



SCHOOL BOARD OF POLK COUNTY

P.O. BOX 391
BARTOW, FLORIDA 33831

1915 SOUTH FLORAL AVENUE
BARTOW, FLORIDA 33830

(863) 534-0781 • FAX (863) 534-0737

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Superintendent

August 22, 2012

HRS Memo# 13-005

Contact: Fay Walker
Personnel Assistant
519-8037 / 51270

MEMORANDUM

TO: All Staff

**FROM: José Farinas, Director of Employee Relations
Human Resource Services**

**SUBJECT: Fall Semester – 2012
PCSB Sick Leave Bank Enrollment Period**

Attached are the Guidelines and Membership Application for the School Board of Polk County Employee's Sick Leave Bank. Pay particular attention to ***Section III, Benefits (A) of the Operational Guidelines*** that define the basis for an extended absence.

This is the first open enrollment period for new Sick Leave Bank members. The period for enrollment is now open **through October 1, 2012**. An employee who wishes to enroll or join the Bank **must have a minimum of fifteen (15) days of accrued sick leave as of the date of enrollment**. **Bus Drivers and Attendants** must have a minimum of **75 hours (15 days@5 hours per day)** of accrued sick leave as of the date of enrollment.

The new member must also contribute one (1) accrued sick leave day to the Bank. Bus Drivers and Attendants must contribute one (1) day at the assigned hours in effect at the time they enrolled in the Bank.

Employees who are already a member of the Bank are not required to submit any documentation in order to remain a member.

If you require information regarding your membership status, please contact your school/department secretary who can check your information on the Organizational Assignment screen.

Attachments:

Sick Leave Bank Guidelines
Sick Leave Bank Membership Application

POLK COUNTY SCHOOL EMPLOYEE'S SICK LEAVE BANK OPERATIONAL GUIDELINES

I. ESTABLISHMENT

- A. The Sick Leave Bank shall be established and operated pursuant to applicable Florida law and the guidelines set forth herein.

II. MEMBERSHIP

- A. Any employee with at least fifteen (15) days of accrued sick leave as of the date of enrollment may enroll in the Sick Leave Bank by voluntarily contributing one (1) accrued sick leave day to the Bank. Enrollment shall be open during the months of August and September and the months of February and March each year.

1. Eligibility:

- a. Participant must be a School Board employee at least one year and qualify for other School Board benefits.
 - b. Membership is valid as long as the employee is actively employed in the Polk County School System. A participant on approved leave retains an inactive membership in the Sick Leave Bank Program. If upon return from leave the participant wishes to maintain an active membership in the program it will be necessary to retroactively deduct the number of mandated contributed days taken from the active members during participant's leave period.
 - c. Only the employee qualifies; family members are excluded from membership.
 - d. There will be a thirty (30) day waiting period following the close of the open enrollment period for new members to be eligible for bank days.
 - e. New members who have been treated or diagnosed within the past twelve (12) months for a condition will have a waiting period of one (1) year from enrollment.
 - f. Membership will entitle an employee to apply for from one (1) to twenty-five (25) days per application with fifty (50) days maximum per illness against the Sick Leave Bank. Application for half-day increments from the bank will not be considered.
 - g. Once a person uses the maximum number of days for a particular illness/injury he/she may not receive days from the Bank for the same type illness/injury for a period of two years.
- B. Membership in the Sick Leave Bank shall be continuous from initial enrollment until an individual member withdraws membership from the Bank.
 - 1. In the event the Bank is drawn to 25% of current membership, each member shall contribute one (1) additional sick leave day in order to continue membership.
 - 2. Participants who choose to withdraw from the Bank shall not have their contributed sick leave days returned.
 - 3. If a member does not have a day available to take when notification that a day needs to be taken is given, the first available sick day that the employee has will be taken.

III. BENEFITS

- A. If a member is forced into an extended absence from employment because of a catastrophic illness or accident; said member may receive paid sick leave under the following conditions:
 - 1. A member with a 10 or 11 month work schedule must have exhausted all accumulated sick leave. Benefits will be paid on the 1st day after the exhaustion of sick leave. A member with a 12 month work schedule must have exhausted all accumulated sick leave and have missed

five (5) consecutive workdays without sick leave pay. Benefits for a member with a 12 month work schedule will be paid beginning the sixth (6th) day.

