AGREEMENT TO PARTICIPATE IN SICK LEAVE BANK
BUTLER COUNTY BOARD OF EDUCATION

1. Participation in the Sick Leave Bank shall be voluntary on the part of the employee.
2. Any full-time employee shall be eligible for participation in the Sick Leave Bank. The Sick Leave Bank shall allow employees to deposit five days of his or her earned sick leave into the bank. The days deposited shall be available to be loaned to any participating member whose sick leave has been exhausted.
3. At the beginning of the scholastic year, or upon employment of a new employee, as the case may be, the appropriate number of sick leave days (five) shall, upon application of the employee, be credited to the employee's account to enable the employee to join the sick leave bank if the employee does not have the minimum number of sick leave days to enable him or her to join the bank.. The days credited to the employee shall be repaid to the bank as they are earned by the employee until all are paid in full.
4. A one time open enrollment period will be available March 7, 2008 through March 21, 2008 for any employee who has previously failed or refused to join the sick leave bank. The same provisions will be made for employees who do not have the prerequisite number of days as listed in item number 3 listed above.
5. A participating employee shall not be eligible to use sick leave from the Sick Leave Bank until all of his/her sick leave days have been exhausted.
6. The maximum number of days that can be borrowed by an individual from the Sick Leave Bank is fifteen days, including the five days which the employee has on deposit, unless over fifty percent of the participating members of the bank vote to extend said limit.
7. Sick leave shall be defined as follows:
   a. Personal illness;
   b. Bodily injury which incapacitates the employee;
   c. Attendance upon an ill member of the immediate family (husband, wife, father, mother, son, daughter, brother, sister) of the certificated employee, or a person standing in loco parentis.
8. Each employee who becomes a member of the Sick Leave Bank shall deposit five (5) days of leave and will be eligible to borrow a maximum of fifteen (the employee's deposited five days of leave and an additional ten days).
9. After an employee has exhausted his/her personal sick leave days, he/she may borrow the five days of leave on deposit and an additional ten days.
10. A participating employee who uses sick leave from the bank shall be required to repay the bank as he/she acquires days. Participating employees must repay borrowed sick leave days before leaving the Butler County School System. If the employee has no sick leave days remaining, the said value of the loan shall be deducted from the individual's final paycheck at the prevailing rate.
11. A participating member who retires or transfers to another school system may withdraw the unused days contributed to the Sick Leave Bank, not to exceed five days.
12. A participating member of the Sick Leave Bank who wishes to voluntarily withdraw from participating may withdraw at the end of the school year.
13. Membership in the Sick Leave Bank will be open at the beginning of the school year through September 15 and again from March 1 through by March 15 of each school year.
14. Any alleged abuse of the use of the sick leave bank shall be investigated by the sick leave bank committee. On the finding of wrongdoing, the member shall repay all of the sick leave credits drawn from the sick leave bank and be subject to other appropriate disciplinary action as determined by the local authority.

AGREEMENT TO PARTICIPATE IN SICK LEAVE BANK

I hereby authorize the Butler County Board of Education to transfer five (5) sick leave days to the Sick Leave Bank. I understand that if I do not have the minimum number of sick leave days to enable me to join the bank, the days will be credited to me and shall be repaid to the bank as they are earned by me until all are paid in full. I have read and understand all the rules and regulations as established by the Sick Leave Bank Committee and approved by the Butler County Board of Education.

SIGNATURE OF APPLICANT:_____

SIGNATURE OF SUPERINTENDENT:_____

DATE:_____