

SUBJECT: SICK LEAVE BANK PROCEDURES
BUSINESS PRACTICE BULLETINS

TABLE OF CONTENTS

<u>GENERAL</u>	<u>PAGE</u>
A. Sick Leave Bank	2
1. Membership Requirements	2
2. Creation of the Sick Bank	2
3. Sick Bank Committee	3
4. Bank Withdrawal Rights and Procedures	3
5. Maintenance of the Bank	4
B. Sick Leave Withdrawal Application	5
1. Participating Employee Responsibilities	5
2. Principal/Supervisor Responsibilities	5
3. Sick Leave Committee Responsibilities	6
4. Payroll Department Responsibilities	6
5. Employee Relations Responsibilities	7
6. Personnel Records Responsibilities	7
C. Attachments	8

SUBJECT: SICK LEAVE BANK PROCEDURES
BUSINESS PRACTICE BULLETINS

A. SICK LEAVE BANK

"Sick Leave Bank" shall be defined as a sick leave reserve, created voluntarily by various employee groups, to provide sick leave for those members who exhaust their sick leave during the course of a catastrophic illness or accident.

Conditions set forth in the various collective bargaining agreements may supersede the regulations enumerated below.

1. Membership Requirements

- a. Full time employees who have been employed full time for at least one (1) full year (twelve months after hire date).
- b. Employee must have at least ten (10) days of accrued sick leave at the time of enrollment.
- c. Employee must contribute one (1) initial sick leave day to join the Bank. The contributed day will be monetarily equivalent to the employee's current daily rate of pay.

2. Creation of the Sick Leave Bank

- a. The Sick Leave Banks have been established and are in effect on this date.
- b. Subsequent enrollment shall be open to new enrollees on the following dates each year:
 1. Administrators/Confidentials/Technical Support Professionals (TSP)/Police Benevolent Association (PBA) – Within 30 calendar days of the beginning of the fiscal year
 2. Broward Teachers Union/Teachers – Within 30 calendar days of the beginning of school
 3. Federation of Public Employees (FOPE)/Clerical – October 1 through October 31
 4. Federation of Public Employees (FOPE)/Food Service – February 1 through March 2
 5. Federation of Public Employees (FOPE)/Maintenance – Up to Committee

SUBJECT: SICK LEAVE BANK PROCEDURES
BUSINESS PRACTICE BULLETINS

6. Paraprofessionals – Within 30 calendar days of the beginning of school

A. SICK LEAVE BANK (continued)

2. Creation of the Sick Leave Bank (continued)

c. Employee relations will be responsible for disseminating open enrollment materials to each employee group.

3. Sick Leave Bank Committee

a. A Sick Leave Bank Committee shall govern each of the above employee groups for the purpose of administering the Sick Leave Bank. Each bargaining unit may elect to have a representative serve on their appropriate committee.

b. The duties of the Committee shall be to:

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 School Board to review sick Leave Bank records.

3. Grant sick leave to members in the manner set forth in the guidelines.

4. The decision of the Committee is final.

4. Bank Withdrawal Rights and Procedures

a. A withdrawal of sick days from the Bank may be approved only upon the total depletion of the respective employee's accumulated sick leave. In addition, the employee must have exhausted or be ineligible for any type of leave granted by the Board related to an accident, illness or injury.

SUBJECT: SICK LEAVE BANK PROCEDURES
BUSINESS PRACTICE BULLETINS

- b. The maximum withdrawal for any employee for one (1) illness, injury or complication thereof shall be fifty (50) days, which may be approved in increments.

A. SICK LEAVE BANK (continued)

4. Bank Withdrawal Rights and Procedures (continued)

- c. An employee may apply to the Committee for withdrawal approval in advance of the depletion of the employee's accumulated sick leave, which may be granted, if needed, upon such depletion.
- d. Withdrawals shall be in full day units and must be for a minimum of ten (10) consecutive days.
- e. All applicants for withdrawal shall be in writing, utilizing the Withdrawal Application, and shall be verified by the Committee before granting approval. The Committee may submit a request to the Superintendent concerning verification of leave. The Superintendent may require a certificate of illness from a licensed physician or from the county health officer.
- f. The salary of an employee participating in the Bank will be reduced by any benefits drawn from Worker's Compensation.
- g. When days are awarded from the Bank, they will be withdrawn at the receiving employee's prevailing daily rate of pay.

