2014 CONTRIBUTIONS NEEDED
FOR URIPSA SICK LEAVE BANK

Since 1978, the URI Professional Staff Association has had a contract provision which enables members to participate in a sick leave bank. We must renew our appeal each year because the bank does not carryover from year to year.

Please note the following bargaining agreement language:

Article 20.7.c.
The Administration and the Union shall establish a Sick Leave Bank Committee, consisting of two members appointed by the PSA and two members appointed by the Administration. Each member of the bargaining unit may contribute one day per year of accumulated sick days to the Sick Leave Bank. To be eligible to receive sick days from the sick leave bank, a member must have exhausted all accumulated leave (sick, vacation, personal, compensatory time), must present medical documentation of a catastrophic illness or injury that is not work-related, and must have borrowed two weeks of sick leave in accordance with Article 20.7.b of the collective bargaining agreement. A member meeting this criteria may request a specific number of days from the Sick Leave Bank Committee based upon financial hardship and health prognosis. The Sick Leave Bank Committee shall decide the exact number of days a member may receive from the Sick Leave Bank up to a maximum of six months or approval of disability. Decision of the Sick Leave Bank Committee shall be final and not subject to the grievance and arbitration provisions of the contract. The Association will administer the Sick Leave Bank by soliciting donations to renew the bank on an annual basis and disburse donations bi-weekly as authorized by the Sick Leave Bank Committee.

Because the bank is non-accumulating, the PSA Executive Board prefers to draw upon contributions from our members on an “as needed” basis, drawing from those at the maximum level first. Donated hours are not lost unless actually drawn upon by members in need.

We ask that you indicate whether you are willing to give up one day of your sick leave to help another member of the Professional Staff Association who is in need by checking “YES” where indicated. Please check if you are at the maximum 875 hours of sick leave and return your signed contribution to the PSA Office, 300 Roosevelt Hall.

Thank you.

URIPSA/NEARI Executive Committee

TO: URIPSA/NEARI, 300 Roosevelt Hall

Date: ____________ 2014

I authorize the PSA to effect a transfer of seven (7) hours of my sick leave to a Sick Leave Bank if needed in accordance with the terms of the PSA bargaining agreement.

☐ YES, I WISH TO DONATE SEVEN (7) HOURS

☐ I AM ☐ or, ☐ I AM NOT ☐ at the maximum (875 hours) of sick leave.

Signature: ____________________________________________

Print Name: ____________________________________________