

**MASSACHUSETTS BAY TRANSPORTATION AUTHORITY
LOCAL 600 GROUP SICK LEAVE BANK WITHDRAWAL APPLICATION**

1. PLEASE TYPE OR PRINT

DATE OF APPLICATION: _____

NAME

EMPLOYEE NUMBER

JOB TITLE

AREA

WORK ADDRESS

WORK TELEPHONE

HOME ADDRESS

HOME TELEPHONE

2. TO BE COMPLETED BY APPLICANT:

I wish to withdraw _____ days from the Local 600 Group Sick Leave Bank to be used during the time period _____ through _____. I have attached a certificate of illness or disability completed and signed by:

Name and Address of Medical Practitioner

Telephone Number of Medical Practitioner

1. I certify that I am not receiving compensation from any state, federal or private long-term disability plan, Workers' Compensation or any other source of disability compensation.
2. I further certify that the information I provide herein for the purpose of withdrawing sick leave from the Local 600 Group Sick Leave Bank is accurate under the pains and penalty of perjury.
3. I further expressly agree that if the Sick Leave Committee should later determine that I intentionally submitted false, misleading or inaccurate information which resulted in my obtaining withdrawal benefits, the MBTA, upon notice from the committee, shall credit any further accrued sick, vacation or personal days to the committee to restore such time and that I shall be liable to the committee for any time the committee is unable to obtain from the MBTA's direct credit from my future accruals.
4. By my signature below, I acknowledge the certification in numbers 1-3 above and that I am bound by the final and binding decision of the Sick Leave Committee and that I have no

rights to appeal such decision in any forum for any reason including but not limited to the grievance procedures under collective bargaining agreement between Local 600 and the MBTA, any administrative agency or any judicial forum.

5. I further agree to indemnify and hold harmless the MBTA, OPEIU Local 600 and any officers, employees, agents or members of such parties from any action brought by myself or any party from any matter arising out of my receipt, use or participation in any way in the Local 600 Group Sick Leave Bank.

Signature of Applicant

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3. To Be Completed By The Sick Leave Bank Committee:

Approved: _____

Denied: _____

Reason for Denial: _____

Date of Committee Action: _____

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4. To Be Completed By The Payroll Department:

I certify that the above employee has been employed for at least one year, has completely exhausted sick leave, vacation and personal leave, compensatory time off and all other forms of paid leave.

Date _____

Payroll Officer: _____