

Sick Leave Bank

Purpose

The purpose of Sick Leave Bank is to provide extended sick leave to members who incur a period of prolonged personal illness or hospitalization and whose personal sick leave is exhausted.

Enrollment in the Sick Leave Bank

Any full-time employee shall be eligible to participate in the Sick Leave Bank. A new employee may enroll within thirty (30) days of the effective date of employment. Current employees who are not members of the Sick Leave Bank may enroll during open enrollment which begins at the start of each school year and ends September 1st.

Employees who elect to participate in the Sick Leave Bank shall contribute one (1) day of leave from their accrued sick leave. Membership in the Sick Leave Bank is considered continuous unless written notice of withdrawal of membership is received during the open enrollment period. Donations of sick leave to the Bank are not refundable or transferable.

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 exhausted. Certified staff members must then have five (5) days of salary deduction, support staff members will have a two (2) day salary deduction of. 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 847.692.8035. 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 thirty (30) days 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.



Sick Leave Bank Enrollment Form

<i>Name (Last, First, Middle Initial)</i>		<i>School</i>	
Certified		Teacher Assistant	Support Staff

Enrollment Election

At this time I wish to enroll in the Sick Leave Bank in accord with the provisions of the 2014-2020 Agreement or Support Staff Handbook and the administrative Guidelines and herewith contribute one day of my sick leave accumulation.

Currently I am a member of the Sick Leave Bank and at this time **I wish to withdraw** from the bank effective with the beginning of the 2019-2020 school year.

I have been given the opportunity to enroll in the Sick Leave Bank and at this time I do not wish to enroll. I also understand that the next opportunity to enroll will be during open enrollment.

I hereby certify that I have read the Sick Leave Bank provisions as they appear in the May 6, 2014-August 1, 2020 Agreement or Support Handbook and the attached Administrative Guidelines for the Sick Leave Bank and agree to 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.

Name (Printed): _____

Signature _____

Date: _____