5. Maintenance of the Bank

- a. Each time the Bank is depleted to the following dollar amounts, each active member of the Bank who enrolled and contributed a day shall be assessed one (1) additional day:
 - 1. Administrators/Confidentials/Technical Support Professionals (TSP)/Police Benevolent Association (PBA) - \$4,000
 - 2. Broward Teachers Union (BTU)/Teachers – \$17,000
 - 3. Federation of Public Employees (FOPE)/Clerical – \$4,000
 - 4. Federation of Public Employees (FOPE)/Food Service – \$4,000

SUBJECT: SICK LEAVE BANK PROCEDURES
BUSINESS PRACTICE BULLETINS

5. Federation of Public Employees (FOPE)/Maintenance – \$5,000
 6. Paraprofessionals – \$4,000
- b. A participating employee who chooses to no longer participate shall not be reimbursed any previously donated days.
- B. SICK LEAVE WITHDRAWAL APPLICATION - see attached forms
1. Participating Employee shall:
 - a. Complete and sign the appropriate portion of the application.
 - b. Submit application to Principal/Supervisor.
 2. Principal/Supervisor shall:
 - a. Verify/complete those areas in the top portion of the application where an asterisk (*) appears.
 - b. Sign the application.
 - c. Retain pink copy and issue goldenrod copy to the applicant.
 - d. Send original (white) copy and yellow copy to the Sick Leave Bank Committee.
 - e. Act as the Superintendent's designee when the application if verification of leave is requested by the Committee.
 - f. Complete time reports as they are normally completed. The Sick Leave Bank has no affect on the normal completion of time reports.
 - g. Follow instructions as outlined in the Personnel Handbook, whenever an employee is absent from work for more than 30 days. When an employee is paid from the "Bank", the school's budget will be charged using the employee's regular line of coding for the number of days/hours charged against the "Bank".

SUBJECT: SICK LEAVE BANK PROCEDURES
BUSINESS PRACTICE BULLETINS

3. Sick Leave Bank Committee shall:
 - a. Approve or deny Withdrawal Application in accordance with the guidelines. The decision of the committee is final.
 - b. Retain yellow copy for Committee's files.

B. SICK LEAVE WITHDRAWAL APPLICATION - see attached forms (continued)

3. Sick Leave Bank Committee shall (continued):
 - c. Submit original to Payroll Department only if the application is approved. If denied, send original to the principal/supervisor.
 - d. Notify principal/supervisor and applicant, in writing, of the decision made by the Committee.
4. Payroll Department shall:
 - a. Upon receiving the approval application, verify that the employee has no current sick leave available during the period requested; however, if sick leave is available, Payroll will adjust the date to begin the use of the sick leave bank.
 - b. Process payment charging the employee's cost center and main job line of coding. Use earning type SL. The hours being paid shall replace the applicable hours that were previously docked for lack of sick leave.
 - c. After processing check, complete the bottom section of the application indicating gross amount paid, check date, hours paid, pay period paid for, and check number. The Payroll Clerk handling the payment should sign and date the form. Send a copy of the application to the appropriate Sick Leave Bank Committee. File a copy of the application with the payroll time report affected for the pay.
 - d. Maintain a manual control and reconciliation of Bank expenditures and balances based on the monthly reports received from Educational Technology Services (ETS).

SUBJECT: SICK LEAVE BANK PROCEDURES
BUSINESS PRACTICE BULLETINS

- e. Convert deposited days into a monetary sum using each enrollee's prevailing daily rate of pay.
 - f. Deduct additional day from participants as warranted.
- B. SICK LEAVE WITHDRAWAL APPLICATION - see attached forms (continued)**
- 4. Payroll Department shall (continued):
 - g. Provide the Sick Leave Bank Committee with a monthly report that shows the Bank's beginning dollar balance, employee's name, personnel number, home school, dollar amount, hours paid, and the ending dollar balance. Report must be prepared by picking up all employees with earning type SLB from the Payroll History File.
 - 5. Employee Relations Department shall:
 - a. Issue and receive enrollment authorizations from enrollees.
 - b. Verify eligibility of enrollees.
 - c. Notify participants, in writing, when additional day of sick leave is to be deducted from their balance.
 - d. Return application to Sick Bank Committee if an applicant does not qualify because current sick leave has not been exhausted.
 - e. Notify the SAP Support Department whenever an additional day is to be deducted from Bank members.
 - f. Coordinate the Sick Leave Bank Committee for Administrators/Confidentials/ Technical Support Professionals/ Police Benevolent Association.
 - 6. Personnel Records shall:
 - a. Upon receiving a copy of the processed application from Payroll Department, file it into the employee's personnel file.

