SAINT MARY'S ACADEMY CHARTER SCHOOL
SICK LEAVE BANK GUIDELINES

I. PURPOSE AND DEFINITION

A. Sick Leave Bank Policy

The purpose of the SMACS Voluntary Sick Leave Bank (Bank) Policy is to provide additional paid leave for employees who have exhausted their accrued leave benefits as the result of a catastrophic illness or injury. The Bank serves as a depository into which participating employees may voluntarily contribute leave for allocation to other participating employees. The purpose of the Bank is not to provide unlimited paid sick leave for any medical reason but to alleviate the hardship caused when employees lose compensation as the result of a catastrophic illness or injury.

B. Definition of Sick Leave Days for Members

- *Catastrophic Illness or Injury:* A severe medical condition which requires an employee's absence from work for a prolonged period of time and which results in a substantial loss of income to the employee because of the exhaustion of all earned leave time. A qualifying illness or injury might include, but is not limited to, cancer, major non-elective surgery, serious accident, or heart attack. In order to be defined as catastrophic, an illness or injury must be seriously incapacitating, of extended duration, and require the services of a licensed health care provider.

- *Family Friendly Policy:* The birth or adoption of a child will be a qualifying event for the sick leave bank. If both parents work for SMACS the total bank time allowed is 10 days which can be used by one parent or split by both parents. This policy is only for the parents of the child not extended family.

II. MEMBERSHIP

A. Eligibility

All employees of SMACS shall be eligible for membership if they are eligible to receive sick leave.

B. Procedures for Joining the Bank

1. Any employee who is eligible to join the Bank may do so by contributing one (1) day of earned sick leave.

2. The enrollment period for all employees shall be August 1 through August 31 each year.

3. All new personnel employed must be able to earn at least one (1) day of sick leave during the current school year to be eligible for membership. New personnel will have 10 days from their original hire date to enroll.

4. Employees desiring to join the Bank shall be authorized by business office for eligibility. Eligible employees will then sign the sick Bank roster. Eligibility is based on scheduled work hours at the time of enrollment.

5. Once a day is donated it is part of the Bank and will not be returned.

III. GOVERNING COMMITTEE

A. Name
The governing committee, which will approve or disapprove all requests for sick leave days, shall be called "SMACS Sick Leave Bank Committee" (The Committee).

B. Composition of the Committee shall be as follows:

1. Members of the Committee will consist of personnel who have been employed by the school for at least one (1) year prior to serving and not have served more than 2 consecutive years of the last 3 years.

2. Members of the Committee shall volunteer as follows:
The principal shall be the permanent chair of the committee. Volunteers shall be as follows: 1 Professional staff member, 1 Paraprofessional, 1 Clerical, 1 Maintenance/Custodian/Cafeteria. Volunteers may not serve more than two consecutive years of any three-year period. The HR Director and/or HR Assistant shall be a permanent non-voting ex-officio member(s) of the committee.

Total – a minimum of six (6) members

C. Duties and Responsibilities of the Committee:

1. At the first meeting of the year for newly elected board members, the Committee shall select from its group a vice-chairperson. This will happen in August or September.

2. All applications for Bank days shall be reviewed individually by the HR director or HR assistant who shall call for a committee meeting within 5 business days of a fully completed application.

3. A member may be requested to appear before the Committee to substantiate his/her request.

4. The Committee shall determine the number of days approved, up to ten (10) days, and reserves the right to approve, disapprove, or modify the days requested.

5. A member may appeal the decision of the Committee by writing a letter to the Superintendent, requesting to appear in person before the Committee.

6. The decision of the Committee is final and non-appealable.

7**.** Vacancies on the Committee that arise during the school year will be filled by a new volunteer from the group, which was represented by the member who resigned.

8. **At the first meeting of the committee, all members shall sign a confidentiality agreement as approved by the HR Director.**

IV. REGULATION CONCERNING CONTRIBUTION OF DAYS

A. To become a member of the Bank, an employee must contribute one (1) day from his/her accrued or anticipated sick leave for the current year.

B. These days will be subtracted from the member's sick leave record.

C. The days donated become the property of the Bank. All donations will remain in force and cannot be returned even upon cancellation of a membership.

