



STATE OF TENNESSEE
EMPLOYEE SICK LEAVE BANK
FIRST FLOOR, JAMES K. POLK BUILDING
505 DEADERICK STREET
NASHVILLE, TENNESSEE 37243-0635
TEL. (615) 741-5431 1-800-221-SEIL (7345)
FAX (615) 532-3209

SICK LEAVE BANK APPLICATION CHECKLIST

- **Payments from the Sick Leave Bank (SLB) do not begin automatically.**
 - **You must file a SLB Withdrawal Request Application and Medical Certification form timely. (See below for details.)**
 - **SLB and Family Medical Leave (FMLA) are not the same. These are two separate applications and applying for FMLA does not result in a grant from the SLB.**
1. I have spoken with my Human Resources (HR) office about filing an application with the SLB. ___ yes ___ no
(If no, contact your agency SLB Coordinator immediately. Ask for SLB forms, the date you will run out of leave, and when you need to file for SLB benefits.)
 2. What date does all my leave run out (sick, annual, and compensatory)? _____
(Contact your agency SLB Coordinator for this information that determines your eligibility date.)
 3. What is the date of my last appointment with my medical doctor/surgeon? _____
(The treatment visit with your medical doctor/surgeon must be no earlier than two weeks prior to but no later than 30 days after your leave expires. A treatment visit may include a visit while in the hospital or the date of surgery.)
 4. I sent my Withdrawal Request Application to my HR office to forward to the SLB no earlier than two weeks prior to but no later than 30 days after the expiration of all my leave balances. ___ yes ___ no
(To file timely, the SLB must receive your initial Withdrawal Request Application no earlier than two weeks prior to but no later than 30 days after your leave expires.)
 5. I have given my doctor's office the Medical Certification form to complete and send **directly** to the SLB. ___ yes ___ no
(The initial Medical Certification form must be based on a treatment visit with your medical doctor/surgeon no earlier than two weeks prior to but no more than 30 days after your leave expires. Your doctor's office must mail or fax the Medical Certification form to the SLB.)
 6. I would like to receive notices of determinations from the SLB at my home e-mail address. ___ yes ___ no
(If yes, make sure you write your home e-mail address on the Withdrawal Request Application.)
 7. I have other questions about filing for SLB benefits. ___ yes ___ no
(If yes, please contact your agency SLB Coordinator immediately.)

Mail the Withdrawal Request Application to your agency SLB Coordinator.