

M.S.P.T.A. REQUEST FOR RECREDITING OF DUTY-RELATED SICK LEAVE

This form must be completed whenever sick leave/annual leave/comp time hours are used for duty-incurred injury. This form will be returned if all pertinent information is not completed. (Must be completed if incidental days/hours are also used.)

Members of M.S.P.T.A. shall complete Part 1 of this form to request recrediting of duty-related sick leave. Attach additional pages if necessary for further explanation. (Exact dates are needed.)

PART 1 – MEMBER: PLEASE COMPLETE AND FORWARD TO POST/SECTION COMMANDER					
Name of Member		Employee Identification Number		Work Unit/TKU	
Date of Injury/Illness	Incident Report No. (If any)	Duty Status When Injury/Illness Occurred <input type="checkbox"/> On-Duty <input type="checkbox"/> Off-Duty		Date of This Request	
Other Compensation Received (Worker's Comp., Insurance, No Fault Insurance)					
Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending		Sick Leave Used to Recover	Sick Leave Already Recredited	Sick Leave Hrs to be Recredited	
Worker's Comp Claim Number: (If known)		Annual Leave Used to Recover	Annual Leave Already Recredited	Annual Leave Hrs to be Recredited	
		Comp. Time Used to Recover	Comp. Time Already Recredited	Comp. Time Hrs to be Recredited	
Nature of Injury/Illness (Attach Medical Documentation)					
Detailed Summary of Circumstances Leading to Injury/Illness (Attach Additional pages, if necessary)					
Signature of Member			Date		

PART 2 – POST/SECTION COMMANDER: PLEASE COMPLETE AND FORWARD TO DISTRICT/DIVISION COMMANDER

Were the member's actions necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did the member violate Department's orders, rules, regulations, and/or policy? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Degree of Danger Encountered by Member

Other Factors to be Considered

Are Annual and Sick Leave Hours Listed in Part 1 Accurate? Yes No If no, explain

Commander's Recommendations <input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE	Commander's Name (Print or Type)
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Comments

Signature	Work Unit	Date
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PART 3 – DISTRICT/DIVISION COMMANDER: PLEASE COMPLETE AND FORWARD TO SAFETY COMMITTEE

District/Division Recommendations
 APPROVE DISAPPROVE

Comments

Signature	Work Unit	Date
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PART 4 – SAFETY COMMITTEE ACTION

Safety Committee No.	Date of Meeting
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Safety Committee Recommendation
 APPROVE Amount of time to be recredited
 DISAPPROVE Reason
 TABLED

Signature of the Safety Committee's Secretary	Date
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PART 5 – DIRECTOR'S ACTION

<input type="checkbox"/> APPROVE <input type="checkbox"/> DISAPPROVE	DATE
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