2. The member or his/her representative must make withdrawal application to the Sick Leave Bank Committee submitting the following:
 - a. Completed Withdrawal Application
 - b. The member must have one (1) completed Physician's Statement and will be required to have an additional Physician's Statement completed for every twenty-five (25) days withdrawn from the bank. Cost of the doctor's examination will be paid by the member or his/her representative.
3. Upon approval of the application, members will be allowed to draw from one (1) to fifty (50) paid sick days per illness from the Bank with a review of each case every twenty-five (25) days.
 - a. Bus Drivers and Attendants will be allowed to use the equivalent of fifty (50) days at the assigned hours in effect at the time they began using the bank.

Members receiving intermittent treatment for chemotherapy or radiation will not be required to re-establish eligibility for withdrawal of days from the Bank for the same illness as part of a continuous treatment procedure. Doctor **must** update the Physician's Statement each time employee returns to work. Each case will be reviewed by the Sick Leave Bank Committee. The maximum 50 days per illness will apply.
4. Terminal cases will be considered by the Administering Committee on an individual basis. (Maximum of fifty (50) days.)
5. Exclusions from the Sick Leave Bank shall be elective surgery, maternity (except for catastrophic complications which will be considered on an individual basis by the Sick Leave Bank Committee), Worker's Compensation, self-inflicted illness or injury, and alcohol and/or substance abuse.
6. It is the intent that Sick Leave Bank days not be used for the treatment of an on-going condition(s) or other condition(s) or treatment(s) that would reasonably be deemed routine.

IV. ADMINISTRATION

- A. The Sick Leave Bank shall be administered by the Sick Leave Bank Committee. The official roster of members will be kept by the Chairman.
- B. The Sick Leave Bank Committee shall be the final authority on all claims.
- C. The Sick Leave Bank Committee shall be comprised of employees from each group of employees employed by the Polk County School Board on a percentage basis of membership in the Bank.
- D. Membership applications, withdrawal applications, physicians' statements, may be obtained from either the Personnel Office or the office of each school or area office.
- E. Specific guidelines for the implementation of this bank shall be developed by the Sick Leave Bank Committee.
- F. The terms and conditions of the Sick Leave Bank may be changed by a majority vote of the members of the Sick Leave Bank Committee.
- G. Sick Leave Bank members shall be given an annual report of usage.
- H. Any statutory regulations, now and in the future, will automatically become a part of these guidelines.
- I. The regular meetings of the Sick Leave Bank Committee will be the first Monday of the following months: September, December, February, and May.

**THE SCHOOL BOARD OF POLK COUNTY, FL
EMPLOYEE'S SICK LEAVE BANK PROGRAM**

Membership Application – Fall – 2012-2013

Employee's Name _____
Last First Middle

Employee's Mailing Address _____
Street Address or P.O. Box Number

City State Zip Code

Home Telephone Number (____) _____ Work Location _____

I hereby authorize the School Board of Polk County, Florida to deduct one (1) day of my sick leave as my initial enrollment in the Polk County School Employee's Sick Leave Bank Program. I further authorize an additional day of deduction at such time(s) as the Sick Leave Bank Program reaches 25% of the number in membership.

I understand that such membership is voluntary and that such leave days donated to the bank will not be returned to me.

SEE ATTACHED FOR ADDITIONAL INFORMATION.

☐ I wish to participate in the Polk County School Employee's Sick Leave Bank Program at this time.

Employee Signature Date

SAP No. Supervisor's Signature Date

Distribution: Employee Relations Department, Human Resource Services Division (Original)
Principal/Supervisor (Retain Copy)
Employee (Retain Copy)

1N:1

APPROVED: _____ **DENIED:** _____ **REASON:** _____ **HRS:** _____

Rev. 7/1/1982; 5/31/1982; 7/1/2005; 7/1/2006; 7/1/2007; 7/1/2008