

SECTION: PROFESSIONAL EMPLOYEES

TITLE: SICK LEAVE BANK

ADOPTED: OCTOBER 8, 2013

Tyrone Area School District

434.1 SICK LEAVE BANK	
1. Description	<p>The Sick Leave Bank is a voluntary program made available to all employees through the generosity of participating co-workers. Each eligible member may receive extended sick leave benefits for serious illnesses based on the guidelines listed below. The committee is comprised of representatives from each classification of employee: teacher, secretary, paraprofessional, custodian, and cafeteria worker. Eligibility to use Sick Leave Bank days will be determined by this committee according to the following guidelines.</p>
2. Membership	<p>A. The Sick Leave Bank is voluntary for all employees of the Tyrone Area School District.</p> <p>B. To continue membership, full-time and part-time participants must donate one (1) day by October 30 of each year until the Bank reaches 300 or more days.</p> <p>C. To become a member of the Sick Leave Bank, an employee must donate two (2) days to enroll. New members must wait one (1) year from date of first donation to begin to draw from the Bank. All members must use their accumulated sick leave, personal days and compensatory days in order to draw from the Sick Leave Bank.</p> <p>D. The established enrollment period shall be from the first day of school to October 30 of each school year, or within thirty (30) calendar days of initial date of employment. Anyone not joining during this period must wait until the following year to enroll.</p> <p>E. Employees who have had the opportunity to join the Sick Leave Bank but elected not to do so during the first year of employment may join during the second year enrollment period. Those individuals shall be required to donate all sick days they would have been liable for from the first possible day of enrollment. Those individuals would need to donate two (2) days to enroll and one (1) day for the previous year.</p> <p>F. If after two years or more, an employee having the opportunity to join the Sick Leave Bank but elected not to do so would be required to submit a physician's statement of good health to be considered for membership in the Sick Leave Bank. If the employee's physician is unable to provide a statement of good health, the employee will not be eligible to become a member until such time that a statement of good health can be provided by the physician. Those individuals would need to donate two (2) days to enroll and one (1) day for every year equal to the number of years they chose not to be a member. The</p>

3. Banking Rules

employee must wait one (1) year from date of first donation to request days from the Sick Leave Bank.

- G. Participating members shall maintain membership in the Sick Leave Bank until such time that they submit a letter of resignation to the Sick Leave Committee. All donated days are nonrefundable.
- A. Members will donate one (1) sick day per year until the Sick Bank reaches 300 or more days. Members will not need to donate another day until the Sick Bank drops below 150 days.
- B. No member employed full-time shall withdraw more than eighty (80) days per fiscal year.
- C. No member employed part-time shall withdraw more than 40 days per fiscal year.
- D. A member must exhaust all sick days, personal days, and compensatory time before drawing from the Sick Leave Bank.
- E. Sick Leave Bank days will be allotted in twenty (20) day increments with a five (5) day unpaid waiting period before the first twenty (20) day allotment and between each twenty (20) day allotment thereafter.
- F. If the maximum number of days for the fiscal year is not utilized and a member submits a second request to utilize the Sick Leave Bank in the same fiscal year, the cycle returns to a five (5) day waiting period and twenty (20) day incremental period minus days already utilized.
- G. A member utilizing the maximum number of days from the Sick Leave Bank during a fiscal year must wait three (3) years to be eligible to draw again from the Sick Leave Bank.
- H. Sick Leave Bank days may be used as full days or half days.
- I. Maintaining accurate records pertinent to individual cases shall be the responsibility of the Sick Leave Bank Committee in conjunction with the Central Office. Members are encouraged to keep record of their days.
- J. Members will be notified at least annually of the number of days available in the Sick Leave Bank.
- K. The Sick Leave Bank Committee shall take all necessary steps to insure the confidentiality of its members.
- L. Donated days become the property of the Sick Leave Bank and are nonrefundable. After review, by the Sick Leave Committee as set forth in Article III hereof, those days become the property of the employee receiving the days.

<p>4. Qualifications To Use Sick Leave Bank</p>	<p>A. All accumulated sick leave, personal days and compensatory time must have been used before an individual is eligible to request Sick Leave Bank days.</p> <p>B. The Tyrone Area School District Sick Leave Bank will cover catastrophic illnesses and accidents. Catastrophic pertains to extraordinary circumstances such as those caused by pneumonia, heart attack, stroke, accident, and/or cancer. It is not intended to relate to circumstances such as what may be considered routine; i.e., common cold, flu, etc. The preceding is not intended to be all encompassing and, as such, each case will be determined on an individual basis in accordance with the established guidelines.</p> <p>C. Requests to utilize Sick Leave Bank days must be submitted to the Sick Leave Bank Committee by completing a Sick Leave Bank Application and a Family Medical Leave of Absence (FMLA) form. Forms may be obtained from the Business Office.</p> <p>D. The Sick Leave Bank Committee and/or School District will require a physician's statement to accompany the Sick Leave Bank Application and the Family Medical Leave of Absence form. Physician's statements will be required for each twenty (20) day increment period. The statement must describe the condition; it should not be an "off-work" or "return to work" notice.</p> <p>E. The Sick Leave Bank is not intended to be used for extending a sabbatical or to reach retirement.</p> <p>F. The Sick Leave Bank is not meant to be used for a pregnancy unless there are complications. Complications would be defined as longer than six (6) weeks for traditional delivery or eight (8) weeks for a cesarean delivery.</p> <p>G. The Sick Leave Bank can not be used while the employee is on Workman's Compensation.</p> <p>H. At any time, either before or while a participant is drawing from the Sick Leave Bank, the Sick Leave Bank Committee reserves the right to ask for a second opinion from a committee-approved practitioner, selected on a case-by-case basis, to render an opinion relative to any diagnosis. This will be performed at the participant's sole cost and expense. The failure or refusal to obtain the second opinion from the committee-approved practitioner is a basis to deny a participant from drawing or to immediately terminate any further draw from the bank.</p> <p>I. Only members of the Sick Leave Bank can withdraw from the Bank.</p>
<p>5. Review of Cases</p>	<p>A. The Sick Leave Bank Committee shall consist of the following participants:</p> <ul style="list-style-type: none"> ➤ 5 Teachers ➤ 2 Paraprofessionals ➤ 1 Secretary ➤ 1 Custodian ➤ 1 Cafeteria Worker

The district business administrator shall serve as ex-officio member of the Sick Leave Bank Committee without the ability to vote.

