

## BONSALL UNIFIED SCHOOL DISTRICT

## CERTIFICATED EMPLOYEE LEAVE BANK (CATASTROPHIC EVENT/ILLNESS)

Employees who wish to contribute a portion of their accumulated sick leave will be eligible to use sick leave days in the event of Catastrophic Event/Illness pursuant to procedures set forth in Board Policy 4251.10 (attached). The District will annually solicit for donations to the sick leave bank. In order to maintain eligibility to "withdraw" leave days from the bank, a certificated employee must donate at least one (1) sick leave day per year.

## IMPORTANT INFORMATION ABOUT THE LEAVE BANK IS AS FOLLOWS:

1. **Creation and maintenance of the Leave Bank**: The Leave Bank will be created by individual employees donating a minimum of one (1) day per year up to a maximum of one half (1/2) of their annual allotment of sick leave.
2. **How to donate**: Fill out the "Certificated Employee Leave Bank Form" and submit the completed form to the Human Resources Department within the first 15 workdays of the school year.
3. **Eligibility to use the Leave Bank**: An employee must donate at least one (1) day of annual allotment of sick leave during the designated donation period if they wish to be eligible to draw from the Leave Bank.
4. **Solicitation of donations**: The Human Resources Department will on an annual basis, solicit opportunities for donations.
5. **How to request a withdrawal**: Request a "Certificated Leave Bank Withdrawal Form" from the Human Resources Department. Submit the completed Form to the Human Resources Department.
6. **Consideration of requests for withdrawal from the Leave Bank**: All requests for withdrawal will be considered by the unit members of the PAR Panel. The decision of the Panel will be final and binding.

## PERSONNEL

### Leave Bank (Catastrophic Event/Illness)

**Preamble:** Eligible employees who suffer a catastrophic illness or event which causes an extended leave of absence may receive benefits pursuant to this policy.

**Limit on Eligibility:** The use of this Leave Bank shall only be available to those Certificated employees who have made a donation to the Leave Bank.

**When Granted:** Employees who suffer a catastrophic illness or event which results in the employee using all available paid leave, shall then become eligible to use this Leave Bank, subject to the restrictions and conditions outlined in this policy.

**Leave Bank:** The Bonsall Unified School District shall establish a Leave Bank to which all the employees may donate earned and unused sick leave days to the Leave Bank. This donation shall be irrevocable, and shall be accomplished by the employee filing a certificated "Employee Leave Bank Donation Form". The form shall clearly state that the sick leave days being donated are irrevocably given to the Leave Bank, and cannot be rescinded for any reason whatsoever. A donation to the Leave Bank shall be a general donation, and shall not be donated to a specific employee for his/her exclusive use.

**Limit on Number of Days:** Employees may donate a maximum of one-half of their annual allotment of sick leave days. Employees must contribute a minimum of one (1) day per year to maintain eligibility.

**Exclusions:** Pending and/or approved workers compensation claims and related industrial illness leaves shall normally be excluded from the benefits of this policy.

**Solicitation of Donations:** Contributions for the Leave Bank shall be donated within the first 15 workdays of each year. At the beginning of the donation period, the Human Resources Department shall send to each employee a notice outlining the Leave Bank program and the "Certificated Employee Leave Bank Form". All donations must be received by the Human Resources Department no later than the 15<sup>th</sup> workday of the school year.

**Leave Bank PAR Panel:** All certificated employees wishing to use the Leave Bank shall submit a "Leave Bank Request for Withdrawal Form". This form shall be submitted to the Human Resources Department, the request shall state the maximum number of days being requested by the employee. The Leave Bank Committee shall consider the request of the employee. The Panel chairperson shall be selected annually by the Panel. All requests for withdrawal will be considered by unit members on the PAR Panel. Approval of any request shall require a majority vote of the Panel unit members. The decision of the Panel shall be final and binding.

**Maximum Number of Days Used:** The maximum number of days allowed to be utilized by one employee for a single illness shall not exceed fifty (50) days or fifty percent (50%) of the total available bank whichever is less and revisited by PAR Panel if needed.

**Approved and Unused Days Returned to Leave Bank:** Any days approved by the Panel that are unused by the employee shall be returned to the Leave Bank.

**Part-Time Employees:** Donations to the Leave Bank as well as days of utilization for part-time employees shall be credited on a pro-rated basis.

**One Used Day Equal to the Employee's Regular Pay:** If an employee uses a day from the Leave Bank, pay for that day shall be the same pay the employee would have received had the employee worked that day.

**Employees on this Leave Considered in Paid Status:** Employees who are granted use of the Leave Bank days shall be considered in regular paid status during such use.

**Coordination with Fifty Percent (50%) Leave:** Leave granted under this policy shall be coordinated with fifty percent (50%) leave to create a full day of wages.



BONSALL UNIFIED SCHOOL DISTRICT

EMPLOYEE LEAVE BANK  
REQUEST FOR WITHDRAWAL

Please type or print clearly

I, \_\_\_\_\_, am requesting utilization of \_\_\_\_\_ day(s)  
Name # of days

(may not exceed 50 days) from the Bonsall Certificated Employee Leave Bank.

State reason(s) for request, please be specific, and complete as possible. If illness, injury, surgery, include doctor's verification.

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Committee Meeting Use Only**

Disposition of Request:

PAR Panel meeting date: \_\_\_\_\_

\_\_\_\_\_  
Approved

\_\_\_\_\_  
Disapproved

Number of days approved: \_\_\_\_\_

\_\_\_\_\_  
Signature of Panel Chairperson

\_\_\_\_\_  
Date