Springfield Teachers' Association - Sick Bank Request

Use of sick bank is for illness when an employee, spouse, or dependent child is under the care of a medical professional.

As required by Section 4 of the STA bylaws, and Section 13.5 of our Collective Bargaining Agreement, please provide:

- ☐ Date the absence and the date the Sick Bank days will begin;
- ☐ Correspondence from SSD Payroll & Benefits Specialist (jdikeman@ssdvt.org) confirming that all absence days, plus 2 unpaid days, have been used;

  Sample message to SSD Payroll & Benefits Specialist: Hello my name is _____, I am requesting use of the Sick Bank. Can you please confirm with me and the Sick Bank committee that I have used all of my absence days and have also gone two days unpaid.

- ☐ Physician's statement which includes:
  - ☐ Date leave begins
  - ☐ Projected date of return
  - ☐ Summary of care

Please submit the above information to the chair of the STA's sick bank committee, Jess Rigollaud at jessr1974@yahoo.com .

Updated: March 2023