

SICK LEAVE BANK GUIDELINES

West Independent School District



Approved by the West ISD Board of Trustees on November 14, 2019

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, catastrophic illness, surgery, or a temporary disability due to an injury. Days may be requested from the bank only after the member has exhausted all accumulated sick leave and personal business days.

Employees who contribute a minimum of one (1) Personal Business Day of leave each year shall be eligible for membership. Employees that are awarded Sick Leave Bank days must contribute two (2) days to the bank. Each year, the enrollment period is from September 1 until September 30. All personnel who join the bank within the enrollment period are eligible for membership. Donated days cannot be returned even upon cancellation of membership.

Sick leave days will be granted only for absences from working days and will not be granted for holidays, vacation days, or other days for which the member is not paid. The maximum number of sick leave bank days that may be granted to an employee during the school calendar year is thirty (30) work days. If a member receives less than 30 days, returns to work, and then is ill again with the same or different illness, he/she may apply to the Sick Leave Bank for additional days, but the total days cannot exceed thirty (30) per year. Each separate illness applied for must meet the initial criteria. ***Again, any member who uses any day(s) from the Sick Leave Bank in a school calendar year must donate two (2) personal business day the following school calendar year.***

Sick leave days from the bank will not be granted when monies are paid to the employee under Workmen's Compensation. All unused days in the bank at the end of the year are carried over to the next year. A contributor loses the right to utilize the benefits only by:

1. Termination of employment, for any reason in West ISD,
2. Employee resignation from West ISD, or
3. Cancellation of participation by the member in writing without reimbursement.

Except in emergency situations, application for days must be made to the Employee Benefits Committee (EBC) ten (10) calendar days before anticipated needs. The forms include an attending physician's statement identifying the nature of the illness, the date of the initial onset and the anticipated date of returning to work. It must also include a personal statement explaining the circumstances, the dates of absence expected, and any anticipated days needed for follow-up examinations. Forms for these purposes have been prepared and may be obtained from the West ISD Administration Building or via email from Mrs. Jana Buzbee. The EBC may refuse to consider incomplete applications. If a member is too ill and is unable to file an application, the campus principal, supervisor, relative, or colleague may initiate the application.

Again, the governing committee, which will approve or disapprove all requests, shall be the Employee Benefits Committee (EBC). This committee will work with Mrs. Jana Buzbee. In her absence, Mr. Charles

Mikeska will assist. EBC decisions will be final.

SECTION I: PURPOSE

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, catastrophic illness, surgery, or a temporary disability due to an injury. Days may be requested from the bank only after the member has exhausted all accumulated sick leave and personal business days.

B. DEFINITION OF SICK LEAVE DAYS FOR MEMBERS

Sick Leave Bank days are those days granted to a member, experiencing an unexpected, critical illness, surgery, injury. Consideration will be given to caretakers of immediate family members who are critically ill.

SECTION II: MEMBERSHIP

A. ELIGIBILITY

All employees who contribute a minimum of one (1) personal business day shall be eligible to participate.

B. PROCEDURE FOR JOINING THE SICK LEAVE BANK

1. Any employee who is eligible to join the Sick Leave Bank may do so by donating one personal business day each year. **Employees who were awarded Sick Leave Bank days the previous year must contribute two (2) days at re-enrollment.**
2. The enrollment period shall be September 1 to September 30.
3. All personnel who join the bank within the enrollment period are eligible for membership beginning with their first official day of enrollment.
4. Employees desiring to join the bank shall complete the membership authorization form and submit it to Mrs. Kayla Hinojosa.

SECTION III: REGULATIONS CONCERNING CONTRIBUTION OF DAYS

A. REGULATIONS

To become a member of the bank, an employee must contribute a minimum of one (1) personal business day each year. This day or days will be subtracted from the member's total personal business days.

The day or days contributed will become the property of the West ISD Sick Leave Bank. All donations will remain in force and cannot be returned even upon cancellation of membership.

Upon using one (1) or more days from the Sick Leave Bank during a school calendar year, an

employee must donate two (2) personal business days the following school calendar year.

NOTE: IF YOU ARE GRANTED DAYS FROM THE SICK LEAVE BANK, THE TWO (2) DAYS IN THE FOLLOING SCHOOL YEAR WILL BE AUTOMATICALLY DEDCUTED FROM YOUR PERSONAL DAYS.

