

POLICY: GBRL

Revised: March 26, 2003

Revised: November 8, 2009

Revised March 25, 2008

Revised: November 2, 2009

Revised: February 25, 2019

## CLAY COUNTY BOARD OF EDUCATION

### SICK LEAVE BANK POLICY

#### **Purpose:**

The purpose of the Clay County Schools Sick Leave Bank shall be to enable full-time employees with sick leave to donate a maximum of two days of that leave per year to provide protection for a fellow full-time employee who has exhausted his/her sick leave days and is suffering from a catastrophic illness or serious accident.

The Clay County Schools Sick Leave Bank is authorized by the Clay County Board of Education and administered by the Sick Leave Bank Board of Trustees under the direction of the superintendent of Clay County School:

#### **Board of Trustees**

There shall be a Board of Trustees established to oversee the Sick Leave Bank. The eight (8) member board will be composed of one representative from each of the following:

Big Otter Elementary School  
Clay Elementary School  
Clay County Middle School  
Clay County High School  
Lizemore Elementary  
H.E. White Elementary  
Clay County Schools Bus Personnel  
Clay County Superintendent's Office  
(with the exception of the Superintendent)

**CLAY COUNTY BOARD OF EDUCATION SICK LEAVE BANK POLICY  
OPERATING PROCEDURES**

Each represented group assumes the responsibility for selecting a member to serve on the Board of Trustees for a term of no less than one year commencing on November 1 of the current academic year. Each organization is responsible for filling a vacancy created by the illness or termination of employment of its representatives. The Board of Trustees yearly elects a chairperson who is responsible for the smooth operation of the Sick Leave Bank.

Actions of this Board must be approved by the majority of the members present. All decisions by the Board must be rendered within ten (10) working days of the receipt of the application.

The Board of Trustees shall do the following:

1. Receive requests for days of leave
2. Validate the requests
3. Determine who shall receive Sick Leave Bank days.
4. Communicate all decisions to the applicant and the payroll officer.
5. Determine when extra days will have to be assessed.
6. Maintain an accurate record of members.
7. Issue a yearly statement showing the activity of the Bank and the remaining balance of days.
8. Encourage new employees to join.

**Membership Eligibility:**

All full-time employees are eligible, at the beginning of each new school year and ending with the last school day of October, to become members of the Bank during the open enrollment period (August until the end of October each year). To become a member each person must voluntarily contribute two (2) sick leave days to the Bank. Once these days are contributed, the employee relinquishes all claims to said days. For continued eligibility, the member must be able to contribute an additional day to the Bank when the Board of Trustees determines an additional assessment is necessary. No employee may contribute more than two days per year, based on the school calendar year (August – June).

New membership enrollment forms will be distributed and returned by the last day of October, or within 30 days after being hired as a full-time employee of each year. Allow a one-time 30-day open enrollment period from February 26, 2019 until March 27, 2019.

Any member wishing to withdraw from membership in the Bank may do so by providing written notification during the open enrollment period (from August until the end of October).

**Withdrawal of Days:**

Only members of the Clay County Board of Education Sick Leave Bank shall be eligible to withdraw days.

In order for a request to withdraw days to be valid and eligible for consideration, the following criteria must be met:

1. The employee has exhausted all accumulated sick leave.

2. The employee is the victim of a serious accident requiring a lengthy hospital stay and home recuperation or an extended illness, such as, but not limited to, a heart attack or cancer.
3. The serious accident or physician's diagnosis of the extended illness must not have occurred prior to the employee becoming an active member (employee application has been accepted and days have been contributed to the bank)
4. The employee has gone or will have gone five (5) consecutive days without pay.
5. The employee or his representative has completed and submitted the Request for Withdrawal of Days Form.

**Operation of Sick Leave Bank:**

- A. Upon approval by the Board of Trustees, a maximum of sixty (60) days will be deposited in the employee's account, subject to review by the Board of Trustees and/or participant.
- B. The member may re-apply to the Board of Trustees for additional days resulting from the same illness/accident. Number of days granted for the same illness shall not exceed a total of 120.
- C. Unused bank days deposited in the employee's account will revert to the Bank at the end of the fiscal year. Any member so affected is eligible to re-apply for a continuance of the days lost in this manner after allocated days each year are used. There will be no second five-day waiting period for these members.
- D. Any member who requests days must be willing to release all medical information to the Board of Trustees as required. The Board of Trustees may also request a second medical opinion if it so desires.
- E. The Board of Trustees of the Sick Leave Bank is authorized, by application for membership, to review the sick leave record of any member during his/her term of employment should he/she apply to withdraw days from the Sick Leave Bank.
- F. Days borrowed from the Bank will be repaid at the rate of two (2) days per year excluding personal days. Deduction will take place at the beginning of each calendar year.
- G. Should a member be unable to personally complete an application for use of days, his designee may apply for him.

