



Sick Leave Bank Procedures

PURPOSE

The purpose of the Sterling Public Schools Sick Leave Bank is to provide additional sick leave days to full-time tenured teachers who either incur a catastrophic personal illness or injury or have an immediate family member who experiences a catastrophic illness or injury (provided the teacher is the immediate family member's primary caregiver), and who have satisfied the eligibility requirements below. The Board shall not be obligated to advance or loan additional sick leave days to the Bank should all days be used up in any period or periods of its operation. Decisions of the Sick Leave Bank Committee and the Board shall be non-grievable and non-arbitrable.

RESPONSIBILITIES

The Sick Leave Bank Committee shall be responsible for managing and administering the Sick Leave Bank to include the procedural establishment, solicitation of contributions from faculty and staff, processing of applications and records management.

MEMBERSHIP DEADLINES

This form needs to be completed and submitted by the following dates:

- October 31st, 2018 - Full-time tenure teachers electing to participate in Year 1 of the SLB.
- September 15th of current year- Newly tenured teacher electing to participate.
- September 1st-15th of current year- Yearly open enrollment period.

COMMITTEE CONSIDERATIONS

- In order for a SLB participant to apply to withdraw sick leave days from the Bank, the employee must have used all of their personal sick and personal days.
- If an employee has remaining sick leave days obtained from the sick leave bank following their catastrophic illness or injury, they are not required to return the unused sick leave bank days to the Bank.
- Please keep in mind that all medical certification forms must be completed (in their entirety) by the current attending medical doctor or surgeon and forwarded directly from the treating medical office to the HR Office at:
 - Dr. Sara Dail, 410 E LeFevre Sterling, IL 61081
(p) 815-626-5050 (f) 815-622-4156
- Submitting an application to receive days from the Bank does not guarantee days will be given. All days are subject to committee approval.

LETTERS OF UNDERSTANDING

REGARDING SICK LEAVE BANK

Effective the 2009-2010 school year, the Board, in cooperation with the Association, shall establish a Sick Leave Bank (“Bank”) for those full-time tenured teachers who wish to voluntarily participate in accordance with the following conditions:

1. Purpose

The purpose of the Bank is to provide additional sick leave days to full-time tenured teachers who either incur a catastrophic personal illness or injury or have an immediate family member¹ who experiences a catastrophic illness or injury (provided the teacher is the immediate family member’s primary caregiver), and who have satisfied the eligibility requirements below. The Board shall not be obligated to advance or loan additional sick leave days to the Bank should all days be used up in any period or periods of its operation. Decisions of the Sick Leave Bank Committee (“Committee”) and the Board shall be non-grievable and non-arbitrable.

2. Participation

For full-time tenured teachers employed by the District at the beginning of the 2009-2010 school year, a teacher may elect to participate in the Bank at any time up until October 31, 2009, by donating two (2) sick leave day(s) to the Bank. A full-time teacher who acquires tenure after the 2009-2010 school year, may elect to participate in the Bank by enrolling at any time up until September 15th of the start of their fifth (5th) school year of employment and by donating two (2) sick leave days(s) to the Bank. Any teacher who does not elect to participate when the opportunity is first offered to him/her, may elect to enroll during a subsequent open enrollment period (generally held between September 1st – 15th of each school year). However, due to the teacher’s late enrollment, he/she shall be required to contribute two (2) sick leave days for each year the Bank existed during the teacher’s employment in the District and must also wait until the second semester of the enrolling year before he/she will be considered eligible to withdraw from the Bank.

* 2018-2019

* Eligible
when
tenure

3. A teacher’s enrollment in the Bank shall continue from year to year unless the teacher notifies the Committee in writing that he/she no longer wishes to participate.
4. Whenever the number of available sick leave days in the Bank falls below ninety (90) days, participating teachers who wish to remain eligible for days shall donate an additional two (2) days from their available sick leave.
5. Days donated shall not be refunded to the teacher in the event of termination of employment, retirement, cessation of participation or other loss of eligibility,

An immediate family member shall be defined as a spouse, domestic partner, child (including a stepchild, grandchild or foster child), parent, grandparent or sibling.

whether voluntary or involuntary. Any unused days in the bank at the end of the school year shall accumulate for the following school year.

6. Only teachers who have voluntarily donated to the Bank may apply for use of days.

7. Sick Leave Bank Committee

The Bank will be administered by a Committee consisting of 1 member of the Administration as appointed by the Superintendent, and 4 members of the teaching staff as selected by the staff. The Committee shall write its own regulations of operation covering procedures to review all requests and shall make such regulations available to all members of the Bank, Administration and Board. At the start and end of each school year, the Committee shall provide the Superintendent with an accounting of days donated and days remaining in the Bank and, if the Superintendent agrees with the accounting, the Association and Superintendent shall jointly certify the count and preserve such information.

