

CLASSIFIED EMPLOYEES' ASSOCIATION EXECUTIVE BOARD GUIDELINE

GUIDELINE #05: SICK LEAVE BANK

The purpose of the Classified Employees' Association (CEA) Sick Leave Bank (SLB) is:

- To provide help to employees through grants of leave, in the event of prolonged absence due to serious physically or emotionally debilitating illness or injury of the employee.
- To provide help to employees by coordinating special collections of leave, in the event of prolonged absence due to any serious physically or emotionally debilitating illness or injury of the employee or a member of the employee's immediate family.
- To maintain & follow the procedures used in administering CEA sick leave account.

1. Sick Leave Bank Eligibility

- A. All Classified Employees covered by the CEA Negotiated Agreement and exempt classified employees are eligible to participate in the SLB.
- B. Each eligible employee may choose whether or not to participate in the SLB. An employee's initial choice and notification must be made in writing, to the Payroll Department at the time of employment. Failure to make a choice will be interpreted as choosing to participate in the Sick Leave Bank.
- C. An employee's initial choice remains in effect until an employee requests a change of status. All eligible employees may change their enrollment status in the SLB by notifying the Payroll Department of their desire to participate or not participate by September 15th of the current fiscal year.
- D. If a participant has sick leave available, contributions shall be made from their sick leave account. If a participant does not have sick leave available, contributions shall be made from their annual (PTO) leave account.
- E. Each year participating employees shall contribute one-half (.5) FTE day to the SLB on the last payroll of October. Each new participant who misses the October payroll contribution date shall contribute one-half (.5) FTE day of leave as soon as practical. Annual (PTO) leave in excess of 480 hours will automatically be donated to the Sick Leave Bank from the employee's last payroll of the fiscal year. If an employee does not want their leave in excess of 480 hours to be donated to the SLB they need to provide written notice to the Payroll Department by September 15th that they do not wish to participate in the automatic donation. If the SLB becomes depleted during the school year, each participating employee shall contribute an additional one-half (.5) day. Leave time contributed to the SLB shall remain the property of the SLB and no donor shall have any further claim to the donated days. Leave time contributed to the SLB shall be cumulative from year to

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year. If the SLB accrues a total balance of more than 5600 hours at the beginning of any school year then the normal one-half (.5) day contribution will not be withdrawn from participating members' accounts (with exception of new employees).

2. Sick Leave Bank Grants

- A. When a participating employee has a qualifying absence of a minimum of five consecutive working days due to any serious physically or emotionally debilitating illness or injury, and they have exhausted all accumulated leave (including annual (PTO)leave, sick leave, and floating holidays), they may apply for a grant of up to 20 days of leave per school year. The SLB Committee may grant an additional 20 days per school year for certain cases creating extreme hardship. If the request is received between the start of the fiscal year and winter break, up to 13 days of annual (PTO)leave and/or floating holidays may be kept for winter and spring breaks. If received between winter and spring break, up to 5 days of annual (PTO) leave and/or floating holidays may be kept for spring break. If received after spring break and before the fiscal year ends, all leave must be exhausted before a special collection is made.
- B. Any hours that are collected and not used by the employee for the reason stated on the request shall be returned to the sick leave bank.
- C. Medical procedures that are elective (one that can be planned in advance) in nature or that can reasonably occur outside the member's normal work schedule are not eligible for SLB grant.
- D. All requests for sick leave grants from the SLB must be submitted on the SLB application form, and must be accompanied by a verification of serious physically or emotionally debilitating illness or injury by a physician. Forms are to be submitted to the SLB Committee chair at matsuceaslbg@gmail.com. The committee may consult with an appropriate specialist and/or require the applicant to get a second medical opinion from a specialist.

3. Sick Leave Bank Special Collections

- A. Members of the SLB may apply for a special collection of leave from other CEA SLB members:
 - 1. To care for a family member (as defined in the MSBSD Family and/or Medical Leave Policy) suffering from a serious physically or emotionally debilitating illness or injury.
 - 2. When they are unable to return to work after having been given the maximum permitted grant (40 days per fiscal year) from the SLB.
- B. The following guidelines apply to all special collections.

