Sick Leave Request Form

The Sick Leave Bank provides *eligible* **full-time, regular employees** of **AEC, CMPTEC,** and **Functional** bargaining groups additional paid leave when all other available leave has been exhausted as a result of one's own or family members' "serious health condition" as defined by the Family Medical Leave Act (FMLA). Please refer to Policy 42 to determine whether you are an *eligible* employee.

Please fill out electronically and submit the completed form to the Human Resources Department - Benefits Division: benefits@cityofomaha.org.

Section 1. *(To be completed by employee requesting Sick Leave Bank hours)*

Name: _____, _____ I.D.#: _____
Last First

Position Title: _____

I, _____, am requesting sick leave bank donation hours due to a "serious health condition" as defined by the FMLA. I believe that I will need _____ hours, however said number may be subject to change after review of all available leave and consultation with the Benefits Division. I also understand that I am not guaranteed any hours from the Sick Leave Bank and that I do not have to donate to the Sick Leave Bank to be eligible to receive any sick leave bank hours myself.

_____ _____
Signature Date

Section 2. *(To be completed by the Human Resources Department in consultation with the Finance Department)*

Date Received: _____

Does the employee qualify for FMLA? Yes ☐ No ☐

Has the employee been approved for an FMLA qualifying event? Yes ☐ No ☐

Sick Leave Balance: _____ Annual Leave Balance: _____ Other Leave Balance: _____

Sick Leave Bank Available Hours: _____

Request Approved: ☐ Approved for _____ hours to be donated to the Sick Leave Bank.

Request Denied: ☐ Reason for Denial: _____

Request Approved – pending available Sick Leave Bank Hours: ☐

_____ _____
Signature Date

Notes (other relevant notes regarding division of hours over pay periods, etc.): _____