

## Sick Leave Bank

A sick leave bank is established for employees of Dexter Consolidated Schools. The purpose of the bank is to aid employees who have exhausted regular sick leave and need additional sick leave because of a **catastrophic** medical condition, serious accident or disability which renders the employee incapable of working.

Each employee will have the option of joining or rejecting the bank within the first twenty work days of the school year or the first twenty days of original date of employment. Each employee who joins the bank will contribute one day of sick leave at the beginning of each school year or upon employment. No contribution will be required of continuing members at the beginning of a school year if the number of days in the bank exceeds 200. When the number of days in the bank falls below fifty during a school year, each member will automatically contribute one additional day to the bank at the first of the month following the day the bank falls below that. If an employee has no sick leave available, the additional day(s) due will be given the following contract year. Days left in the bank at the end of the school year will be carried over to the following school year.

Each contributing employee who exhausts his/her leave and is not able to return to work may apply for up to twenty additional days *per year* from the bank. Applications will be considered by a review committee which will take action upon such requests by using specific criteria outlined below.

The review committee will consist of one representative from each building and the building principal. Two-thirds of members shall constitute a quorum. The Business Manager of the district will be a non-voting ex-officio member of the committee.

In order to qualify for consideration to receive days from the bank, employees will meet the following criteria:

1. The applicant will be a regular employee of Dexter Schools.
2. The applicant will be an active contributor to the bank.
3. The applicant will have exhausted all of his/her personal, annual, and sick leave.
4. The applicant will be experiencing a catastrophic medical condition, disability or serious accident rendering him/her incapable of returning to work at the present time.
5. The applicant has a member of his/her immediate family, in a life threatening situation or a death has occurred in immediate family, to include children, spouse, or parent.
6. Exclusions to considerations are:
  - a. medical conditions already covered by FMLA
  - a. drug or alcohol abuse related illness
  - b. the applicant is covered by Workman's Comp.

# Dexter Consolidated Schools

## Sick Leave Bank Application

*Please complete entire application*

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_ Number of days requested: \_\_\_\_\_

*All available leave must be used to be eligible for additional days. Please complete the following information:*

Balance of (I) Sick Leave: \_\_\_\_\_ Balance of (IVa) Earned-Personal Free-60  
Day Accumulated Leave: \_\_\_\_\_  
Balance of (IVb) Earned Personal: \_\_\_\_\_ Balance of (VIII) Annual Leave: \_\_\_\_\_

Brief description of illness or circumstances supporting your need for additional paid sick leave days from the DCS Sick Leave Bank. **Attach additional pages or supporting documentation as necessary.**

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I hereby authorize release of information pertaining to my / my immediate family member's request for paid sick leave from the DCS Sick Leave Bank by physician to the DCS Sick Leave Bank Committee.

\_\_\_\_\_  
Signature of individual under physician's care

\_\_\_\_\_  
Date

### To be completed by physician:

In order to qualify for consideration to receive days from the DCS Sick Leave Bank, members of Bank must request the information below to be completed by the attending physician.

Diagnosis:

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Recommendation: \_\_\_\_\_

Date to return to work (if applicable): \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

Physician's Name: \_\_\_\_\_

Physician's Complete Address: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

All requests are anonymous. Please send completed form to Business Manager who will remove all identifying information before submitting it to the Sick Leave Bank Committee. For more information, contact Business Manager at extension 311.