D. For Bank purposes the school year will be from September 1 through August 31.

E. The current rate of continuing contribution is one (1) day per year. The Committee has the right to determine the need for additional contributions on an annual basis.
Ex: full time = 40 hr. week = donate 8 hours = eligible for 80 sick Bank hours
Part time of 20-hour week = 4 hours donated = 40 eligible sick Bank hours

F. If a member decides to cancel his/her membership in the Bank, the days contributed for membership remains the property of the Bank. If, at a later date, this individual wishes to rejoin the Bank, he/she may do so during the next enrollment period.

G. Personnel who terminate their employment with the District forfeit membership in the Bank at the effective date of termination. If the employee wishes to regain membership in the Bank he/she may do so during the next enrollment period.

H. Personnel on leave of absence will retain membership in the Bank and will be required to donate a day.

V. Withdrawals from the Bank

1. A member or his/her designee must complete an application for leave and submit it to Human Resources.

2. Applications must be accompanied by a statement from a licensed health care provider that includes the beginning date of the condition, a description of the illness or injury, and a prognosis for recovery. Requests should indicate the estimated number of sick days required and information related to any pending disability claims. *
3. Requests for withdrawal must be made by the member or his/her designee no later than five (5) working days after all leave time has been exhausted.
4. The Committee will render a written decision to the employee within ten (10) working days after receipt of the fully completed request.
5. The amount of sick leave granted for each request will be determined by the Committee but cannot exceed the balance in the Bank or a maximum of ten (10) working days, whichever is less. No member may receive more than ten (10) working days in a fiscal year.
6. Sick leave may be used only during the term of an employee's period of employment.
7. Any leave granted may be used only for the purpose requested on the application. Any unused portion will be returned to the Bank.
8. Leave may be used for the personal illness or injury of the employee or to care for a parent, spouse, domestic partner, or child with a catastrophic health condition.
9. Use of Bank benefits is considered under the provisions of the FMLA and any use is included in the twelve (12) weeks of leave provided under this Act, if applicable.
10. Members of the Committee will be reviewing requests so applicant must make a decision before applying if information is strictly confidential.
11. A contributor will lose the right to utilize the benefits of the Bank by: Termination of employment in the SMACS or Attempted misuse of the Bank and/or its policies

*If the documents are not turned in on time for the committee to meet and notify payroll of its decision, the employee's pay will be docked or the hours will be booked as make up hours for one pay period. If the information is not received in time to process the next payroll and the hours were booked as make-up hours the employee will be docked.

REQUEST FOR SICK LEAVE BANK DAYS
FAMILY INFORMATION

This section should only be filled out by members who are requesting sick Bank days because of illness of immediate family.

Name of Family member:_____

Relationship: _____

Does this family member live with employee? _____ Yes/No

Has the family member suffered an unexpected or critical illness or injury? _____ Yes/No

An approved document from the physician or hospital must be attached.

Employee Signature _____ Date_____

PLEASE COMPLETE AND RETURN TO THE BUSINESS OFFICE.

APPROVAL STATUS:

_____ Approved for _____hours _____ Not Approved

Chair_____ Date _____

REQUEST FOR SICK LEAVE BANK DAYS

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Name: _____ Date: _____

Position: _____

Days absent current school year: _____. I have donated a day of my leave and have been a member of the Sick Bank since (date) _____.

REASON FOR REQUESTING BANK SICK LEAVE DAYS:
I have used all my available leave days accrued for this year, and I am requesting sick leave days

because of: _____

_____

Check one.

___ Personal Illness

____ the illness of a member of my immediate family (*must complete Family information form*)

NUMBER OF SICK DAYS REQUESTED

Number of hours requested from the Bank: _____

Bank sick leave days should begin on _____ (month/day/year)

Number of sick leave Bank days used during the current year to date: _____

Do you anticipate any additional days to be needed for follow-up examination or treatment?

Yes_____ No_____

If yes, please explain: _____

_____

Please describe the illness or injury that the days are being requested for: _____

_____

_____

APPROVAL STATUS:

_____ Approved for _____hours _____ Not Approved

Chair_____ Date _____