



Sick Leave Bank

Administrative, Support Staff, Lunch, Paraprofessional, Professional Services and TDP

1. The Administration and non-certified staff agree to establish a voluntary sick leave bank.
2. To be eligible for participation in the bank, a member must donate up to a maximum of two days of accumulated health leave to the bank whenever donations are solicited as determined by the Sick Leave Bank Board. If a member is unable to donate days, because of the lack of any accumulated health days, the said days will be taken from his following year's health days as of September. Members who donate to the bank remain bank participants until another day is solicited. When the Sick Leave Bank reaches fifty (50) days, bank days do not need to be solicited for that year from active members. New employees hired to the district will be given the opportunity, when employed, to contribute two days of health leave to the bank to create eligibility. Bank days will be solicited whenever the bank balance drops below 50 days in any one year. Members who choose not to donate to the bank when donations are permitted in accordance with this section shall remain ineligible to participate in the bank until the following July or until general donations are solicited. Any member who leaves District employ will no longer be a member of the sick leave bank. If they should return to District employ at a later date they must join the sick leave bank again in order to be eligible.
3. Any days remaining in the sick leave bank at the end of the school year will be carried over to the next school year and will be made available for use during the subsequent school years.
4. Bank days may not be granted until a member has used all of his individual health leave days.
5. Not more than sixty (60) days may be used by one member in one school year. If a member is receiving compensation from the District's worker compensation fund, any long-term disability insurance, or the PERA disability fund, he will not be eligible to receive bank leave days for the same period of time.
6. Benefits of the bank shall be restricted to illness of participating members. Application for benefits of the sick leave bank will be made in writing on a form available in the Human Resource office. A doctor's statement specifying the nature of the illness, the dates, and extensiveness of medical service to the member, and the date of the patient's release for return to work duties may be required. The Sick Leave Bank Board may require the opinion of a second physician.
7. It shall be the responsibility of the member to apply for sick bank days. Application for bank days shall be made to the Sick Leave Bank Board composed of two participating Support Staff members and one participating Administrative member. This board shall have the responsibility for the administration of the Sick Leave Bank. It shall also be the responsibility of this board to advise the applicant of the district's workers compensation insurance, long-term disability insurance, and the PERA disability insurance fund and to apply for such when applicable.
8. If any applicant feels he was improperly denied bank days by the board, the matter will be referred to an Appeal Board, comprised of the Superintendent of Schools and two School Board members, which will make the final decision. The Appeal Board may secure the advice of the District's medical advisor, at the District's expense, and the Sick Leave Bank Board before making that decision.
9. The accounting of the number of days in the Sick Leave Bank and the number of days used by an individual will be maintained by the personnel office of the district and reported to the Sick Leave Bank Board on a yearly basis.

I, _____, (Please Print) contribute 2 sick leave days to the emergency sick leave bank. I understand the conditions of the sick leave bank.

Date:

Signature: _____

Please return signed form to the Human Resources Coordinator at the District Office.



EMERGENCY SICK LEAVE BANK
APPLICATION FOR WITHDRAWAL

I, _____(print name) a participating teacher of the Emergency Sick Leave Bank, am requesting a withdrawal from the bank of _____ days.

This request is made to the Sick Leave Bank Board in conjunction with the Master Agreement. I am familiar with the conditions of the agreement and am eligible on all counts.

I have attached my doctor's statement specifying the nature of my illness and the extensiveness of medical service required. If possible, the date of release for return to teaching duties is also included.

Employee Signature

Date