

TO: ALL EMPLOYEES WHO QUALIFY FOR SICK LEAVE BENEFITS

FROM: AZLE ISD SICK LEAVE BANK

The following information is very important to all employees of Azle ISD.

- Periodic changes may be made in this program. Please read the information carefully before applying.
- When applying for Sick Leave Bank days, please fill out forms carefully and completely. The Azle ISD Sick Leave Bank Executive Committee cannot be responsible for improperly filled out forms.
- Only a physician can complete the Physician's Statement. It must be completed in full. For purposes of the Sick Leave Bank, "physician" is defined as a doctor of medicine or osteopathy who is authorized to practice medicine or surgery (as appropriate) by the State in which the doctor practices.
- Requests not completely filled out by Requestor and/or doctor will be returned to Requestor, delaying the process.
- The Azle ISD Sick Leave Bank is not responsible for late or undelivered requests for Sick Leave Bank days.
- The committee makes a reasonable effort to notify eligible employees of the opportunity to participate in the Sick Leave Bank and is not responsible for any employee's lack of knowledge of the Sick Leave Bank.

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SICK LEAVE BANK INTRODUCTION

This Sick Leave Bank is a pool of local sick leave days donated by current and departing school district employees. The purpose of the Sick Leave Bank is to provide additional paid sick leave days to participating members who have exhausted all available state and local leave and are absent from work for more than five consecutive days due to:

- A qualifying catastrophic personal illness or injury;
- Certain non-catastrophic conditions; or
- A qualifying family member's catastrophic illness or injury.

Membership in the Sick Leave Bank is limited to full-time employees (not temporary or regular substitutes) of Azle ISD who donate one (1) local leave day to the Sick Leave Bank. Once donated, sick leave days become the property of the Sick Leave Bank and individual members may no longer restrict their use in any manner.

Members may qualify for benefits when a catastrophic illness or injury results in the member's incapacity to perform his/her job function for an extended period of time. A catastrophic illness or injury is a **condition defined as life threatening** and does not include mere passing disorders or ailments. Qualifying conditions require treatment by a physician, hospitalization, emergency room treatment or outpatient treatment at a hospital. Although some degree of permanency is usually involved, the illness need not necessarily be incurable or permanent. Examples of illnesses which may qualify for the benefits of the catastrophic program include, but are not limited to: cancer, heart disease, multiple sclerosis, stroke, organ transplants, and muscular dystrophy.

Non-catastrophic conditions may qualify members for benefits when they result in greater than normal recovery time because of complications and calls for hospitalization, emergency room treatment, or out-patient treatment at a hospital and treatment by a physician.

A member may also qualify for benefits when unable to perform his/her job function due to a spouse, parent or child's catastrophic illness or injury. For purposes of the Sick Leave Bank, "child" refers to a son or daughter, including a biological, adopted, or foster child, a legal ward, or a child for whom the employee stands *in loco parentis*

Questions regarding the program and completed Request Forms should be directed to the person indicated below. Response to any questions will come from the Executive Committee or their designee, usually the payroll department. The payroll department will make a recommendation to the Executive Committee based on the Request, the bylaws and his/her discussion with the applicant's doctor and/or office staff.

Monica Landreth
Payroll Department
300 Roe Street
Azle, TX 76020

Rules:

Eligibility and Membership

- 1) All full-time employees (not temporary or regular substitutes) of Azle ISD who qualify for sick leave benefits are eligible to join the Sick Leave Bank (SLB).
- 2) Membership is voluntary. Eligible employees may join the SLB by donating one (1) day of accrued or anticipated local sick leave.
- 3) Donated sick leave days become property of the Azle ISD Sick Leave Bank. Members are not entitled to reimbursement for or refund of donated sick leave days. Additionally, members may not restrict the use of donated days in any manner.
- 4) Membership in the SLB does not guarantee or otherwise entitle employees to the use of SLB days. Usage of SLB days is entirely dependent on the availability of donated sick leave days and the approval of a Request by the Executive Committee.
- 5) A maximum of five (5) earned local sick leave days may be contributed to the SLB by a separating employee. State personal days cannot be donated to the SLB.
- 6) A member of the Sick Leave Bank will lose the right to use the benefits of the Program upon:
 - a) Termination of employment with the Azle ISD;
 - b) Suspension without pay (no Sick Leave Bank benefits during the period of suspension);
 - c) Abuse or misuse of the rules of the Sick Leave Bank as determined by the Executive Committee.