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1. The period of absence must be a minimum of five consecutive working days.
 2. All members will meet the requirements of para. 2.A. before a special collections is made.
 3. Requests must be submitted on the SLB form.
 4. The SLB Committee shall approve any special collection prior to initiation of collections.
 5. Special collections leave will not be deducted from the SLB, but will consist of donations from SLB members.
 6. Classified Employees may donate up to three days per special collection.
 7. Any hours that are collected and not used by the employee for the reason stated on the request shall be returned to the doner.
- C. The maximum number of days available for special collections is 40 days per fiscal year.

4. Sick Leave Bank Catastrophic Grant

- A. A participating member may apply for a SLB catastrophic grant when they are unable to return to work and have exhausted the maximum SLB grants and special collection donations.
- B. The member may apply for a grant of up to 20 days of catastrophic leave per fiscal year. The SLB Committee may grant an additional 20 days per fiscal year for a maximum of 40 days per fiscal year.
- C. Any hours that are collected and not used by the employee for the reason stated on the request shall be returned to the sick leave bank.

5. Sick Leave Bank Committee

- A. The Committee shall consist of five members appointed by the CEA President. There shall be three active and two alternate members. The CEA President shall designate an Executive Board member to chair committee meetings and to handle committee procedures. Decisions of the Committee may be appealed to the CEA Executive Board.
- B. The Committee shall hold such meetings as necessary to respond to applications for Sick Leave Bank withdrawals or Special Collections.
- C. In evaluating a particular request for Sick Leave Bank withdrawal or Special Collection, the Committee may consult with an appropriate specialist.
- D. The Committee shall be responsible for developing the Sick Leave Bank and Special Collection application forms.
- E. The Committee shall report the "health" of the SLB (leave balance) to the CEA Executive Board at the Executive Board's monthly meeting.

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6. Appeals

Decisions of the SLB Committee may be appealed in writing to the CEA Executive Board. The Executive Board decision is final.

7. Records

The SLB Committee chair will keep immediately available the current year records and the records of the immediately preceding years. All older records will be disposed of properly.

Guideline approved this 8th day of October, 2018.

Karen Salisbury, President

Hillary Thomas, Secretary

Attached Forms:

- a. Declination to Participate
- b. Withdrawal Request
- c. Request for Special Collection of Sick Leave
- d. Certification of Health Care Provider

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- e. Withdrawal Request Review/Special Collection Request Review
- f. Declination of Donation of Excess Leave Hours

SICK LEAVE BANK

DECLINATION TO PARTICIPATE FORM

NAME: _____

DATE: _____

**MAILING
ADDRESS:** _____
(Street or P.O. Box)

**POSITION
TITLE:** _____

(City, State, Zip)

LOCATION: _____

PHONE NUMBER:

I decline to participate in the Sick Leave Bank according to Article VII, Section E, Sub-section 2. I have read and understand item #1.C of this guideline, which reads: "An employee's initial choice remains in effect until an employee requests a change of status. All eligible employees may change their enrollment status in the SLB by notifying the Payroll Department of their desire to participate or not participate by September 15th of the current fiscal year.

Signature of Member

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SICK LEAVE BANK

**WITHDRAWAL REQUEST FORM
(For employee's illness or Injury only)**

NAME: _____

DATE: _____

**MAILING
ADDRESS:** _____

**POSITION
TITLE:** _____

(Street or P.O. Box)

(City, State, Zip)

LOCATION: _____

PHONE NUMBER:

Are you a member of the Sick Leave Bank? _____ Yes _____ No

Did this injury or illness originate as a Worker's Comp Claim? _____ Yes _____ No

If yes, date of original Worker's Comp Claim: _____

Outline your need for request: _____

Period of
Absence: _____

Number of days requested from the bank: _____

Request for Paragraph 2.B (5 days) Exception:

Have you previously applied for a withdrawal from the bank? _____ Yes _____ No

- FOR THE PURPOSE OF ADMINISTERING THE SICK LEAVE BANK, "UNUSUAL CIRCUMSTANCES" SHALL BE DEFINED AS ANY SERIOUS PHYSICAL OR EMOTIONAL DEBILITATING ILLNESS WHICH RESULTS IN A PROLONGED ABSENCE.
- ALL REQUESTS FOR WITHDRAWAL FROM THE SICK LEAVE BANK MUST BE ACCOMPANIED BY A CERTIFICATION OF HEALTH CARE PROVIDER FORM COMPLETED BY A PHYSICIAN.
- ALL MEMBERS WILL MEET THE REQUIREMENTS OF PARA. 2.A. BEFORE A GRANT IS MADE.
- PERIOD OF ABSENCE MUST BE A MINIMUM OF FIVE (5) CONSECUTIVE WORKING DAYS.
- MAXIMUM AMOUNT FOR WITHDRAWAL IS 40 DAYS.