8. Eligibility

A teacher is eligible for a maximum of forty-five (45) work days for any one illness or injury involving the teacher or, if the teacher is the primary caregiver, for any one illness or injury involving a member of the teacher's immediate family, if:

A. The teacher has already been absent from work on account of the same illness or injury for at least thirty (30) work days out of the last ninety (90) consecutive calendar days, in which event the Bank benefits will become available on the thirty-first (31st) missed work day; and

B. The teacher has submitted an application to the Committee which includes a doctor's medical certification of the teacher's inability to work and anticipated duration of leave. The Bank shall not be available for any surgical or other procedure which may be safely deferred until a vacation or recess period. The Board may in its discretion request a second physician's exam from a doctor of the Board's choosing. In such a case, the Board shall pay for such costs; and

C. The teacher is a member of the Bank in good standing in that he/she has satisfied all the conditions of the Bank including the eligibility requirements; and

D. The Committee has approved the teacher to use days from the Bank.

9. Once a teacher has withdrawn sick leave days from the Bank, he/she will not be eligible to withdraw additional days from the Bank until the following school

year, or until one hundred twenty (120) calendar days have passed from the last Bank day used by the teacher, whichever shall later occur.

10. Hold Harmless

The Association agrees, with respect to the operation of the Bank, that it will hold harmless and defend the Board, its members and all of its agents, as regards any action, complaint or suit of any type, provided only that the Board shall fulfill its responsibilities as set forth above. In the event any action, complaint or suit of any kind shall be brought against the Board, the Board shall retain the right to select counsel to defend such action, complaint or suit and/or determine whether such action, complaint or suit should be compromised or settled in any respect.

11. Effect of Teacher's Use of Sick Leave Bank Days

The Bank consists of sick leave days donated by Association members, which have been pooled together and are intended to be made available to participating full-time tenured teachers in the event of catastrophic illness or injury for the sole purpose of income continuation. It is understood that the Committee's grant of sick leave days from the Bank shall have no effect on the teacher's employment status in the District and that the Committee shall have no authority to grant a "leave." If the teacher is required to request a leave from the Board, he/she must follow the appropriate procedures for doing so. Additionally, notwithstanding the fact the Committee may have granted a teacher sick leave days from the Bank, the Board reserves its full managerial rights to take any and all appropriate, legal action as the employer, including, but not limited to, requesting separate medical documentation from the teacher, denying a teacher's leave request, disciplining a teacher for unapproved or inappropriate absenteeism, declaring the teacher permanently disabled and proceeding toward dismissal and/or designating any leave against the teacher's FMLA entitlement.

REGARDING SUPPLEMENTAL POSITIONS

Both parties recognize that there are additional supplemental positions that are paid by other agencies. It is agreed that these paid supplemental positions are not a part of this Collective Bargaining Agreement.



Sick Leave Bank Enrollment Form

Employee's Name _____

Number of Donated Days _____

- Members of the SLB must initially donate a minimum number of 2 SL days

Required Deadlines: This form needs to be completed and submitted by the following dates:

* October 31st, 2018 - Full-time tenure teachers electing to participate in Year 1 of the SLB.

* September 15th of current year- Newly tenured teacher electing to participate.

* September 1st-15th of current year- Yearly open enrollment period.

Please read and initial the following five statements:

1. _____ I have read the "Letter of Understanding Re: Sick Leave Bank" on pages 68-69 of the SEA Collective Bargaining Agreement.
 2. _____ I understand and agree to the Sick Leave Bank terms and conditions set forth in the SEA Collective Bargaining Agreement.
 3. _____ I understand when I donate my personal SL days to the District's Sick Leave Bank, I am doing so voluntarily.
 4. _____ I am aware that I may be required to donate additional SL days during a school year, if the Sick Leave Bank falls below 90 days, in order to remain eligible for its benefits.
 5. _____ I have spoken to HR and completed all necessary paperwork.
- Please submit this completed form to Dr. Sara Dail, Assistant Superintendent..

Signature: _____ Date: _____



Sterling Public Schools

SICK LEAVE BANK APPLICATION

SECTION ONE: EMPLOYEE INFORMATION (To be completed by the applicant - Page 1 of 2)

The purpose of the Sterling Public Schools Sick Leave Bank is to provide additional sick leave days to full-time tenured teachers who either incur a catastrophic personal illness or injury or have an immediate family member who experiences a catastrophic illness or injury (provided the teacher is the immediate family member's primary caregiver), and who have satisfied the eligibility requirements below. The Board shall not be obligated to advance or loan additional sick leave days to the Bank should all days be used up in any period or periods of its operation. Decisions of the Sick Leave Bank Committee ("Committee") and the Board shall be non-grievable and non-arbitrable.