SECTION IV: REGULATIONS CONCERNING GRANTING OF SICK LEAVE DAYS FROM THE BANK

A. GRANTING OF DAYS FROM THE SICK LEAVE BANK

1. Sick Leave Bank days are granted based on this criteria: In the event of critical illness, surgery, or caretaker of a critically ill member of immediate family.
2. Sick Leave Bank days will be granted only after the member has exhausted all accumulated sick leave and personal business days.
3. Sick Leave Bank days shall 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. The maximum number of Sick Leave Bank days that may be granted to an employee during the school calendar year is thirty (30) days.
5. Members receiving less than 30 days from the Sick Leave Bank who return to work and become ill again with the same or different illness, may apply to the Sick Leave Bank for additional days. Member's total days may not exceed thirty (30) days per school calendar year. Each separate illness day applied for must meet the initial criteria of just cause.
6. Sick Leave Bank days may not be granted for claims paid under the employee's Worker's Compensation Act. If circumstances should arise in which monies are received from both the Sick Leave Bank and Worker's Compensation, the monies received from the Sick Leave Bank must be reimbursed to the Bank.
7. All unused sick leave days in the bank at the end of the school year shall be carried over to the next school year. Any applications submitted after the last day of the school calendar year will not be reviewed until the committee meets following school calendar year.
8. A contributor will lose the right to utilize the benefits of the bank only by:
 - a. Termination of employment in the West ISD for any reason,
 - b. Employee resignation from WISD, or
 - c. Cancellation of participation by the member in writing at any time.

SECTION V: PROCEDURE FOR APPLYING FOR SICK LEAVE DAYS

A. PROCEDURE FOR APPLICATION

An application may be made to the Employee Benefits Committee for days from the bank after all accumulated personal days have been used.

A member who requests days from the bank must submit to the EBC ten (10) calendar days before anticipated need. Applications submitted to the bank must meet the following criteria:

1. Attending physician's statement which includes:
 - a. Identification of the nature of the illness and/or extent of injury. Give specific details.
 - b. Date of initial onset of this particular condition.
 - c. Anticipated date eligible to return to work on a full or part-time basis.

2. For all members in a caretaker's role, a statement from the patient's physician explaining extraordinary conditions of the patient is required.
3. Date of absence from work for the illness or injury including any anticipated days for follow-up examinations. (May be limited by the EBC)
4. Forms for the above purposes have been prepared and may be obtained from any EBC member or downloaded from the West ISD website.
5. The EBC may refuse to consider an application that does not contain the required information.
6. If a member is critically ill and unable to file an application for sick leave days from the bank, the school principal, supervisor, department head or a colleague may initiate the application.

SECTION VI: GOVERNING COMMITTEE

A. NAME

West ISD Employee Benefits Committee will work with Mrs. Jana Buzbee to review, grant or deny employee requests. Each summer, Mr. Charles Mikeska will review the Sick Leave Bank guidelines.

B. COMPOSITION OF THE COMMITTEE

The committee shall be composed of one representative from each entity in the District. A district administrator shall chair the committee.

C. DUTIES AND RESPONSIBILITIES OF THE EMPLOYEE BENEFITS COMMITTEE

1. All application for Sick Leave Bank days shall be reviewed individually by the committee in a called meeting.
2. The Employee Benefits Committee shall determine the number of days approved up to thirty (30) days and reserves the right to approve, disapprove, or modify the days requested.
3. The decision of the Employee Benefits Committee will be final.
4. Any vacancies on the Employee Benefits Committee that arise during the school year shall be filled by a majority vote of the group from which the member was elected.
5. Mrs. Jana Buzbee shall work with the EBC and process all approved sick leave days for members to the payroll department and notify submission approval.
6. The EBC will assess the Sick Leave Bank guidelines at the end of each school year.

Sick Leave Bank: Request for Sick Leave Bank Days
West Independent School District

Name: _____ Date: _____

Position: _____

Campus: _____

Length of time employed by WISD: _____ years _____ months

Days absent current school year: _____ (I have donated one of my personal business days to the Sick Leave Bank.)

Reason for requesting Sick Leave Bank days: _____

I have (or will have) used all of my available personal business days for this year.

First day to miss work for this absence: _____

Number of days requesting from the Bank: _____

Sick Leave Bank days should begin: _____ / _____ / _____
Month Day Year

The above requested days are needed for the reason of personal illness, injury or family hardship as described:

A statement from my physician is attached.

Signature

Date

Sick Leave Bank: Attending Physician's Statement
West Independent School District

Patient's Name

Nature of illness or injury:

Give dates of treatment: _____

Give dates hospitalized, if any, and name and address of hospital:

Date Admitted Date Discharged

Name of Hospital Address of Hospital

To your knowledge, what is the earliest date this patient was treated for this condition?

Is patient still under your care? Yes _____ No _____

How long will patient be continuously totally unable to work?

Date patient can return to work: _____

Signature of Physician

Date

**Authorization to Donate Personal Business Day
West Independent School District**

My authorization to place one (1) or more of my personal business days in the West ISD Sick Leave Bank is verified by the signature below.

Employee: _____ Date: _____

Campus: _____ Position: _____

Length of time employed by West ISD: ____ years ____ months

Date of employment: _____

Number of donated personal business days: _____ (1 or more)

Signature

Are you presently aware of any expected need for use of the Sick Leave Bank during the forthcoming or current school year? ____ yes ____ no

If yes, explain.

Please return this form to your Mrs. Kayla Hinojosa by Monday, September 30, 2019.

TO BE ELIGIBLE FOR BENEFITS IN THE CURRENT YEAR EMPLOYEES MUST DONATE ONE (1) DAY; TWO (2) IF RECEIVED DAYS FROM SICK LEAVE BANK IN PREVIOUS YEAR