BUSINESS PRACTICE BULLETIN
The School Board of Broward County, Florida

BULLETIN NO.: **A-137**

PAGE: **8 OF 8**

DATE: **November 14, 2007**

**SUBJECT: SICK LEAVE BANK PROCEDURES
BUSINESS PRACTICE BULLETINS**

C. ATTACHMENTS

Supersedes:
A-137 Dated: July 1, 1999

Issued By:
Employee Relations Department

**MAINTENANCE SICK LEAVE BANK
SICK BANK WITHDRAWAL APPLICATION FORM**

Applicant: _____	Work Location: _____
Home Address: _____	
Social Security Number: _____	Home Phone #: _____

Nature of Accident, Illness or Injury: _____	

*Date of Accident, Illness or Injury: _____	*Last day of work: _____
*Date on which your personal/sick leave will expire: _____	
Number of days requested: _____	Date you expect to return to work: _____

Applicant's Signature***Supervisor's Signature**

<u>Sick Bank Committee Disposition</u>		
Date Application Received:	Date Action Taken:	
Disposition of Application:	Approved	Denied
Number of Days Approved:	Start Date:	End Date:
Comments _____		

Authorized Signature		

<u>PAYROLL DEPARTMENT DISPOSITION</u>				
Date Application Received:		Date Application Processed:		
Gross \$ Paid:	Check Date:	Hours Paid:	Pay Period:	Check Number:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Comments:				

Processed by:		Date Processed:		

TO APPLICANTS APPLYING FOR THE SICK BANK

Please complete the application form on the reverse side of this document including your name, home address, work location, social security number, home phone number, the nature of the illness/injury, the number of days requested and the date you expect to return to work.

Those items preceded by an asterisk including the date of the illness/injury, last day of work prior to accident/illness/injury, and the date on which your personal/sick/vacation leave will expire are items which you must have verified by your supervisor. It is important that these items be accurate so consult with your immediate supervisor and school/dept. payroll person in order to ensure accuracy.

It is important to attach a **Doctor's Certificate** which verifies your illness or injury. The Doctor's Certificate should be as clear as possible to explain the nature of the illness/injury and the anticipated length of recovery.

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

Jim Silvernale, Business Representative
Federation of Public Employees
1700 NW 66 Avenue
Suite 100
Plantation, FL 33313

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

TO APPLICANTS APPLYING FOR THE SICK BANK

Please complete the application form on the reverse side of this document including your name, home address, work location, social security number, home phone number, the nature of the illness/injury, the number of days requested and the date you expect to return to work.

Those items preceded by an asterisk including the date of the illness/injury, last day of work prior to accident/illness/injury, and the date on which your personal/sick/vacation leave will expire are items which you must have verified by your supervisor. It is important that these items be accurate so consult with your immediate supervisor and school/dept. payroll person in order to ensure accuracy.

It is important to attach a **Doctor's Certificate** which verifies your illness or injury. The Doctor's Certificate should be as clear as possible to explain the nature of the illness/injury and the anticipated length of recovery.

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

Glynda Linton, Business Representative
Federation of Public Employees
1700 NW 66 Avenue
Suite 100
Plantation, FL 33313

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

**CLERICAL SICK LEAVE BANK
SICK BANK WITHDRAWAL APPLICATION FORM**

Applicant: _____ Work Location: _____
Home Address: _____
Social Security Number: _____ Home Phone #: _____

Nature of Accident, Illness or Injury: _____

*Date of Accident, Illness or Injury: _____ *Last day of work: _____
*Date on which your personal/sick leave will expire: _____
Number of days requested: _____ Date you expect to return to work: _____

Applicant's Signature

***Supervisor's Signature**

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

PAYROLL DEPARTMENT DISPOSITION

Date Application Received:

Date Application Processed:

Gross \$ Paid: Check Date: Hours Paid: Pay Period: Check Number:

Comments: _____

Processed by:

Date Processed:

TO APPLICANTS APPLYING FOR THE SICK BANK

Please complete the application form on the reverse side of this document including your name, home address, work location, social security number, home phone number, the nature of the illness/injury, the number of days requested and the date you expect to return to work.

Those items preceded by an asterisk including the date of the illness/injury, last day of work prior to accident/illness/injury, and the date on which your personal/sick/vacation leave will expire are items which you must have verified by your supervisor. It is important that these items be accurate so consult with your immediate supervisor and school/dept. payroll person in order to ensure accuracy.

It is important to attach a **Doctor's Certificate** which verifies your illness or injury. The Doctor's Certificate should be as clear as possible to explain the nature of the illness/injury and the anticipated length of recovery.

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

Marilyn Swank, Business Representative
Federation of Public Employees
1700 NW 66 Avenue
Suite 100
Plantation, FL 33313

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

**BROWARD TEACHERS UNION
SICK BANK WITHDRAWAL APPLICATION FORM**

Applicant: _____ Work Location: _____
 Home Address: _____
 Social Security Number: _____ Home Phone #: _____

Nature of Accident, Illness or Injury: _____

 *Date of Accident, Illness or Injury: _____ *Last day of work: _____
 *Date on which your personal sick leave will expire: _____
 Number of days requested: _____ Date you expect to return to work: _____

Applicant's Signature

***Principal's Verifying Signature**

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

PAYROLL DEPARTMENT DISPOSITION

Date Application Received:		Date Application Processed:		
Gross \$ Paid:	Check Date:	Hours Paid:	Pay Period:	Check
Number:				
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Comments: _____

Processed by: _____

Date Processed: _____

TO APPLICANTS APPLYING FOR THE SICK BANK

Please complete the application form on the reverse side of this document including your name, home address, work location, social security number, home phone number, the nature of the illness/injury, the number of days requested and the date you expect to return to work.