Name _____

Home Address _____

Home Telephone # _____ Work Telephone # _____

Email Address _____

Title _____ School _____

Administrator _____

of Days Requested _____

Last Day Worked _____ Expected Date of Return to Current Position _____

Nature of Illness or Injury: Please describe the illness or injury for which you are requesting additional sick days from the SLB.
How does the illness or injury prevent you from performing your job?

Thank you for taking the time to complete this form.

Sterling Public Schools
SICK LEAVE BANK APPLICATION

SECTION ONE: EMPLOYEE INFORMATION
(To be completed by the applicant - Page 2 of 2)

OTHER INSURANCE: The Sick Leave Bank is not insurance.

Do you have insurance which may provide income replacement for this illness/injury?

No Yes

Short- term disability policy _____
(please specify insurance company name)

Long- term disability policy _____
(please specify GIC or other insurance company name)

Other Insurance _____
(e.g. auto, homeowners. Please specify type of plan and company name)

Have you applied for income replacement?

No Yes

*If yes, please specify type of policy and status of claim: _____

I agree to notify the Committee prior to application for income replacement from another source for the same illness/injury.

I hereby certify that the information I provided in Section One is true and accurate and I understand that all information I provide will be reviewed by the Sick Leave Bank Committee as well as its administrator.

Signature: _____ Date: _____

Thank you for taking the time to complete this form.

STERLING PUBLIC SCHOOLS

SICK LEAVE BANK APPLICATION

SECTION TWO: MEDICAL INFORMATION - to be completed by physician

Please answer the following questions as completely as possible AND **send this form directly from the physicians office to Sterling Public Schools Attn: Dr. Sara Dail at sdail@sps5.org or fax to 815-622-4156. Attach additional sheets as necessary.**

1. Patient's name: _____

2. General statement of this patient's condition, diagnosis, and date of onset: _____

3. How long have you been treating this patient for this condition (include dates of first and most recent visits)? _____

4. Please describe your treatment plan for this patient:

Plan (e.g. surgery, medication, test(s), therapy, etc.): _____

If therapy, please note type of therapy and frequency (i.e. daily, weekly, etc.): _____

Expected therapy/treatment end date: _____

Prognosis: _____

Please describe the medical progress made to-date (if applicable): _____

5. What is medically preventing this patient from performing his/her job? _____

6. Do you believe this patient will be able to perform the duties of his/her current position in the future? Yes No

If **yes**, specify the date (mm/dd/yy) you anticipate this patient will be able to return to work and perform the duties of his/her current position: _____

If **yes**, and you are unable to determine a return to work date at this time, when will you be able to provide a return to work date: _____

7. Do you anticipate this patient will be able to return to work earlier on a modified work schedule? Yes No

If **yes**, please specify the date on which the employee can return with accommodations: _____

Required work accommodations (e.g. reduced hours, physical limitations, etc.) _____

Specify the date when the employee will be able to return to work without accommodations: _____

8. I hereby certify that I have examined the above-named patient and that the information provided is true based upon my knowledge and belief.

Signature of Physician _____ Date _____

9. Please **print legibly** the following information:

Name of Physician: _____

Address: _____

Telephone Number: _____ Specialty: _____

Thank you for taking the time to complete this form.

STERLING PUBLIC SCHOOLS

SICK LEAVE BANK APPLICATION

SECTION THREE: DEPARTMENT CONFIRMATION

Please see your department's HR/Personnel Coordinator.

PLEASE NOTE THAT WHEN AN EMPLOYEE IS/WILL BE OUT OF WORK DUE TO A MEDICAL ISSUE, THE EMPLOYEE AND HIS/HER HR PERSONNEL COORDINATOR MUST FOLLOW THE DISTRICT'S LEAVE APPLICATION AND APPROVAL PROCESS. PLEASE CONTACT THE HUMAN RESOURCE OFFICE WITH QUESTIONS AND FOR ASSISTANCE.

Telephone # _____

Email Address _____

_____ is on an approved leave for up to _____ hours of leave time
(employee name)

per **week** from _____ until _____ due to his/her own illness.
(first day out of work) (last day out of work)

If the leave request is part-time, the employee and I have agreed to **the attached work schedule**, which meets both the needs of the department and the physician's recommendations.

Based on the information available to me, this leave does not result from a work-related illness or injury.

Superintendent, or Designee, Name (printed)

Date

Superintendent, or Designee, Name (signature)

Position