Signature of Applicant

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SICK LEAVE BANK

REQUEST FOR SPECIAL COLLECTION OF SICK LEAVE FORM
(For employees or employee's family member illness or Injury)

NAME: _____ **DATE:** _____

MAILING ADDRESS: _____ **POSITION TITLE:** _____
(Street or P.O. Box)

_____ **LOCATION:** _____
(City, State, Zip)

PHONE NUMBER:

Are you a member of the Sick Leave Bank? _____ Yes _____ No

Family member requiring your absence from work:
_____ Child _____ Spouse _____ Parent

Outline your need for request:

Period of Absence: _____

Number of days requested: _____

Request for Paragraph 2.B (5 days) Exception:

Have you previously applied for a withdrawal from the bank? _____ Yes _____ No

- FOR THE PURPOSE OF ADMINISTERING THE REQUEST FOR SPECIAL COLLECTION OF SICK LEAVE, "UNUSUAL CIRCUMSTANCES" SHALL BE DEFINED AS ANY SERIOUS PHYSICALLY OR EMOTIONALLY DEBILITATING ILLNESS WHICH RESULTS IN A PROLONGED ABSENCE.
- ALL REQUESTS FOR SPECIAL COLLECTION OF SICK LEAVE MUST BE ACCOMPANIED BY A CERTIFICATION OF HEALTH CARE PROVIDER FORM COMPLETED BY A PHYSICIAN.
- ALL MEMBERS WILL MEET THE REQUIREMENTS OF PARA. 2.A. BEFORE A SPECIAL COLLECTION IS MADE.
- PERIOD OF ABSENCE MUST BE A MINIMUM OF FIVE (5) CONSECUTIVE WORKING DAYS.
- MAXIMUM AMOUNT FOR SPECIAL COLLECTION TO CARE FOR FAMILY MEMBER IS 40 DAYS.

Signature of Applicant

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SICK LEAVE BANK / WITHDRAWAL REQUEST FORM

CERTIFICATION OF HEALTH CARE PROVIDER

Health Care Provider: Please provide as much information as possible for the Sick Leave Bank Committee to determine the applicant's need to be released from work due to illness or unusual circumstances. (For the purpose of administering the Sick Leave Bank, "Unusual Circumstances" shall be defined as any serious physical or emotional debilitating illness which results in a prolonged absence).

Brief description of illness or unusual circumstance: _____

I recommend that _____, an employee of the
(patient's name)

Matanuska-Susitna Borough School District, be released from work from _____
(date)

to _____ because of the illness or circumstance described above.
(date)

Health Care Provider's Name (**Please print**)

Office Telephone Number

Health Care Provider's Signature

Date

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(FOR SICK LEAVE BANK COMMITTEE USE ONLY)

- WITHDRAWAL REQUEST REVIEW FORM
- SPECIAL COLLECTION REQUEST REVIEW FORM

APPLICANT INFORMATION

NAME: _____

APPLICATION DATE: _____

MAILING ADDRESS: _____
(Street or P.O. Box)

POSITION TITLE: _____

(City, State, Zip)

LOCATION: _____

PHONE NUMBER:

As of _____, the applicant has accrued leave balances of:
(date)

_____ Sick Leave _____ Annual (PTO) Leave _____ Floating Holidays

Number of days requested: _____ Exception Requested: _____

Application approved: _____ Exception Approved: _____

If no, reason for denial of request: _____

Committee Member Names and Signatures

Today's date: _____

(Printed name)

(Signature)

(Printed name)

(Signature)

(Printed name)

(Signature)

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SICK LEAVE BANK

DECLINATION OF DONATION OF EXCESS LEAVE HOURS FORM

NAME: _____

DATE: _____

**MAILING
ADDRESS:** _____
(Street or P.O. Box)

**POSITION
TITLE:** _____

(City, State, Zip)

LOCATION: _____

PHONE NUMBER:

Are you a member of the Sick Leave Bank? Yes No

I decline to contribute any excess leave (over 480 hours) to the Sick Leave Bank according to Article VII, Section D, Sub-section 4 of the negotiated agreement.

Signature of Member