Those items preceded by an asterisk including the date of the illness/injury, last day of work prior to accident/illness/injury, and the date on which your personal sick leave will expire are items which you must have verified by your principal. It is important that these items be accurate so consult with your immediate supervisor and school payroll person in order to ensure accuracy.

It is important to attach a **Doctor's Certificate** which verifies your illness or injury. The Doctor's Certificate should be as clear as possible to explain the nature of the illness/injury and the anticipated length of recovery.

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

The Broward Teachers Union
Sick Bank Committee
6000 North University Drive
Tamarac, Florida 33321

Please Note: A copy of both the completed, signed application form and the Doctor's Certificate must be forwarded to the Employee Relations Department.

The Committee normally meets on the first and third Wednesday of each month to consider applications.

Use of the Sick Bank is subject to the withdrawal procedures and limitations which are set forth in Article 23, R of the Collective Bargaining Agreement. A copy of those limitations and procedures have been included for your information and review.

**ADMINISTRATIVE/CONFIDENTIAL/TSP/PBA SICK LEAVE BANK
SICK BANK WITHDRAWAL APPLICATION FORM**

Applicant: _____ Work Location: _____
Home Address: _____
Social Security Number: _____ Home Phone #: _____

Nature of Accident, Illness or Injury: _____

*Date of Accident, Illness or Injury: _____ *Last day of work: _____
*Date on which your personal/sick leave will expire: _____
Number of days requested: _____ Date you expect to return to work: _____

Applicant's Signature

***Supervisor's Signature**

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

PAYROLL DEPARTMENT DISPOSITION

Date Application Received:

Date Application Processed:

Gross \$ Paid: Check Date: Hours Paid: Pay Period: Check Number:

Comments: _____

Processed by:

Date Processed:

TO APPLICANTS APPLYING FOR THE SICK BANK

Please complete the application form on the reverse side of this document including your name, home address, work location, social security number, home phone number, the nature of the illness/injury, the number of days requested and the date you expect to return to work.

Those items preceded by an asterisk including the date of the illness/injury, last day of work prior to accident/illness/injury, and the date on which your personal/sick/vacation leave will expire are items which you must have verified by your supervisor. It is important that these items be accurate so consult with your immediate supervisor and school/dept. payroll person in order to ensure accuracy.

It is important to attach a **Doctor's Certificate** which verifies your illness or injury. The Doctor's Certificate should be as clear as possible to explain the nature of the illness/injury and the anticipated length of recovery.

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

Employee Relations Department
Sick Bank Committee
600 SE 3 Avenue, 2nd Fl.
Fort Lauderdale, FL 33301

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

**PARAPROFESSIONAL SICK LEAVE BANK
SICK BANK WITHDRAWAL APPLICATION FORM**

Applicant: _____ Work Location: _____
Home Address: _____
Social Security Number: _____ Home Phone #: _____

Nature of Accident, Illness or Injury: _____

*Date of Accident, Illness or Injury: _____ *Last day of work: _____
*Date on which your personal/sick leave will expire: _____
Number of days requested: _____ Date you expect to return to work: _____

Applicant's Signature

***Supervisor's Signature**

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

PAYROLL DEPARTMENT DISPOSITION

Date Application Received:	Date Application Processed:			
Gross \$ Paid:	Check Date:	Hours Paid:	Pay Period:	Check Number:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Comments: _____ _____				
Processed by:	Date Processed:			

TO APPLICANTS APPLYING FOR THE SICK BANK

Please complete the application form on the reverse side of this document including your name, home address, work location, social security number, home phone number, the nature of the illness/injury, the number of days requested and the date you expect to return to work.

Those items preceded by an asterisk including the date of the illness/injury, last day of work prior to accident/illness/injury, and the date on which your personal/sick/vacation leave will expire are items which you must have verified by your supervisor. It is important that these items be accurate so consult with your immediate supervisor and school/dept. payroll person in order to ensure accuracy.

It is important to attach a **Doctor's Certificate** which verifies your illness or injury. The Doctor's Certificate should be as clear as possible to explain the nature of the illness/injury and the anticipated length of recovery.

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

Broward Paraprofessional Association
Sick Bank Committee
140 S. University Drive
Suite A & B
Plantation, FL 33324

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