Administration

- 1) The SLB will be administered by an eight (8) member SLB Executive Committee comprised of three (3) Professional, teacher or nurse representatives, one (1) administrator, one (1) maintenance and operations employee, one (1) food services employee, one (1) paraprofessional, and one (1) secretarial/clerical employee. The eight (8) members of the Executive Committee shall be appointed by the Superintendent and may serve for no more than two (2) consecutive school years. The committee's executive director will be appointed by the committee.
- 2) The Executive Committee shall have the responsibility of reviewing SLB Request Forms, verifying the validity of submitted information, and approving or denying the requests by majority vote. There must be a quorum of five (5) Executive Committee members present to vote on requests. The executive director shall only vote when necessary to break ties. Voting may take place in person, or, upon agreement by the Executive Committee, via confidential e-mail or by phone during the summer break. Unless required by law, a requesting member's identity will not be disclosed to Executive Committee members.
- 3) The payroll department shall be responsible for calling committee meetings, providing information to eligible employees and SLB members, receiving SLB Request Forms on behalf of the Executive Committee, advising the Executive Committee, communicating Executive Committee decisions regarding SLB Requests to members, and providing other assistance to the Executive Committee as requested.
- 4) The payroll department and human resource departments shall provide information to the Executive Committee upon its request for any data maintained in their files regarding use of the Sick Leave Bank.
- 5) The payroll department shall maintain records regarding the Sick Leave Bank for three years.
 - a) The payroll department shall report the status of the Sick Leave Bank at any time upon the request of the Superintendent or the Board of Education.
 - b) An annual report will be submitted to the Superintendent in August of each school year.
 - c) An annual report will be sent to each school to be posted in September of each school year.
- 6) Recommendations for changes regarding the SLB, other than editing or clarification, may be presented to the Azle ISD Board of Trustees upon a majority vote of the Executive Committee.

Condition of Use

- 1) Use of SLB days shall be limited to enrolled members for qualifying personal illness, injury, condition or for qualifying family member's catastrophic illness or injury or condition during regularly scheduled duty days.
- 2) Members may apply for use of SLB days after more than five (5) consecutive days of absence and all available state and local leave has been exhausted.
- 3) The following conditions must be met in order for an application to be considered as ongoing :
 - a) The employee's requested absence will relate to the same medical condition as on the original application that was approved.
 - b) The treatment for the illness will be ongoing as stated on the original physician's statement.
 - c) The employee will submit medical certification of his or her ability to return to work at least one-half day or to full duty as required by Human Resources.
 - d) Additional documentation (such as doctor's note) for an ongoing illness should be turned in within 10 days after the employee is released to return to work.
- 4) The use of the SLB will be limited to the number of days in the Program on October 1 of the current school year.
- 5) A member may apply for days from the SLB only after being absent from work the number of days requested. Days will not be given in advance. The first request for days must be made within ten (10) days from the date the employee returns to duty.
- 6) In no case will the granting of sick leave days from the Bank cause a member to receive more than his/her annual salary.

Use of the Sick Leave Bank for member's illness or injury

- 1) All illnesses or accidents require doctor's care, hospitalization, emergency room treatment or out-patient treatment at a hospital.
- 2) The Executive Committee may approve a lifetime maximum number of (75) Sick Leave Bank days to a member for personal catastrophic illness or injury.
- 3) Pregnancy and delivery will not be considered as a catastrophic illness covered under this Sick Leave Bank except when unusual and life-threatening complications occur. Bed rest and hypertension are not considered unusual complications. Approval of Sick Leave Bank days shall be made pursuant to the rules for non-catastrophic conditions below.
- 4) The Executive Committee may approve ten (10) days for non-catastrophic conditions which require extended recovery time due to complications. The Executive Committee may approve an additional twenty (20) days in ten (10) day increments for extenuating circumstances for a lifetime maximum number of thirty (30) days.
- 5) The Executive Committee may approve five (5) days for depression and mental illness diagnosed severe. The Executive Committee may approve an additional five (5) days for extenuating circumstances, for a lifetime maximum number of ten (10) days.
- 6) The Executive Committee may approve a lifetime maximum number of ten (10) days for catastrophic back ailments.

Use of Sick Leave Bank for family illness or injury

- 1) Approval of days for a qualifying family catastrophic illness or injury (spouse, parent or dependent child) will be limited to a lifetime maximum of fifteen (15) days and must meet all other criteria as a member's illness or injury as listed above.