B. If a member of the Committee is absent from two or more scheduled meetings without a legitimate excuse, that member will be terminated from the Committee.

C. In the case of termination or resignation of a member of the Committee, a request for volunteers from the respective classification will be issued. A Committee member will then draw a name from all responses received to replace the exiting member.

In the event no responses are received to the request for volunteers, names of all employees from the respective classification will be placed in a hat with a Committee member drawing a name to replace the exiting member. If the selected employee chooses not to participate on the Sick Leave Bank Committee, the employee will immediately lose his or her membership in the Sick Leave Bank.

D. Members of the Sick Leave Bank Committee, Tyrone Area Education Association or the Tyrone Area School Board shall not be held legally liable for any decisions regarding individual cases. Each employee specifically, freely and voluntarily waives any and all claim(s), action(s), or potential claim(s) and action(s) that he or she has or may have against the Sick Leave Bank Committee, the Tyrone Area Education Association, the Tyrone Area School District and their respective officers, employees, members, directors, and/or agents.

E. The Sick Leave Bank Committee will require a completed Sick Leave Bank Application, a Family Medical Leave of Absence form, and a statement from a physician at the time of the initial request. The Sick Leave Bank Committee may require a second opinion and/or consultation with an alternate committee-approved physician at the sole cost and expense of the applicant.

F. A Sick Leave Bank member may request a Sick Leave Bank policy change or addition by submitting to the Committee a petition signed by five (5) Sick Leave Bank members. Any change or addition must be approved by the nine (9) member Sick Leave Bank Committee and adopted by the Tyrone Area School Board.

G. Judgments made by the Sick Leave Bank Committee may be appealed to the Sick Leave Bank Appeals Committee whose decision is final.

H. The Sick Leave Bank Appeals Committee shall be comprised of:

- President of Tyrone Area Education Association or his/her designee
- Superintendent of Schools or his/her designee
- School Board Regulatory Activities Committee Chairperson

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| | <ul style="list-style-type: none">I. A member of the Sick Leave Bank Appeals Committee shall not be a member of the Sick Leave Bank Committee.J. Effective with the 2006-07 fiscal year, all employees who elect not to become a member of the Sick Leave Bank will be required to sign a waiver to all Sick Leave Bank rights. This waiver will be placed in the employee's file in the Business Office.K. Members of the Sick Leave Bank Committee will make judgments about the use of the Sick Leave Bank within these established policies. |
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Tyrone Area School District

Sick Leave Bank Enrollment Form

I have received my copy of the Tyrone Area School District Sick Leave Bank Policy and **DO** wish to become a member, authorizing deduction of days to be placed in the Sick Leave Bank as needed by the Bank.

As a member of the Sick Leave Bank, I acknowledge my responsibility to take ownership and volunteer to serve on the Sick Leave Bank Committee when a vacancy in my classification exists. In the event no member steps forward to fill a vacancy, a name from my classification will be drawn from a hat by a Sick Leave Bank Committee member. In the event my name is drawn and I chose not to participate on the Sick Leave Bank Committee, I guarantee that someone within my classification will serve in my place. In the event I do not obtain a replacement, I acknowledge that I will immediately lose membership in the Sick Leave Bank.

Name _____
(Please Print)

Date _____ Building _____

On behalf of myself, my heirs, assigns and representatives, I hereby knowingly, freely, and voluntarily waive and forever relinquish any and all claims, demands, actions or potential claims, demands, judgments or actions of any kind that I have or may have against the Sick Leave Bank Committee, Sick Leave Bank Appeals Committee, Tyrone Area Education Association, Tyrone Area School District and their respective officers, employees, members directors, and/or agents.

Signature _____

Position
FT / PT _____

I have received my copy of the Tyrone Area School District Sick Leave Bank Policy and I wish **NOT** to become a member.

Name _____
(Please Print)

Date _____ Building _____

Signature _____

This page must be returned to _____ by _____.

SICK LEAVE BANK APPLICATION
(Please Print Legibly)

I. Personal Data (to be completed by applicant)

Name _____ Position _____

Address _____

Home Phone _____ Social Security Number _____

Nature of Illness _____

Time Period Requested - From _____ To _____

Physician's Name _____ Phone Number _____

Have you had a second opinion? Yes No

If so, physician's name and phone number _____

Would you be available to meet with the Committee if necessary? Yes No

Do you plan to retire within the next 12 months? Yes No. If so, when? _____

Applicant's Signature _____ Date _____

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II. Physician's Confirmation (to be completed by the attending physician)

Please attach a statement regarding the nature and treatment of illness.

Nature of Illness _____

Treatment Period - From _____ To _____

Anticipated Date of Return To Work _____

Physician's Signature _____ Date _____

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(For use by Sick Leave Bank Committee Only)

Date Received _____ Date Reviewed _____

Request Approved _____ Number of Days Approved _____

Request Denied _____ Reason for Denial _____