H. Once an employee returns to work, any remaining unused bank days are forfeited.

**Limitations of the Sick Leave Bank**

- A. The use of such days with extension of insurance coverage is prohibited.
- B. Contributions to the Sick Leave Bank shall not reduce sick leave without cause days to which an employee is entitled.
- C. Upon the termination of employment or the voluntary withdrawal from the Bank, the member shall not be permitted to withdraw any days from the bank.
- D. Normal pregnancies shall not be considered as eligibility for bank days.
- E. Bank days may not be used for the care of members of the employee's family who may be ill or the victim of an accident.
- F. Bank days may not be used by members disabled by injury covered by Workman's Compensation.
- G. No employee may be compelled to contribute to the Sick Leave Bank.

**CLAY COUNTY BOARD OF EDUCATION  
SICK LEAVE BANK**

**Application for Membership**

I authorize the Clay County Board of Education to deduct two (2) sick leave days from my total accumulated sick leave days and to assign it to the Clay County Schools Sick Leave Bank.

In addition, I authorize the Board of Trustees of the Sick Leave Bank to assess the deduction of a maximum of two (2) additional days each year when the amount of days in the bank falls below one hundred eighty (180) days.

I further authorize the Board of Trustees of the Sick Leave Bank to inspect my sick leave record during my term of employment in the event that I should apply to withdraw days from the Sick Leave Bank.

It is understood that contributions to the Bank will not reduce the sick leave days without cause to which an employee is entitled.

I understand that once I have donated days to the Bank, I am unable to reclaim them in any way other than meeting the criteria through the prescribed application process for extended illness/injury.

I understand that I must be an active member (employee application has been accepted and days have been contributed to the bank) prior the serious injury or physician's diagnosis of a catastrophic medical condition in order to be eligible to receive days from the Sick Leave Bank.

I have read and do understand the Clay County Schools Sick Leave Bank Policy and Operating Procedures.

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

Employee ID # \_\_\_\_\_ Date of Employment \_\_\_\_\_

Current Employment Location \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_

**Release of Days Notification Form**

**CLAY COUNTY BOARD OF EDUCATION  
SICK LEAVE BANK**

To: Business Office Date: \_\_\_\_\_

\_\_\_\_\_ days are released from the Sick Leave Bank to  
(Number of Days)

\_\_\_\_\_, effective \_\_\_\_\_.  
(Sick Leave Bank Member) (Date of Release)

\_\_\_\_\_  
Chairperson's Signature

Copy to: Member  
S.L.B. File

**Request for Withdrawal of Days**

Please make application, if possible, two weeks prior to the date when your sick leave expires.

Name \_\_\_\_\_ Date \_\_\_\_\_

School/Job Assignment \_\_\_\_\_

Address \_\_\_\_\_ Employee ID # \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_

I hereby apply for the withdrawal of \_\_\_\_\_ days from the Clay County Board of Education Sick Leave Bank. On \_\_\_\_\_, my accumulated sick leave will be exhausted, and on \_\_\_\_\_, I will have gone five (5) days without pay.

I understand that days borrowed from the bank will be repaid at the rate of two (2) days per year until all days over and above those I have donated are repaid.

**CLAY COUNTY BOARD OF EDUCATION  
SICK LEAVE BANK**

I am applying for the following reasons:

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I understand that my application must be submitted to the Clay County Board of Education within thirty (30) days of my attending physician’s diagnosis. (Application must include physician’s signature and date of diagnosis).

I understand that the Sick Leave Bank Committee may request my appearance before said committee in regards to any questions pertaining to my application.

**I HAVE ATTACHED MEDICAL RECORDS TO VERIFY THIS REQUEST.**



Signature \_\_\_\_\_

Date \_\_\_\_\_

**CLAY COUNTY BOARD OF EDUCATION SICK LEAVE BANK**

**Certification by Physician**

**TO BE COMPLETED BY ATTENDING PHYSICIAN.**

I hereby certify that (Patient's Name) \_\_\_\_\_ is unable to work due to personal incapacitation. The approximate date patient will be considered able to return to work is \_\_\_\_\_.

\_\_\_\_\_  
Attending Physician

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date