

**Watertown Educators Association
Units A, B, & D Sick Bank Application: Request for Days**

Name _____

School Assignment: Years in Watertown: _____

Phone Number: _____

Email: _____

Date your current Sick and Personal Days expire? _____

Bargaining Unit (A, B, D):

Nature of your serious illness or disability: _____

The appropriate Sick Bank Committee will review your application only after your physician submits complete documentation of your condition on appropriate letterhead. This documentation must include a diagnosis/treatment, recovery period, projected return to work date, and a statement that you are unable to work during this period of time. (This documentation will remain confidential.)

Sick days are granted in units of up to 30 days. A new application and supporting documentation must be submitted for each additional request for days.

Individuals in Units A, B, or C will receive no more than 90 days from the Sick Bank in one school year.

Individuals in Unit D must be full-time Instructional Assistants with 2 years of continuous service to be eligible for a donation from the Unit D Sick Bank. No Unit D member will receive more than 60 days from the Unit D Sick Bank in an individual school year. There is no lifetime cap.

Consult your contract for the total allowable days for which you may be eligible.

I grant permission to the Sick Bank Committee to verify my accrued sick leave.

Applicant Signature: _____

Date Submitted: _____

Return documents to:

Amanda Owens, Director of Human Resources
Watertown Public Schools, 30 Common Street, Watertown, MA 02472
Email: amanda.owens@watertown.k12.ma.us

Janelle Lacy, WEA President's Office:
Cunniff Elementary School, 246 Warren Street, Watertown, MA 02472
Email: watertowneducatorsassociation@gmail.com