

**COLORADO SPRINGS SCHOOL DISTRICT #11
DEPARTMENT OF HUMAN RESOURCES**

SICK LEAVE BANK GUIDELINES

Mission

The mission of the Sick Leave Bank is to grant employees additional paid leave time due to their own **critical personal illness/injury or the critical illness/injury or death of an immediate family member**. Immediate family is defined as spouse, child, brother, sister, parent, or member of the immediate household where the employee lives.

Sick Leave Bank Committee Membership:

The Sick Leave Bank is made up of three teacher representatives.

Sick Leave Bank Hours

- The Sick Leave Bank receives its hours from donations by newly hired employees, from employees who wish to join during open enrollment each year, or when the number of days in the Sick Leave Bank falls below certain pre-set limits at which time employees are asked to re-enroll and make donations.
- Once an employee donates to the bank, they do not have to donate again each year, except as noted elsewhere in these guidelines.
- Once an employee donates hours to the Sick Leave Bank, those hours may not be returned to the employee.
- **An employee must exhaust all other paid/sick leave benefits with the District before requesting days from the Sick Leave Bank**

Sick Leave Bank Applications

- The committee meets the first Thursday of each month (September – May) to consider requests.
- In the event a meeting is cancelled due to a District closure, not enough Committee members present, or other unforeseen reason, it will be rescheduled to the following Thursday.
- Applications for the Sick Leave Bank are available in the Human Resources Department or on the Human Resources Department website.
- Requests must be received in Human Resources no later than 10 business days preceding scheduled meetings of the Sick Leave Bank Committee.
- Incomplete applications or applications lacking supporting documentation will not be considered by the committee until such time as they are complete.

Sick Leave Bank Rules

- The Sick Leave Bank will not consider applications from employees during their first 45 (forty-five) workdays.
- The Sick Leave Bank may grant up to a maximum of 30 (thirty) days of paid leave time per year per illness to a member.
- **The Sick Leave Bank may grant all, some or none of the hours requested depending upon the merits of the request.** In making its determination of the validity of a member employee's request, the committee shall review information presented by the member employee and may consider information available from any other source (including the member's supervisor) or may request additional information or verification from a member employee, and shall give consideration to the following factors: (a) the member's past conservation and fair use of leave policies; (b) the seriousness of past and current illnesses and injuries; and (c) any unusual circumstances involved.
- Decisions made by the Sick Leave Bank may be appealed to the Superintendent or his/her designee within five (5) business days following the Sick Leave Bank decision. Appeals received after the five (5) business days deadline will not be considered.
- Critical illnesses/injuries include but are not limited to: Inpatient hospitalization; life threatening illnesses; chemotherapy/radiation treatments; total hip and knee replacement; open heart surgery; extreme psychological distress; and terminal illness.
- The Sick Leave Bank Committee, at its discretion, may approve 3 (three) to 5 (five) days of paid leave to an employee when the request is due to the death of an immediate family member (as defined above).
- The Sick Leave Bank will not consider worker's compensation, and other illness covered by disability insurance; also, the Sick Leave Bank will not consider elective surgery (elective surgery is defined as surgery

**COLORADO SPRINGS SCHOOL DISTRICT #11
DEPARTMENT OF HUMAN RESOURCES**

SICK LEAVE BANK GUIDELINES

that is scheduled in advance because it does not involve a medical emergency); common colds, the flu, cosmetic procedures, sprains, strains or tears, follow-up doctor appointments or other common conditions, except in cases where critical complications occur.

- Employees granted fifteen (15) or more days from the Sick Leave Bank must return to the Sick Leave Bank one (1) day of their own sick leave from their next year's accrual.

The following sources may also contain information regarding the Sick Leave Bank; (i) Board policies and regulations and (ii) the Master Agreement. To the extent these Sick Leave Bank Guidelines are inconsistent with the sources listed in items (i)-(ii) above, the provision of items (i)-(ii) (whichever are applicable to the employee) shall govern.



Colorado Springs School District 11
 Department of Human Resources
 Karey Urbanski, Executive Director

Sick Leave Bank Request Form

(Please complete this form in its entirety to avoid denial or postponement of request.)

Employee Information

Name:	Work Location:
Address:	Employee ID #:
Phone Number:	Job Title:

Circle one -

Is this request a work-related illness/sickness? **Yes** **No**
If yes, are you receiving workers compensation? **Yes** **No**

Request Information

Number of years in District 11:	Date of last day of paid leave:	
Number of Day/Hours Requested:	Date returning to work:	
Reason for Sick Leave Bank Request:		
Summary of the use of accumulated sick leave (Why have you used all your paid accumulated sick leave?)		
Circle one - Emergency Surgery: Yes No	Circle one – Surgery required as soon as possible: Yes No	Circle one – Are you applying for disability? Yes No
Circle one – Have you previously requested days from sick leavebank? Yes No		
When? _____ Number of days approved: _____		

Medical Contact Information

Doctor's Name:	
Doctor's Address:	
Doctor's Phone Number:	
Doctor's release for return to work is attached _	Please attach a statement from doctor if you have not already done so.

I acknowledge that the Sick Leave Bank will not consider Worker's Compensation and other illness covered by Disability Insurance. I acknowledge that should I be granted days from the Sick Leave Bank and at a later date be approved for Disability and/or Worker's Compensation benefits, that I will be required to reimburse the District for any applicable amount owed that I received from Sick Leave Bank. _____ (Employee Initials)

Employee Signature: _____ Date: _____

Return this completed form to:
 Department of Human Resources
 Leave Office

COLORADO SPRINGS SCHOOL DISTRICT #11
DEPARTMENT OF HUMAN RESOURCES
Karey Urbanski, Executive Director

Medical Information Authorization

Employee Name: _____

Release of Medical Information

My signature below indicates that I authorize the Health Care Provider listed below to release medical information and records to the sick leave committee, the Human Resources department and the Employee Benefits department of my employer, Colorado Springs School District No. 11 (the "District"), for the purpose of evaluating my eligibility for the District's Sick Leave Bank.

By my signature below, I hereby authorize the Health Care Provider listed below to release a copy of all or any part of my office and treatment charts, including all correspondence, test results, notes, reports and billing records, including any records of any specific diagnosis of existing conditions, recommended medical treatment protocol, whether it is recommended that I work under any physical restrictions, and if so, the specifics of such restrictions, and the specific timeframe in it is recommended I return to work. I agree that the information released can include information concerning drug abuse, AIDS or HIV, alcoholism, or alcohol abuse, or psychological or psychiatric conditions, if any.

AUTHORIZATION: I certify that this authorization has been given voluntarily. I understand that I may revoke this authorization in writing at any time to the Director of Human Resources, at the District's Human Resources Department at 711 E. San Rafael Street, Colorado Springs, Colorado 80903. I understand that I can revoke this authorization except to the extent that action has already been taken to comply with it. This authorization may be used or reused to obtain subsequently prepared records or information pertaining to the requests herein after the date of this release if this authorization remains valid. This authorization shall be valid for ninety (90) days from the date of my signature. I understand that when this information is released it may no longer be protected by the HIPAA federal privacy regulation or other state or federal law. I also certify that treatment, payment, or eligibility for any health benefits were not conditioned on my signing this authorization. Federal and state regulations prohibit the District from making any further disclosure without my specific consent, except as otherwise permitted under such regulations. A copy of facsimile of this authorization may be used with the same effectiveness as the original.

Employee Signature	Print Name	Date
--------------------	------------	------

Name and Address of Health Care Provider:
