

**COURT REPORTING SERVICES
SICK BANK MEMBERSHIP/CONTRIBUTION
APPLICATION FORM**

Employee: _____

Circuit: _____

I am electing to donate _____ sick leave day(s) to the sick bank. I understand and acknowledge the following conditions of the sick bank membership:

Donations:

- This donation is voluntary.
- This donation cannot be reversed or cancelled.
- Employees must have five or more sick days remaining of their own sick leave remaining after this donation.
- Employees may donate a sick day(s) at any time or in any amount as long as all other donation criteria are met.
- If an employee transfers to another circuit utilizing this same sick bank, the membership will transfer.
- Upon termination, retirement, or death, the employee, nor their estate, shall be entitled to payment for unused sick bank donation.

Use of the Sick Bank:

- Usage can be for the employee's own catastrophic illness or injury or to care for an immediate family member who has a catastrophic illness or injury.
- Employees must have used all accrued paid leave time prior to using the sick bank.
- Employees may not use any paid leave time awarded, but not yet earned.
- Catastrophic illnesses or injuries are considered life threatening or severe, as determined by the Chief Judge.
- The maximum benefit in a rolling twelve month period is 30 days.
- An employee must be a member of the sick bank for at least 30 days before using the benefit.
- The sick bank may not be used for an occupational related illness or injury which is compensable under Workers Compensation.

Employee Signature Date

Supervisor Signature Date

Return by fax (217) 557-0267 or email SpradD@mail.ioc.state.il.us