



SICK LEAVE BANK POLICY

Board Approved
June 17, 2013

**PRINCETON INDEPENDENT SCHOOL DISTRICT
PRINCETON, TEXAS**

SICK LEAVE BANK POLICY

I. PURPOSE:

The Princeton Sick Leave Bank (PSLB) will provide additional sick leave days to members of the bank in the event of catastrophic illness, surgery, pregnancy, or temporary disability due to an injury or under The Family Medical Leave Act programs. Days may be requested from the bank only after the member has exhausted all accumulated state and local sick leave, personal business, and extended leave days. The member must also be docked 2 days prior to applying for benefits from the PSLB per occurrence.

II. ELIGIBILITY:

All regularly employed personnel are eligible to participate. Participation is voluntary but requires contribution to the bank.

III. ENROLLMENT:

Open enrollment to the bank shall begin from the beginning of each school year through September 30th. New employees hired during a school year may enroll in bank within 30 days of employment. Those employees who elect not to enroll in the bank shall not be permitted to enroll until the following annual open enrollment period. (Pre-existing conditions will be waived for new employees only during the thirty-day open enrollment).

IV. CONTRIBUTION:

Any employee who is eligible to enroll in the Princeton Sick Leave Bank (PSLB) may do so by donating 1 day of his or her accrued local sick leave days. Any member, however, using 10 days or more from the bank must donate one local sick leave days at the beginning of the next school year to be reinstated in PSLB. The days donated will be subtracted from the members' total local sick days. All donations will remain in force and cannot be returned even upon cancellation of membership. In order to maintain the sick leave bank the contribution of additional days may become necessary up to a maximum of 2 days per year, per member.

V. RULES AND PROCUDURES:

- A. Should there be a catastrophic illness or injury of the member, or of a person in the member's immediate family (as defined in the policy), necessitating the need for additional days after all accumulate state and local sick leave, personal, and extended leave days (if applicable) have been used, the member may submit a request for days from the bank. Requests should be made through the principal and superintendent. All required forms must be completed at the time of the request.

- B. A member who requests days from the bank must submit a form to the PSLB within 30 days of their return to work 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. Statement from the physician that the condition is not a pre-existing condition.
 3. Anticipation of days, if any for follow-up examinations (may be limited by the Board of Directors).
- C. Forms for the above purposes have been prepared and are available from the school Business Office.
- D. The Board of Directors may refuse to consider an application that does not contain the required information.
- E. If the member is critically ill and unable to file an application for sick leave days from the bank, the school principal, immediate supervisor, or department head may initiate the application form at the request of the family.
- F. An applicant may be required to undergo a medical review by a second opinion physician of the Board's choice at any given time, at the member's expense.
- G. Grant of days from the bank:
1. Conditions known to exist by the employee on or before the date of joining the Sick Leave Bank will not be covered under provisions of the Sick Leave Bank. (Waived for new employees who join within 30 days of employment).
 2. Sick leave days from the Bank will be granted only after the member has exhausted all accumulated state and local sick leave days, personal days, and extended leave (if applicable).
 3. Days from the bank shall be granted only for catastrophic illness, surgery, or other temporary disability due to an injury.
 4. A maximum of 10 days may be granted in the event of death of an immediate family member.
 5. Chronic conditions, such as Asthma, diabetes, hypertension, etc., have a lifetime cap of 45 days that may be granted with a maximum of 2 days docked per year.

6. Sick Leave Bank shall be granted only for absences from working days and will not be granted for holidays, vacations days, or other sick days for which a member is not paid.
7. Pregnancy will be covered by the bank with the following provisions:
 - a. Total Maternity Leave shall not exceed 6 weeks, except for rare complications which will be considered on an individual basis, provided the recovery period requires longer than six weeks.
 - b. Maternity Days received shall be paid at the mother's daily rate less a substitute's daily rate, whether or not a substitute is employed.
8. Sick leave bank grants will not be authorized for illness or disability resulting from self-inflicted injury or act of war.
9. The maximum number of days that can be granted to any one member of the bank will be 20 days per school year with an option to apply for up to 10 additional days (pro-rated for regular employees working less than four hours per day). Additional 10 days will only be considered for members returning for the following school year. The bank may not grant more days than its members have contributed.
10. 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.
11. All requests to draw upon the bank must be accompanied by the appropriate physician's signed statement confirming actual treatment, the cause of illness, and certification of the existence of a disability to perform assigned duties. Elective surgery is not included.
12. The board may request a medical review by a physician at the member's expense.
13. A contributor will lose the right to utilize the benefits of the bank by:
 - a. Termination of employment in the Princeton I.S.D.
 - b. Notice of cancellation of participation by the member on the proper form.
 - c. Being on approved leave of absence
 - d. Attempted abuse of the bank and/or its policies
 - e. Refusal to continue regular contributions

VI. DEFINITION OF IMMEDIATE FAMILY:

For the purposes of this policy, the term "immediate family" shall include:

- A. Spouse
- B. Son and stepson
- C. Daughter and stepdaughter
- D. Parents
- E. Any relative who may be residing in the employee's household at the time of illness or death.
- F. Other immediate family as defined in Board Policy may be considered at the discretion of the Princeton Sick Leave Board of Directors.

VII. GOVERNING COMMITTEE:

- A. Name

The governing committee which will approve or disapprove all requests for sick leave bank days, shall be called "The Princeton I.S.D. Sick Leave Bank Board of Directors".