2) Procedure for Sick Leave Bank Requests

- 1) All forms for participation in the Sick Leave Bank shall be available in the principal's office at each Azle ISD school, the Human Resource Department and the Payroll Department. These forms shall be given or sent to any employee upon request.
- 2) All requests to draw upon the Sick Leave Bank must be made upon a Sick Leave Bank Request Form/Application. All requests must be accompanied by the Sick Leave Bank Physician's Statement confirming the cause of illness or confinement and certifying the existence of a disability to perform assigned duties. A "Fitness for Duty" form must accompany all request. The form must be legible, personally signed by the physician, dated and completed in lay language. The Executive Committee will not honor any physician's statement unless it is on the official Sick Leave

Bank Physician's Statement Form and is filled out completely. Incomplete forms will not be processed until all information is received. The applicant must have worked in the school year in which the request for days is made.

- 3) In case an employee's incapacity is of such a nature that he/she cannot personally apply for days, the application may be submitted in his/her behalf to the payroll department by an authorized agent or member of his/her family.
- 4) An eligible employee who has filed for Workers' Compensation benefits may be able to access days through the Sick Leave Program if their condition meets eligibility criteria. Such employees must have exhausted all of their own accumulated sick, personal leave, and vacation days. Any days awarded from the Sick Leave Bank will be offset by any Workers' Compensation wage benefits received. Applicant's request must meet guidelines of the SLB.
- 5) The executive director will forward to the Azle ISD Payroll Department the Executive Committee's decision on all requests to draw on the Sick Leave Bank within five (5) working days after the committee issues its decisions.
- 6) After decisions are rendered, the payroll department shall notify the applicants advising them of the committee's decision. Denial due to insufficient information shall be specific as to what information is needed in order to make a decision.
- 7) All decisions regarding the sick leave bank may be appealed in accordance with DGBA(LOCAL), beginning with the Superintendent or designee.

AZLE ISD SICK LEAVE BANK FORMS

All forms for the Sick Leave Bank are included on the following pages.

Those forms are:

- Sick Leave Days Request Form (completed by the employee)
- Physician's Statement* (completed by the physician)

All forms presented must be completely filled out, or they will be returned to sender.

*A Physician's Statement is not necessary when requesting days to care for a terminally ill spouse, parent or child. A letter from the attending physician certifying terminal illness should be sent instead.

DISCLAIMER: Your medical information, including days granted and other correspondence, will be kept confidential unless the law requires us to release it.

SICK LEAVE DAYS REQUEST FORM
(Must be filled out completely)

Name:	
Address:	
City & Zip:	
Home Phone:	Mobile Phone:
I request _____ days from the Sick Leave Bank.	
Date any days granted are to begin:	
First day absent with this illness or accident:	
This is my 1st, 2nd, 3rd, or _____ request (circle one). If 2nd, 3rd, etc., request, give date of last day previously granted: _____	
Additional days granted, if any, will follow in continuity with the last day previously granted.	
Signed/Date:	
This request cannot be acted upon until the Physician's Statement is received. This form completely filled out may be sent to the Azle ISD Payroll Department, 300 Roe Street, Azle, Texas 76020 or faxed to Azle ISD Payroll Department at: 817-270-2255	
Office Use Only	
Physician's Statement Received:	Date:
Request Approved:	Requested Denied:
Number of Days Approved:	
From:	Through:
Signed/Date:	

PHYSICIAN'S STATEMENT
(Must be filled out completely only by Physician)

PHYSICIAN'S STATEMENT
(Must be completed by Physician)

Patient's Name:	
Address:	
City & Zip:	
Home Phone:	
Diagnosis or nature of illness or injury (Lay Language):	
Date of Consultation:	
Dates Hospitalized:	
Admitted:	Discharged:
Prognosis:	
Is this illness catastrophic or life-threatening?	
Date patient will be able to return to work (if known):	
Total Disability:	
From:	Through (if known):
Partial Disability:	
From:	Through (if known):
Comments or Restrictions:	
Physician's Name:	
Address:	City & State:
Telephone:	
Signature of Examining Physician/Date:	
This form completely filled out may be sent to the Azle ISD's Payroll Dept., 300 Roe Street, Azle TX 76020 or faxed to Payroll Department at: 817-270-2255	