

Sick Leave Bank Policy

1. PURPOSE

1.1 The Sick Leave Bank is provided to help MCS D employees, who are unable to perform their job duties due to a diagnosed debilitating illness or catastrophic injury and have exhausted all their available leave. Also covered is the care of an immediate family member who has a diagnosed debilitating illness or catastrophic injury.

1.2 The Sick Leave Bank is not a maternity leave bank, a repository for those who have expended the sick leave for undocumented medical concerns, blanket coverage for other than employee's immediate family, for personal business or for elective surgery.

1.3 Any employee who has been diagnosed with a debilitating or catastrophic injury or illness pre-existent to within six months of membership shall not draw from the Bank within the first year of membership.

2. SICK LEAVE BANK COMMITTEE

2.1 The MCS D Sick Leave Bank will consist of two members of the MC Teachers Association, two members of the MC Classified Association, and one member of the MC Administrators Association.

2.2 Human Resources will serve as the Sick Leave Bank Chairperson. This person will track all time donated and used by Sick Leave Bank members. The Sick Leave Bank Chairperson will not be a voting member of the committee. They will present requested allowed information to the Committee. They will communicate the decision of the Committee to the employee.

3. ELIGIBILITY

3-1 Employees may become members of the Sick Leave Bank by contributing three (3) sick leave days to start. To become an active member an employee who has accumulated 264 hours of leave may donate up to three (3) sick leave day during an open enrollment period. Any employee that has contributed at least one (1) sick leave day in the past 3 years is an automatic member upon the verification of this updated policy.

3-2 At the beginning of each school year there will be an open enrollment period during the beginning of the school year until September 30th and again on March 1st to March 31st. Eligible staff must notify the District in writing of their desire to participate in the Bank. Membership is maintained by donating at least one day every three years from the date of their original membership.

3.3 The maximum number of hours which may be transferred by an employee in any 1 calendar year is 120. The minimum number so hours which may be transferred in any 1 calendar year is 8. NRS 284.3621 (5)

3.4 When the number of days in the Bank falls below two hundred (200) days, the committee will request the Bank members to donate a minimum of 1 sick day to replenish the days available that a special assessment of one (1) sick leave day per member will be made to replenish the days available. (Team needed to meet and think on this one.

3-5 An employee who chooses to withdraw membership from the Sick Leave Bank must notify the Sick Leave Bank Chairperson in writing. Any employee who withdraws from the Sick Leave Bank will not be reimbursed for their sick leave already contributed to the bank.

4. REQUIREMENTS

4.1 Membership of the Sick Leave Bank give authorization to the Sick Leave Bank to review the employee's last two years of all district leave to help in the determination of grant days from the sick leave bank.

4.2 The member applying must complete the MCSD Sick Leave Bank Application completely and provided requested documentation BEFORE their request will be heard by the committee. In case an employee's illness prevents him/her from personally applying for the Sick Leave Bank, his/her designated representative or a member of his/her family on his/her behalf may submit his/her application to the Sick Leave Committee Chairperson.

4.3 The maximum number of days which may be granted from the Bank at any one time shall be thirty (30) days. Additional days may be granted only after additional application and review. The maximum number of days which any one person can be granted from the Bank during any 1 calendar year is 1040 hours (NRS 284.3633).

4.4 An employee who has received and used 20 twenty or more days in a year shall reimburse the Bank when his/her accumulated leave exceeds 264 hours. Upon leaving the District, an employee shall reimburse the Bank the remaining balance of days if his accumulated balance is above 480 hours.

Mineral County School District
SICK LEAVE BANK APPLICATION

Please read and complete the enclosed Sick Leave Bank Application for assistance and include:

1. A statement from your physician including diagnosis (nature of your illness), prognosis (recovery), the expected length of time you will be off work, and if surgery is indicated, whether it is elective, required, or was an emergency.
2. **YOU MUST INCLUDE ALL ITEMS, OR YOUR APPLICATION WILL NOT BE PROCESSED DUE TO LACK OF INFORMATION. Failure to include any of the requested information may delay review of your application. All information submitted is confidential within the committee.**
3. To expedite your request and meet payroll time limits your application must be turned in for committee consideration 10 days prior to pay day. Please allow enough time for the application to be processed so you don't go into an unpaid status. **Sick Leave Bank is not paid retroactively.**

SICK LEAVE BANK ASSISTANCE APPLICATION

Employee Name: _____ School/Location _____

Home Address: _____ City _____ Zip _____

Home Phone: _____ Cell Phone: _____

Position/Title: _____ Number of days requesting: _____

Is surgery required? Yes ___ No ___ Elective? Yes ___ No ___ Emergency? Yes ___
No ___ Statement from physician (**MANDATORY**) must be attached. Description of
illness/accident (attach additional pages if necessary):

Workers Comp Claim (on the job injury): Yes ___ No ___
Number of days anticipated away from work because of illness/accident: _____

Employee's Signature: _____ Date: _____

Information from MCSD HUMAN RESOURCES

Employee's Name _____ Position/Site _____

Hours per day _____ Months per year _____ MCSD hire date _____

Date eligible to begin accruing sick leave bank contribution: _____

Date Contributed to the Sick Bank: _____

Number of hours used in the past two years in the following areas:

Sick leave : _____ Hours

Personal Leave: _____ Hours

Annual leave: _____ Hours

Any lengthy absences in the past two years? Yes _____ No _____

Dates (s): _____ Number of hours used: _____

Date (s): _____ Number of hours used: _____

4. An official printout from Human Resources showing sick leave and vacation usage for the past 2 years. **ALL SICK, VACATION, and COMP TIME MUST BE USED BEFORE SICK LEAVE BANK BEGINS.**

END OF POLICY

Legal Reference(s):