL**

PLEASE PRINT CLEARLY

Full Name _____ Birthdate: _____

Address _____ Apt# _____

City _____ State _____ Zip _____

Name of Nearest Relative _____

Home Phone _____ Cell Phone _____

SPEED Program _____ Site _____

Program Phone Number _____ Extension _____

Reason for Request: _____

Is this claim a result of a work related illness or injury? Yes _____ No _____

Last day of work _____

I understand that any fraudulent information given to the SEA Sick Leave Bank shall result in repayment of the fraudulently obtained funds and a permanent suspension from the use of the Sick Leave Bank. I understand that I may not hold the SPEED Education Association, the SEA Sick Leave Bank Committee, the SPEED Governing Board or Administration liable for any decisions made by the Sick Leave Bank Committee. I agree to hold harmless the SPEED Education Association, the SEA Sick Leave Bank Committee, the SPEED Governing Board, and the SPEED Administration for any claim, damages, or legal action regarding the Sick Leave Bank.

Signature of Applicant _____ Date _____

SEA Sick Leave Bank Committee Use Only:

Application received (date) _____ # of days granted _____

Physician's statement received (date) _____ Date verified _____