

Administrative (District and School-Based)/Confidential Office Personnel Sick Leave Bank Guidelines

School Board Policy #4401, Sick Leave Bank for Non-Bargaining Unit School Board Employees, establishes a Sick Leave Bank for full-time employees in the following employee groups: All administrative employees including ESMAB employees, BTU-TSP Bargaining Unit Employees, Police Benevolent Association (Detectives), and Confidential Office Personnel Employees. Participation in the Bank is voluntary.

If an employee chooses to enroll, one day of accrued sick leave will be deducted from their accrued sick leave balance. These hours will be converted into a dollar amount, which will be transferred to the existing sick bank. These funds are then available for withdrawal by eligible member of the Bank. The sick leave banks are open each October for new members.

Please note:

A sick day is not taken on a yearly basis. One day is donated in order to join the Sick Leave Bank. Thereafter, if the balance falls below the minimum balance requirement, all current members of the Bank will be notified that another one day donation is required to maintain membership in the Bank. If an employee opts out of the additional donation, written notification must be provided to the Employee & Labor Relations Department and will result in the termination of the employee's Sick Leave Bank membership. Otherwise, a day of sick leave will be deducted from the member's sick leave balance in order to maintain membership in the Bank. All members are notified prior to the deduction of an additional day.

SICK LEAVE BANK REGULATIONS

The Bank shall be governed by the following procedures:

Membership Requirements

1. You must be a full-time employee to participate in the Sick Leave Bank.
2. You must have worked for the School Board one (1) full year prior to enrollment.
3. Participating employees must have ten (10) days of sick leave accrual at the time of enrollment in the Bank.

General Information

1. At the time of the employee's contribution to the Sick Leave Bank, the sick leave day shall be converted to a monetary sum by multiplying the day donated times the donor's daily base rate of pay when contributed. If the Sick Leave Bank is depleted to a point where only \$5,000 or less remains, all members of the Sick Leave Bank shall automatically have another day of sick leave subtracted from their personal accumulated total and transferred to the Sick Leave Bank.
2. Membership in the Bank is voluntary and revocable upon sixty (60) days written notice to the School Board's Employee & Labor Relations Department. Days deposited, however, shall remain in the Sick Leave Bank even if an employee decides to cease participation in the Sick Leave Bank. All members are notified prior to the deduction of an additional day.

Sick Leave Bank Committee

The Committee, comprised of seven (7) non-bargaining unit employees, shall be appointed by the Superintendent for the purpose of administering the Sick Leave Bank. The Committee shall:

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1. Maintain adequate records relative to all functions of the Bank.
2. Operate the Bank in accordance with Sick Leave Bank administrative rules.
3. Approve/Disapprove all requests for withdrawal from the Sick Leave Bank.
4. Establish procedures for record keeping.
5. Coordinate and authorize the open enrollment each year.
6. Not grant more sick leave days than are available in the Bank.

Withdrawal

In the event of catastrophic illness or injury of a participating member necessitating the employee's absence from work over an extended period of time, a participating member may receive paid leave under the following conditions:

1. A withdrawal may be approved only upon the total depletion of the respective employee's accumulated sick leave and vacation leave. In addition, the affected employee must have exhausted or be ineligible for any type of leave granted by the Board related to accident, illness or injury.
2. The maximum withdrawal for any employee for one (1) illness or injury or complications thereof shall be fifty (50) days.
3. Withdrawals shall be in full day units and must be for a minimum of five (5) consecutive days. This may be waived by the Superintendent.
4. An employee may apply to the Committee for withdrawal in advance of the depletion of such employee's accumulated sick leave and vacation leave, to be granted, if needed, upon such depletion.
5. All applications for withdrawal shall be in writing and shall be verified by the Committee. All applications shall be accompanied with a certificate of illness from a licensed physician or from the county health officer.
6. The salary of an employee participating in the Bank will be reduced by any benefits drawn from Worker's Compensation or disability income.
7. When days are awarded from the Bank, they will be withdrawn at the affected employee's daily base rate of pay.
8. The Sick Leave Bank shall not be used for the purposes of cosmetic surgery.
9. The Sick Leave Bank shall be used only for the personal illness or injury of the participating member.
10. The Sick Leave Bank shall not be used for purposes of elective surgery when such procedures could be safely performed during non-working times.
11. The Sick Leave Bank may request a second medical opinion at the applicant's expense.
12. Those applicants with an undetermined recovery period may be asked to provide the Sick Leave Bank Committee with intermittent verification of illness.
13. The Sick Leave Bank may be used for complications during pregnancy/delivery, but shall not be used for maternity leave. Applicants may be asked to provide additional information to the Sick Leave Bank committee.
14. Applications will only be approved for an illness or injury which occurred during that fiscal year (July 1st - June 30th).
15. Applications for withdrawal can be obtained from the Leaves Department website at <http://www.broward.k12.fl.us/benefits/leaves/index.html>. If you have any questions, please call 754-321-3130.