- B. Composition of membership of the Board of Directors:

1. The Executive Officer shall be the Superintendent of Princeton I.S.D. or designee.
2. Other members of the Board of Directors must have been employed by the school district for a least 2 consecutive years prior to election, and must be members of the pool to hold office.
3. Voting members of the Board of Director shall be elected from:
 - a. One teacher from each school campus
 - b. One representative from Food Service/Transportation
 - c. One representative from Maintenance/Custodial
 - d. One paraprofessional representing secretaries and aides
 - e. One representative from campus administration
 - f. One representative from the central administration office
 - g. A quorum will consist of no less than 5 members of the Board present
 - h. The Board of PSLB will determine the status of the request and must have at least a simple majority of the board members
 - i. Sub committees appointed to gather information on special issues will be in effect only until the issue has been resolved

4. The Board of Directors shall determine the number of days approved up to 30 days and reserves the right to approve, disapprove, or modify the days requested
5. A member may appeal the decision of the Board by writing a letter to the Executive Officer requesting to appear in person before the Board of Directors.
6. The decision of the Board of directors will be final.
7. Vacancies on the Board of Directors that arise during the school year will be filled by the person who received the next highest total votes from the last election. The selection will be made from the group that was represented by the member who resigned.
8. The Superintendent or designee shall serve as the Executive Officer of the Board of Directors and process all approved sick leave days for members through the Payroll Department.
9. The Board of Directors shall review the policies and procedures annually and submit recommended changes to the membership (except as required to comply with School Board Policy or applicable law). A simple majority of voting members shall decide the issues.
10. Any amended policies and procedures which could have an impact on the district will be submitted to the School Board for final approval.

Princeton ISD Sick Leave Bank Election Form

Employee Name: _____
(Please Print)

- I elect to participate in the Princeton Sick Leave Bank Program.
I will donate 1 day to the Sick Leave Bank

Employee signature _____

Date _____

- I do not wish to participate in the Princeton Sick Leave Program.

Employee signature _____

Date _____

(Please fill this out and return to the Personnel Department)

**PRINCETON INDEPENDENT SCHOOL DISTRICT
SICK LEAVE BANK
REQUEST FOR SICK LEAVE BANK DAYS**

The decision will be made on the documentation you provide to the Sick Leave Bank.

NAME: _____ DATE: _____

SOCIAL SECURITY NUMBER: _____

SCHOOL/DEPARTMENT: _____

LENGTH OF TIME EMPLOYED BY PISD: _____ YEARS _____ MONTHS

Days Absent Current School Year: _____ (I have donated one or more of my local sick leave days to the Princeton I.S.D. Sick Leave Bank).

REASON FOR REQUESTING SICK LEAVE BANK DAYS:

I have (or will have) used all of my available sick leave days, personal business days and extended sick leave days for this year.

Number of days requested from the Bank are: _____

Sick Leave Bank Days should begin: _____
Month Day Year

The above requested days are needed for the reason of extended illness, injury, or surgery as described:

Patient's Name Relationship to Employee

Description of illness or injury: _____

If surgery, was it elective? _____ Yes _____ No

A statement from my physician is attached.

Employee's Signature Date

Principal/Supervisor Signature Date

**PRINCETON INDEPENDENT SCHOOL DISTRICT
SICK LEAVE BANK
ATTENDING PHYSICIAN'S STATEMENT**

Patient's Name

Nature of sickness or injury:

Give dates of treatment: _____

Give dates hospitalized, if any, and hospital:

_____ Date Admitted	_____ Date Discharged
_____ Name of Hospital	_____ Hospital Address

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

If treatment has been for 3 months or longer, will surgery be required? _____

If so, when? _____

Is patient still under your care? Yes _____ No _____

How long was or will patient be continuously totally unable to work? _____

Date patient can return to work: _____

Physician Signature

Date

Physician's Address

Physician's Phone Number

**PRINCETON INDEPENDENT SCHOOL DISTRICT
SICK LEAVE BANK**

The Princeton I.S.D. Sick Leave Bank Board of Directors met on _____
to discuss the application of _____
for days from the Sick Leave Bank.

The decision was agreed upon by the Sick Leave Bank Board of Directors to give _____
days to _____. The days will begin on _____
and will end on _____.

The decision was made by the Sick Leave Bank Board of Directors to deny _____
_____’s request for days from the Sick Leave Bank. The Committee feels
qualifications were/were not met for the following reason(s):

Princeton Sick Leave Bank board of Directors

_____	_____
_____	_____
_____	_____
_____	_____

(Chairman)

cc: Superintendent
Principal
Payroll Department
File

**PRINCETON INDEPENDENT SCHOOL DISTRICT
SICK LEAVE BANK**

CERTIFICATE OF CANDIDACY

_____ hereby files for candidacy for the Princeton I.S.D.
(Printed Name)

Sick Leave Bank Board of Directors representing _____
(Campus or Department)

_____ in the upcoming election.
(Classification of Employee)

Date

Signature

Please return form to the Administration Office

**PRINCETON INDEPENDENT SCHOOL DISTRICT
SICK LEAVE BANK**

TO: _____

FROM: PRINCETON SICK LEAVE BANK

DATE: _____

SUBJECT: Request for Sick Leave Bank Days

Your request for Sick Leave Bank Days was received on _____ for the following:

Date(s): _____

Number of Days Requested: _____

Your request will be considered at the next meeting which will be held on _____

Your attendance is/is not requested at this meeting.