

Sick Leave Bank Guidelines

Please read this information carefully before you complete the attached “Sick Leave Bank Form”.

GUIDELINES:

- An Employee on leave is not eligible to be granted days from the Bank during the leave year nor will that employee be asked to contribute to the Bank during the leave year.
- A prolonged illness is one which is confirmed in writing by the attending physician. It is expected that such documentation should be in sufficient detail and would also provide a prognosis estimating the expected recovery period. This written documentation must be filed with Mr. Greg Dietz, Assistant Superintendent, at the time of application for days from the Bank.
- For the Bank to cover absence because of prolonged illness or hospitalization, all accumulated sick leave must first be used completely. The certified staff employee must then have five (5) days of salary deduction (2 day deduct for support staff). The next consecutive day of absence is the first day covered by the provisions of the Bank. An eligible teacher may withdraw from the bank a specific number of days equal to the number of personally-accumulated sick days recorded on the teacher’s account as of the first day of the school year up to a maximum of 90 days per year. Support staff members may withdraw up to 30 days from the Sick Leave Bank.
- Application for days from the Bank shall be made by using the appropriate Sick Leave Bank Application Form which is available from the Benefits Coordinator at 692-8035. The completed form shall be submitted to Mary Phillips, the Benefits Coordinator, approximately a week before the last day of accumulated sick leave is to be used.
- Upon receipt of the necessary documentation from the attending physician and the application form, the administrative designee will notify the chairman of the Advisory Board that an application has been made. Immediately thereafter, the Advisory Board and the administrative designee will convene to review the application and prepare a recommendation to the Superintendent. Upon approval by the Superintendent, the employee will receive days from the Bank. The days will be retroactively applied to the first day covered by the provisions of the Bank to a maximum of ninety (90) days for Certified Staff (30 for Support Staff) or until the employee is released to work by the attending physician, whichever occurs first.
- During the period of prolonged illness or hospitalization, the administration may require written statements by the attending physician.
- A participant in the Bank shall be considered as a continuing member unless that participant withdraws from the Bank by September 1st of each school year.

PLEASE NOTE: IF YOU DO NOT WISH TO CHANGE YOUR CURRENT STATUS YOU NEED NOT COMPLETE OR RETURN THIS FORM.

COMPLETE THIS FORM ONLY IF YOU WISH TO MAKE A CHANGE TO YOUR SICK LEAVE BANK STATUS.

SICK LEAVE BANK

ENROLLMENT FORM

Please check the appropriate line, sign the form and return it the Benefits Coordinator on/or before September 1st.

1. _____ Presently, I am not a member of the Sick Leave Bank. *At this time I wish to enroll* in the Sick Leave Bank in accord with the provisions of the Agreement or Support Staff Handbook and the Administrative Guidelines and herewith contribute one day of my sick leave accumulation.
2. _____ Presently, I am a member of the Sick Leave Bank. *At this time I wish to withdraw* from the bank effective immediately.

I hereby certify that I have read the Sick Leave Bank provisions as they appear in the Agreement or Support Staff Handbook and the attached Administrative Guidelines for the Sick Leave Bank and agree to be bound by those terms. I also hereby hold harmless the administration and the Maine Teachers' Association should a good faith mistake or error be made in the management of this program.

Certified Teacher Assistant Support Staff

NAME (Printed): _____

SIGNATURE _____

SCHOOL: _____

DATE: _____

PLEASE RETURN TO MARY PHILLIPS BY SEPTEMBER 1st