

## **JASPER CITY SCHOOLS SICK LEAVE BANK RULES & REGULATIONS**

Any full-time employee possessing five (5) days of accrued sick leave may participate in the Sick Leave Bank.

Any new full-time employee can become a member by completing an authorization form included in the benefits package. The next five (5) earned days of sick leave will be deposited in the sick leave bank.

**Existing employees can become a member only during open enrollment each year (August 1 – September 15).**

The Bank allows participating members who have exhausted all of their sick leave to borrow up to 15 days pending committee approval. The days will automatically be paid back as days are accrued. If an employee leaves the school system with outstanding debt to the bank, the paid value of the loan shall be deducted from the final paycheck at the prevailing rate.

To apply for a loan from the Sick Leave Bank, a member should complete a *JCS Sick Leave Bank Loan Request* form and submit it for approval/disapproval by the Sick Leave Bank Committee. The forms are available on omni forms. The committee will review all applications for loans and make decisions that will be confidential on the approval/disapproval of such loans. The decisions will be based on 1) the applicant's need; 2) the circumstances of the illness or disability; 3) years of service in the system; 4) the number of days available in the bank; 5) prior reasons of absence which causes an employee to have the need to borrow sick days.

The Sick Leave Bank Committee is made up of five (5) Jasper City School employees who will serve for one year. Each year, all employees who are members of the sick bank will determine by secret ballot four (4) of the committee members (2 certified and 2 support). No representative on the committee shall serve for a term longer than five years. The Superintendent will appoint the fifth member. The Sick Leave Bank Committee will elect a chairman from among its representatives at its first annual meeting. The chairman will be responsible for recording organizational minutes, for conducting meetings, and for organizing meetings as necessary.

The Sick Bank Committee will meet as necessary, September through May, to process loan applications for the prior month's absences. The employee will be notified in writing of the Sick Bank Committee's decision. To obtain a list of the committee members, contact the Payroll Department.

Decisions of the Sick Leave Bank Committee are final. No applications will be processed for absences outside of the current pay period.

No employee shall be allowed to owe more than 15 days to the sick leave bank, unless over 50 percent of the members of the bank vote to extend the limit.

Any alleged abuse of the use of the sick leave bank shall be investigated by the sick leave bank committee. On the finding of wrong doing, the member shall repay all of the sick leave credits drawn from the sick leave bank and be subject to other disciplinary action as determined by the local authority.

## **JASPER CITY SCHOOLS CATASPROPHIC ILLNESS PROCEDURES - INSTRUCTIONS, TRANSFER, APPLICATION**

**You must be a member of the Sick Leave Bank in order to donate or receive Catastrophic Sick Leave.**

A catastrophic illness is any illness, injury, pregnancy or medical condition related to childbirth certified by a licensed physician which causes the member to be absent from work for an extended period of time.

The beneficiary employee must submit to the immediate supervisor a statement from a licensed physician defining the catastrophic illness and the date you can physically return to work. If the illness pertains to anyone other than the employee or a member of the immediate family, the employee must also submit in writing the circumstances to justify a catastrophic leave.

The beneficiary employee must also submit in writing his or her request for catastrophic leave and consent to receive donated sick days along with a sick bank application requesting to borrow the designated number of days.

The Sick Leave Bank committee will determine if a catastrophic leave is applicable in accordance with State guidelines and will approve/disapprove the request. The amount of leave time will be established and also must be approved by the Superintendent. The Superintendent will notify the employee and their principal/director of the Board's decision.

Members of Sick Leave Banks in Alabama school systems may donate up to thirty (30) sick days to a specified sick bank member who has been approved by their board for catastrophic leave. Donors will submit a *Catastrophic Sick Leave Transfer Authorization* form to the Payroll Department. These forms are available at all schools/departments. The Payroll Department will transfer sick days at the appropriate time set forth in the guidelines of Act 93-753 after all available leave days have been exhausted by the employee on catastrophic leave. Unused donated days will be returned to the donor.

**JASPER CITY SCHOOLS  
SICK LEAVE BANK LOAN REQUEST**

Days from the Sick Leave Bank shall be awarded until all accumulated sick leave days have been exhausted. No employee may owe more than 15 days to the bank in addition to those that the individual has on deposit unless approved by a vote of over 50% of the participating members of the Bank. Such vote will be contingent upon the recommendation of the Committee.

**PLEASE PRINT**

\_\_\_\_\_  
Employee's Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
School

Number of Days Requested from the Sick Leave Bank: \_\_\_\_\_

Effective Date of Request

Starting Date: \_\_\_\_\_

Ending Date: \_\_\_\_\_

Reason for Leave Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature - Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature – Principal

\_\_\_\_\_  
Date

**THIS FORM MUST BE COMPLETED AND RETURNED TO YOUR IMMEDIATE SUPERVISOR AND SUBMITTED WITH PAYROLL.**

**JASPER CITY SCHOOLS  
CATASTROPHIC SICK LEAVE STATEMENT  
BY ATTENDING PHYSICIAN**

Section 16-22-9, Code of Alabama gives the Jasper City Board of Education the authority to maintain a sick leave bank for its employees. It also establishes provisions for “catastrophic sick leave” which is defined in Section 1.(a) (3) as follows: “Any illness or injury so certified by a licensed physician which causes the employee to be absent from work for an extended period of time.”

**Please provide the following information:**

Name of Employee: \_\_\_\_\_

Name of injured/ill person (if other than employee): \_\_\_\_\_

Description of current injury/illness:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Physician’s recommendation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date individual first seen by physician: \_\_\_\_\_

Estimated length of absence from work (in days): \_\_\_\_\_

I certify that the information above concerning the named employee of the Jasper City Board of Education is correct and that the related injury/illness meets the criteria of catastrophic sick leave as directed above and interpreted by me.

Please type or print physician’s name and address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Attending Physician

**Jasper City Schools**  
**CATASTROPHIC SICK LEAVE TRANSFER AUTHORIZATION**

**Donating Employee Information**

1. Employee Name:
2. Social Security Number:
3. Employee Address:
4. Employee Telephone(s):
5. Employer:

**Beneficiary Employee Information**

6. Receiving Employee Name:
7. Social Security Number:
8. Beneficiary's Employer:

**Days to be Donated to Beneficiary (not to exceed 30 days)**

9. Number of days to be donated:
----------------------------------

**Certification of Donating Employee**

<p>10. I certify that I hereby donate the above noted number of my sick leave days to the beneficiary employee listed above. My employer has my permission to transfer the indicated number of sick leave days to the employer of the beneficiary for his or her use due to a catastrophic illness/injury as defined by Act 93-753. It is my understanding that my sick leave balance will be reduced by the specified number of days hereon and that the donated days will not be returned to me.</p> <p>Donating employee's signature: _____ Date: _____</p> <p>Witness: _____ Date: _____</p>
--

**Certification of Donating Employer**

<p>11. I hereby certify that the donating employee's information listed above is correct to the best of my knowledge.</p> <p>Authorized signature: _____ Date: _____</p> <p>Title: _____</p>
<p>12. The above noted number of sick leave days have been credited to the sick leave account of the beneficiary employee.</p> <p>Payroll Date: _____</p> <p>Authorized signature: _____ Date: _____</p> <p>Title: _____</p>