**ADMINISTRATIVE & CONFIDENTIAL
(BPAA, BTU-TSP, COPA, ESMAB & PBA)
SICK BANK WITHDRAWAL APPLICATION FORM**

TO BE COMPLETED BY APPLICANT

Applicant: _____ Work Location: _____

Home Address: _____

Personnel Number: _____ Contact/Cell Number: _____

Catastrophic Illness/Injury: _____

Date of Disability due to Catastrophic Illness/Injury: _____

Number of Days Requested: _____ Date Expected to Return to Work: _____

TO BE COMPLETED BY SCHOOL SITE/OFFICE ONLY

Last Day of Work: _____ Last Day Covered by Applicant's Sick/Personal Leave: _____

Principal/Director Verifying Signature: _____

READ AND INITIAL

_____ I authorize the sick leave bank committee to share with the district any medical information relevant to the consideration of my application which may be shared electronically or via hard copy. I also agree to release any and all medical information concerning my condition relevant to the sick leave requested.

_____ I understand that I must exhaust my available accrued leave time to be eligible to withdraw sick bank days. In addition, I understand sick bank days shall not be granted if I am eligible for or receiving disability, which provides benefits ninety (90) days after I become disabled, nor shall they be granted for absences for which I am being reimbursed for loss of wages under an individual insurance policy.

_____ If you anticipate you will be unable to return to work for an extended period of time, it is HIGHLY recommended that you contact the District's Leaves Department for information on applying for disability benefits and Family Medical Leave. The Leaves Department can be reached at 754-321-3130. The department's website is: <http://www.broward.k12.fl.us/benefits/leaves/index.html>.

_____ I understand that failure to comply with these conditions may result in a delay or denial of my application.

Applicant's Signature

Date

SICK BANK COMMITTEE DISPOSITION

Date Application Received: _____ Date Action Taken: _____

Disposition of Application: _____ Approved _____ Denied

Number of Days Approved: _____ Start Date: _____ End Date: _____

Comments: _____

Authorized Signature

INSTRUCTIONS FOR APPLYING FOR THE SICK BANK

Please complete the application form including your name, work location, home address, personnel number, home phone number, nature of the catastrophic illness or injury, the date when you became disabled, the number of days requested and the date you expect to return to work.

Those items in the second box are items which **you must have completed by the confidential secretary and verified by your principal/director**. It is important that these items be correct so consult with your immediate supervisor and location payroll person in order to ensure accuracy.

It is important to attach a Medical Doctor's Statement (M.D./D.O) that verifies your catastrophic illness or injury. The Medical Doctor's Statement should be on letterhead and as clear as possible to explain: 1) the nature of the catastrophic illness or injury, 2) verification that the condition prevents you from working, and 3) your anticipated return to work date. Please include an explanation of any accidental injury which might be covered by Workers' Compensation or personal insurance.

PLEASE NOTE: Sick bank days shall not be granted if you are eligible for or receiving disability, which provides benefits ninety (90) days after you become disabled.

The original, completed, signed application form and accompanying doctor's statement on letterhead should be sent to:

The School Board of Broward County, Florida
Employee & Labor Relations Department
Attention: Sick Leave Bank
600 SE 3rd Avenue 5th floor
Fort Lauderdale, FL 33301

Telephone: 754-321-2140
Fax: 754-321-2141

The Committee will be convened on your behalf and you will be notified of the outcome.