



## **Catastrophic Sick Leave Bank Application**

**Membership in the NBISD Catastrophic Sick Leave Bank is available to full-time employees ONLY.**

I am electing to join the Catastrophic Sick Leave Bank (CSLB) and desire to participate by donating two (2) of my local sick leave days to the CSLB. I understand that these two (2) days, once donated to the Bank, will be subtracted from my local sick leave days available. All donations to the bank become property of the CSLB, and cannot be returned even upon the cancellation of membership. I further understand that, should I be absent from work, and exceed my local sick leave days available for the current year; the local sick leave policy will be in effect.

**NOTE: Members are only required to make a one-time donation to the bank unless:**

- The member has used the CSLB benefits during the last school year (must donate two (2) days maximum, or the actual number of days used (whichever is less) to continue membership in the Bank.
- The SLB days fall below one times the number of participating members.

A *catastrophic illness or injury* is a severe condition or combination of conditions affecting the mental or physical health of the employee or a member of the employee's immediate family that requires the services of a licensed practitioner for a prolonged period of time and that forces the employee to exhaust all leave time earned by the employee and to lose compensation from the District. Such conditions typically require prolonged hospitalization or are expected to result in disability or death. Conditions relating to pregnancy or childbirth shall be considered catastrophic if they meet the requirements of this paragraph.

**Determination of catastrophic is based upon the physician's statement and NOT based on the monetary impact that the loss of days may have on members.**

I authorize the removal of **two (2) local sick leave days** from my available sick leave account to be donated to the New Braunfels Independent School District Catastrophic Sick Leave Bank. **Please fill out the section below:**

Employee: \_\_\_\_\_ Date: \_\_\_\_\_  
PRINT NAME

Campus: \_\_\_\_\_ Employee ID #: \_\_\_\_\_

**Signature:** \_\_\_\_\_

Are you currently under the care of a physician for which Catastrophic Sick leave bank days may be needed during the forthcoming or current school year? Yes ☐ No ☐

**If YES**, please explain: \_\_\_\_\_

**Sick leave days from the bank cannot be used for an illness or surgery, which results from a condition, which was known to the member on the date that he or she *first* became a member of the bank.**

**Please return this form to the Human Resources Office NO later than August 31st.**