

PERSONAL

**APPLICATION FOR BENEFITS
LCEA – BOARD OF DIRECTORS SICK LEAVE BANK**

Upon completion of this application, the petitioner should forward it promptly to the Executive Director, 36 Middlesex Turnpike, Bedford, MA 01730

I hereby make application for benefits from Sick Leave Bank to insure continuation of my salary during my current absences from work and upon exhaustion of my personal sick leave.

1. Today's Date: _____
2. Name of Applicant: _____
3. Home Address: _____

4. Home Phone Number: _____
5. Primary Site of Employment:
Location: _____ Program: _____
6. Date of Hire: _____
7. Date/s of any unpaid leave and/or interrupted service: _____

8. Nature of Illness (brief statement on the back of this sheet please)
9. Number of Days Requested From the Bank: _____
10. Name and phone number of the physician who will be sending written verification of illness to the Executive Director.

11. Applicant's Signature: _____

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PHYSICIAN'S STATEMENT

Upon completion of this statement, the physician should forward it promptly to the Executive Director, LABBB Collaborative, 36 Middlesex Turnpike, Bedford, MA 01730.

1. Date providing this information: _____

2. Name of Patient: _____

3. Name of Physician: _____

4. Address: _____

5. Telephone: _____

6. Projected period of leave from work: (day and date)

From: _____ to: _____

7. Brief statement of illness or incapacitation:

8. Please attach any detailed statement of information you'd like us to have.

9. Physician's Signature: _____