

Weakley County Public Schools
Weakley County Education Association

Sick Leave Bank Guidelines

I. Purpose

The Purpose of the Sick Leave Bank is to provide sick leave to contributors who have suffered an unplanned personal illness, injury, disability or quarantine and whose personal sick leave is exhausted.

II. Administration

The Sick leave Bank shall be administered by a Committee of Trustees. The Committee shall be composed of five (5) members: Two (2) members appointed by the School Board from its membership, two (2) members appointed by the Association from its membership and the Superintendent who shall chair the Committee.

III. Rules

1. Any certified professional employee shall be eligible to participate in the Sick Leave Bank; however, a minimum participation of twenty (20) employees shall be required to establish the Bank.
2. Any teacher who elects to participate in the Bank shall initially have two (2) (the law allows a maximum of 3) days of sick leave deducted from his/her personal accumulation and deposited to the Sick Leave Bank. Teachers electing to participate shall do so during the months of August, September, or October of any year. Donations of sick leave to the Bank are nonrefundable and nontransferable.
3. If at any time the number of days in the Sick Leave Bank is less than twenty (20), or one (1) per member if there are more than twenty (20) members, or at any time deemed advisable, the Committee shall assess each member one (1) or more days of accumulated sick leave. If a member has no accumulated sick leave at the time of assessment, the first earned days shall be donated as they are accrued by the teacher.
4. By written notice to the Committee a member may withdraw from the Bank participation on any June 30. Membership shall result in forfeiture of all days contributed.
5. Members of the Sick Leave Bank shall be eligible to make application to the Bank for sick leave only after having been a member of the Bank for thirty (30) calendar days.
6. A participant shall not receive any sick leave from the Bank until after having exhausted all accumulated sick leave, personal leave and/or annual leave, including all paid Board extensions.

7. Leave grants from the Bank, recommended by the Board of Trustees shall be in units of no more than twenty (20) consecutive duty days for the individual applicant. Applicants may submit requests for extensions of such leave grants before their prior grants expire. The maximum number of days any participant may receive in any fiscal year is sixty (60). The maximum number of days any participant may receive as a result of any one or the same illness or accident is ninety (90) days.
8. In the event a member is physically or mentally unable to make a request to the Sick Leave Bank for use of sick leave days, a family member or agent may file the request.
9. If the Committee determines it necessary, they may require a physician's certificate of condition from any member requesting additional leave. Refusal to comply will result in denial of the pending request for use of sick leave days from the Bank.
10. Sick leave granted a member from the Bank need not be repaid by the individual except as all members are uniformly assessed.
11. Grants of sick leave from the Sick Leave Bank shall not be made to any member on account of any elective surgery, or illness of any member of the participant's family, or during any period the member is receiving disability benefits from social security or the state or local retirement plan.
12. A member shall lose the right to obtain the benefits of the sick leave bank by:
 - a. Resignation or termination of employment.
 - b. Cancellation of participation which is effective on June 30 next.
 - c. Refusal to honor such assessment as may be required by the Committee of Trustees.
 - d. Being on approved leave of absence with the exception of personal illness or disability leave.
 - e. Retirement

IV. Procedures

1. Contributions to the Bank must be made on a Sick Leave Bank Donation Form.
2. All requests to draw upon the Bank must be made upon a Sick Leave Bank Request Form and submitted to the Committee of Trustees within thirty (30) calendar days of the first dates bank usage is requested. In extreme and unusual cases exceptions may be approved.
3. The Committee shall act affirmatively or negatively on all applications within ten (10) calendar days of the application.
4. All requests to draw from the Bank must be accompanied by a physician's statement on the approved form confirming the cause of illness or injury and must be signed by the physician.

5. An applicant may be required to undergo at his/her expense a medical review by a physician approved by the Committee.
6. Any person submitting a request to draw on the Bank must have made his/her proper contribution for the fiscal year in which the request is made.
7. All records of the Sick Leave Bank shall be kept in the central office of the school system which handles regular sick leave records. The Committee shall inform this office of all applications they approve and the amount of additional leave granted the member.

Weakley County Education Association

Sick Leave Bank Donation

PLEASE PRINT:

NAME: _____

Social Security Number: _____

Donation:

Donations shall be made during the months of August, September, or October. The number of days to be donated shall be prescribed by the Committee of Trustees. However, in no case shall the donation exceed three days. When the total sick leave bank balance falls below thirty days, each participating member will be assessed additional days to restore the balance. Donations are nonrefundable and nontransferable.

As a certified employee of the Weakley County School System I donate two (2) days to the Sick Leave Bank.

Signature of Employee

Date

TO BE COMPLETED BY PATIENT:

Name: _____

Address: _____

AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize the undersigned physician to release any information acquired in the course of my examination or treatment.

SIGNED: _____ DATE: _____

TO BE COMPLETED BY PHYSICIAN:

Brief Description of Illness (Layman's Language Please): _____

If still disabled, date patient should be able to return to work: _____

Patient was under my care and unable to work from: _____

Through: _____

Physician's Name: (Print) _____

Phone Number: _____

Address: _____

Signature: _____ Date: _____