

Carthage Independent School District

**SICK LEAVE
BANK
GUIDELINES**



Purpose – Definition- SICK LEAVE BANK

A. PURPOSE

The purpose of the Sick Leave Bank is to provide additional sick leave days to members of the bank in the event of an unexpected extended illness, surgery or disability due to an injury. Days may be requested from the bank only after the member has exhausted all accumulated state and local sick leave days and has allowed for any possible available working days within the current year's work calendar.

B. DEFINITION OF SICK LEAVE DAYS FOR MEMBERS

Sick leave days from the bank are those days granted to a member who has a debilitating, life-threatening, or catastrophic disability due to illness, surgery, or injury and is unable to perform the duties of his/her position.

C. DEFINITION OF SICK LEAVE DAYS FOR EX-OFFICIO MEMBERS

Since Carthage Independent School District auxiliary employees do not receive local sick leave days, some employees will be ex-officio members. Thus, auxiliary employees shall be eligible for donated days from the Sick Leave Bank up to a maximum of 15 days (for personal illness or to assist a critically or terminally ill family member) per school year. All normal criteria (Part IV) will be in effect regarding ex-officio members.

D. DEFINITION OF BANK AND BOARD

For purposes herein, bank will refer to the Carthage ISD Sick Leave Bank, and board will mean the Board of Directors of said bank.

II. Membership

A. ELIGIBILITY

All employees of the Carthage ISD will be eligible for membership.

B. PROCEDURES FOR JOINING THE SICK LEAVE BANK

1. Any employee who is eligible to join the Sick Leave Bank may do so by contributing three (3) days of accrued or anticipated local sick leave. An employee desiring to join during the current school year must be able to earn at least three (3) days from the time of his/her employment until the completion of his/her total number of days of work at the end of the school year.
2. The enrollment period for current employees and new employees hired prior to the opening of the school year will be July 1 through September 15.

3. All personnel who join the bank within the enrollment period are eligible for membership beginning with their first official day of work.
4. All new personnel employed after the enrollment period must be able to earn at least three (3) days of local sick leave during the current school year to be eligible for membership.
5. Employees desiring to join the bank shall complete the membership application form and submit it to the Central Office for verification of the employee's eligibility.

III. Contribution of Days

- A. To become a member of the bank, an employee must contribute three (3) days from his/her accrued, or to be earned this year, local sick leave.
- B. These days will be subtracted from the member's local sick leave record.
- C. The three (3) days donated become the property of Carthage ISD Sick Leave Bank. All donations will remain in force and cannot be returned even upon cancellation of a membership.
- D. For bank purposes, the school year will be from September 1 through August 31. If a member uses three (3) or more days from the bank during this period, he/she will be required to donate three (3) days the following school year (September through August) in order to have continuing membership in the bank. If the member uses fewer than three (3) days, he/she will donate the number of days actually used.
- E. The rate of continuing contribution will not be greater than one (1) day per year. Annual rates of contribution will be determined annually effective July 1, but in no event will the annual contribution be less than one-half (1/2) day per fiscal year.
- F. If a member decides to cancel his/her membership in the bank, the three (3) days contributed for membership remain the property of the bank. If, at a later date, this individual wishes to rejoin the bank, he/she may do so during the enrollment period by again donating three (3) days.

IV. Granting of Days

- A. GRANTING OF DAYS FROM THE SICK LEAVE BANK:
 1. Sick leave days from the bank will be granted only after the member has exhausted all accumulated state and local sick leave days and has allowed for any possible available working days within the current year's work calendar.
 2. A member may apply for days from the Sick Leave Bank only after being absent from work the number of days requested.
 3. Sick leave days will be granted only for absences from working days and will not be granted for holidays, vacation days, or other such days for which the member is not paid.

