

Clerical Sick Leave Bank Guidelines

The Collective Bargaining Agreement between the School Board of Broward County, Florida (SBBC) and the Federation of Public Employees (FOPE) creates a "Sick Leave Bank" for seriously ill employees who have exhausted their sick leave.

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 bank opens each October for new members who wish to join.

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.

SICK LEAVE BANK REGULATIONS

The Bank shall be governed by the following procedures:

Membership Requirements

Full-time employees who have been employed full-time for at least one (1) full year, and who have sick leave accrual of ten (10) days at the time of enrollment may enroll in the Sick Leave Bank by contributing one (1) day of sick leave to the Bank. At the time of the contribution, the sick leave day shall be converted to a monetary sum by multiplying the day donated times the donor's daily rate of pay when contributed.

Sick Leave Bank Committee

A committee shall be appointed by the FOPE for the purpose of administering the Sick Leave Bank. The Committee shall:

1. Maintain adequate records relative to all functions of the bank.
2. Meet periodically, as requested by the Superintendent, with a designated administrator of the county to review FOPE Sick Leave Bank records.
3. Operate the bank in accordance with rules and procedures mutually agreed to by the parties. However, the Superintendent shall establish and the FOPE will comply with procedures for identifying and recording contributions to and withdrawals from the Bank. The parties authorize the Committee to establish additional administrative procedures necessary for the operation of the Bank.
4. Not grant more sick leave days than are available in the bank.

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Withdrawal Rights and Procedures

Participating bank members may request sick leave days from the bank within the following limitations.

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 the accident, illness or injury.
2. The maximum withdrawal for any employee in a school year for an illness or injury or complications thereof shall be twenty (20) days at the discretion of the Sick Leave Bank committee.
3. An employee may apply to the Committee for a withdrawal in advance of the depletion of such employee's accumulated sick leave, to be granted, if needed, upon such depletion.
4. Withdrawals shall be in full day units and must be for a minimum of five (5) consecutive days.
5. All applications for withdrawal shall be in writing and shall be verified by the Committee.
6. The salary of a secretarial/clerical employee participating in the Bank will be reduced by any benefits drawn from Worker's Compensation.
7. When days are awarded from the bank, they will be withdrawn at the receiving party's daily rate of pay.
8. Applications for withdrawal may be obtained by calling The Federation of Public Employees (FOPE) at 954-757-7575 or on the Leaves Department website: <http://www.broward.k12.fl.us/benefits/leaves/index.html>.

Maintenance of the Bank

1. Once the Bank is established, there shall be no requirements for an employee to replace sick leave days withdrawn from the Sick Leave Bank, except as equally required of all other participating employees. If the bank is depleted to a point where only four thousand (\$4,000) dollars remains, all members of the Bank shall contribute one (1) day each time the Bank is depleted to this level. All members are notified if an additional day deduction must be taken and given the option of resigning their membership in the bank if they choose not to donate an additional day.
2. A participating employee who chooses to no longer participate in the Sick Leave Bank shall not be allowed to withdraw any sick leave already contributed to the Sick Leave Bank.

**FEDERATION OF PUBLIC EMPLOYEES (FOPE)
CLERICAL/SECRETARIAL
SICK LEAVE 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:

Federation of Public Employees
Attention: Carol Nicome-Brady
1700 NW 66th Avenue Suite 100
Plantation, FL 33313

Telephone: 954-797-7575
Fax: 954-797-2922

Please Note: FOPE will forward a copy of the completed, signed application and the medical information to the Employee & Labor Relations Department ONLY if you have initialed the application provision that authorizes the release of your medical information. Otherwise, you must provide a copy of those materials to the Employee & Labor Relations Department in order to have your application processed.

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