4. Sick leave days from the bank are available only in the event of unexpected critical illness, surgery, or injury. Grants will be considered for a disability lasting five (5) consecutive days or longer.
5. Pregnancy and accompanying complications will **not** be covered by the bank. Rare complications arising from pregnancy and/or childbirth will be considered on an individual basis, provided the recovery period requires longer than six (6) weeks.
6. Requests made by employees, who were under contract prior to February 1, 1985, will be considered regardless of pre-existing conditions. Personnel employed after that date will not be authorized a grant from the bank for pre-existing conditions for the first twelve (12) months of membership. Pre-existing conditions will include, but will not be limited to, any condition for which the member received treatment during the twelve (12) month period preceding the member's enrollment in the bank.
7. Sick leave bank grants will not be authorized for illness or disability resulting from self-inflicted injury or act of war.
8. The maximum number of days that can be granted to any one member of the bank will be thirty (30) days per school year. The bank may not grant more days than its members have contributed.
9. If a request to draw upon the bank is for other than consecutive days of illness, a separate request, including a physician's statement on the required form, must be submitted for each period of illness. Each separate application must meet the initial criteria of just cause.
10. All requests to draw upon the bank must be accompanied by the appropriate physician's statement, signed by the physician, confirming actual treatment, the cause of illness, and certifying the existence of a disability to perform assigned duties.
11. The board may request a medical review by a physician of the committee's choice at the member's expense.
12. The board may consider a request by a member for days to assist a critically or terminally ill member of his family, not to exceed fifteen (15) days per year.
13. The board may consider a request of a member for up to five (5) days to make arrangements and attend the funeral services of a relative in his immediate family.
14. Sick leave days from the bank may not be granted for the period of disability when monies are paid to the member under Worker's Compensation Act.
15. All unused sick leave days in the bank at the end of the school year (August 31) will be carried over to the next school year (September 1 through August 31).
16. A contributor will lose the right to utilize the benefits of the bank by:
 - a. Termination or suspension of employment in the Carthage ISD
 - b. Cancellation of participation by the member (in writing) at any time
 - c. Being on approved leave of absence
 - d. Attempted abuse of the bank and/or its policies
 - e. Refusal to continue regular contributions

V. Applying for Days

A. Should the member have a need for additional days after all accumulated state and local leave days have been used and the member has allowed for any possible working days within the current year's work calendar, the member may submit a request for days from the bank.

B. A member who requests days from the bank must submit to the Central Office within thirty (30) days forms containing the following information:

1. A statement signed by the member attesting to the fact that the condition which necessitated the request for days from the bank was unknown to the employee at the time he/she became a member of the bank.
2. Completion of the attending physician's statement which includes:
 - a. Identification of the nature of the illness and/or extent of injury
 - b. Date of initial onset of this particular condition
 - c. Anticipated date eligible to return to work on a full or part time basis
 - d. Date of actual treatment
 - e. Statement from the physician that the condition is not a pre-existing condition
3. Dates of absence from work for the illness or injury
4. Anticipated days, if any, for follow-up examinations (may be limited by the board)

C. Forms for the above purposes have been prepared and are available from the school principal and/or the administration office, as well as on the Carthage ISD website.

D. The Board of Directors may refuse to consider an application that does not contain the required information.

E. If a member is critically ill and unable to file an application for sick leave days from the bank, the school principal or a co-worker may initiate the application form at the request of the member or someone in the member's family.

VI. Governing Committee

A. NAME

1. The governing committee, which will approve or disapprove all requests for sick leave bank days, will be called "The Carthage Independent School District Sick Leave Bank Board of Directors.

B. COMPOSITION OF THE BOARD OF DIRECTORS:

1. Membership of the Board of Directors will be as follows:
 - a. Chairperson of the Sick Leave Bank
 - b. Assistant Superintendent for Curriculum
 - c. Business Manager
 - d. Central Administration Administrative Assistant

C. DUTIES AND RESPONSIBILITIES OF THE BOARD OF DIRECTORS

1. All applications for sick leave bank days will be reviewed individually by the board.

2. A member may be requested to appear before the board to substantiate his/her case.
3. The Board of Directors will determine the number of days approved and reserves the right to approve, deny, or modify the days requested.
4. A member may appeal the decision of the board by writing a letter to the Chairman of the Board requesting to appear in person before the Board of Directors.
5. Following an appeal, the decision of the Board of Directors will be final.
6. Any member of the Board of Directors will excuse him/herself when considering their own request or a request made by any member of his/her family.
7. The Chairman of the Board will process all approved sick leave days for members to the payroll department.

VII. Final Decisions, Amendments

- A. Procedures for deciding any questions not covered herein:

Any questions concerning membership, regulations, or application for sick leave days that may arise after adoption of this plan and not specifically covered herein will be submitted to the Board of Directors who will make a recommendation to the Superintendent of the Carthage ISD for final decision.

- B. Suggestions for amendments should be submitted to the board prior to May 15.

VIII. Special Provisions

- A. The sick leave bank may accept a donation of up to ten (10) days local leave from a member who is terminating employment with Carthage Independent School District and who accrued said leave in years other than the one in which departure occurs.

SICK LEAVE BANK BOARD

You must have been employed with Carthage ISD for at least three (3) years to serve and be a member of the Sick Leave Bank. The Sick Leave Bank Board:

Jean Thomas, Chairman of the Board
Dr. Donna Porter, Assistant Superintendent
Kathy Ballard, Business Manager
Joni Lee, Administrative Assistant

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SPECIAL PROVISION CONTRIBUTION AGREEMENT

I wish to donate _____ days local leave to the Carthage ISD Sick Leave Bank. I will be terminating employment with Carthage ISD on _____ and I have accrued said leave in years other than this current period.

NAME _____ POSITION _____

EMPLOYEE NUMBER _____ CAMPUS _____

VERIFICATION COMPLETED BY _____

DAYS CONTRIBUTED _____ DATE _____

Employee Signature _____ Date _____

**SICK LEAVE BANK
REQUEST FOR SICK LEAVE WITHDRAWALS**

I wish to request _____ days to be withdrawn from the sick leave bank. I certify that I have exhausted all accumulated state and local sick leave days and have allowed for any possible available working days within the current year's work calendar.

I was absent from work _____ through _____ which is the number of days requested. These days do not include holidays, vacation days, or other such days.

I am not requesting sick leave bank grant for illness or disability resulting from self-inflicted injury or act of war. I have provided with this request an appropriate physician's statement if required. I am not requesting days for the period of disability when monies were paid to me under the Worker's Compensation Act.

Does the member's condition qualify under any of the categories described? If so, please check the applicable category.

- Unexpected critical illness, surgery, or injury. (Physician's statement required.)
- Rare complications arising from pregnancy and/or childbirth. (Physician's statement required.)
- A member of his/her family is critically or terminally ill. (Physician's statement required.)
- To make arrangements and attend the funeral services of a relative in his/her immediate family. (No physician statement required.)
- None of the above.

Please briefly describe how the medical facts meet the criteria of one of these categories.

Employee Signature _____ Date _____

**SICK LEAVE BANK
PHYSICIAN'S STATEMENT**

Medical leave is required for the employee's absence from work because of the employee's own condition (including rare complications arising from pregnancy and/or childbirth). Please provide a brief statement identifying the nature of the illness and/or extent of injury. If leave is required for a family member, please provide a brief statement for that person.

Date of initial onset of this particular condition?

Anticipated date eligible to return to work on a full or part time basis?

Date of actual treatment?

Is this illness a pre-existing condition (prior to twelve months)?

Dates of absence from work for the illness or injury?

Anticipated days, if any, for follow-up examinations?

Physician's Signature _____ Type of Practice _____

Address _____ Telephone Number _____

Employee Signature _____ Date _____

**SICK LEAVE BANK
MEMBERSHIP APPLICATION FORM
CONTINUING MEMBER**

I wish to continue participation in the Carthage ISD Sick Leave Bank. I understand that I may contribute **one-half (1/2)** day of accrued or anticipated local sick leave to continue participation. This **one-half (1/2)** day will be subtracted from my local sick leave records. The donated days become the property of the Carthage ISD Sick Leave Bank and all donations will remain in force and cannot be returned upon cancellation of a membership. If I use three (3) or more days from the bank during this period, I will be required to donate three (3) days the following school year (September through August) in order to have continuing membership in the bank. If I use fewer than three (3) days, I will donate the number of days actually used or the amount determined by the administrator for continuing participation. If I decide to cancel my membership, and at a later date wish to rejoin the bank, I may do so during the enrollment period by again donating three (3) days. I further understand that I will lose the right to utilize the benefits of the bank by termination or suspension of employment in Carthage ISD, canceling participation (in writing) at any time, being on approved leave of absence, attempting to abuse the bank and/or its policies, or refusing to continue regular contributions.

This request is for the _____ school year beginning September 1 and ending August 31.

NAME _____ POSITION _____

EMPLOYEE NUMBER _____ CAMPUS _____

DAYS CONTRIBUTED 1/2

Employee Signature _____ Date _____

Office Use only:

VERIFICATION COMPLETED BY _____ Date: _____

**SICK LEAVE BANK
MEMBERSHIP APPLICATION FORM
NEW MEMBER**

I wish to participate in the Carthage ISD Sick Leave Bank. I understand that I may contribute **three (3) day** of accrued or anticipated local sick leave. These days will be subtracted from my local sick leave records. The donated days become the property of the Carthage ISD Sick Leave Bank and all donations will remain in force and cannot be returned upon cancellation of a membership. If I use three (3) or more days from the bank during this period, I will be required to donate three (3) days the following school year (September through August) in order to have continuing membership in the bank. If I use fewer than three (3) days, I will donate the number of days actually used. If I decide to cancel my membership, and at a later date wish to rejoin the bank, I may do so during the enrollment period by again donating three (3) days. I further understand that I will lose the right to utilize the benefits of the bank by termination of suspension of an approved leave of absence, attempting to abuse the bank and/or its policies, or refusing to continue regular contributions.

This request is for the _____ school years beginning September 1 and ending August 31.

NAME _____ POSITION _____

EMPLOYEE NUMBER _____ CAMPUS _____

DAYS CONTRIBUTED **3**

Employee Signature _____ Date _____

Office Use only:

VERIFICATION COMPLETED BY _____ Date: _____