



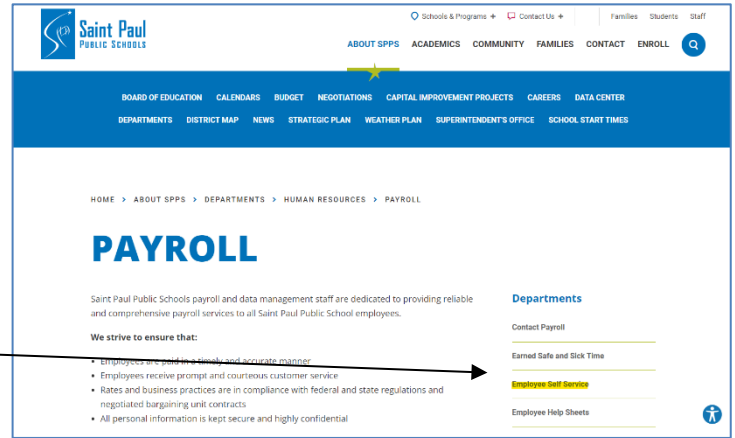
Sick Leave Bank eForm

How to submit a Sick Leave Bank eForm

Sick Leave Bank forms are now located in Employee Self Service.

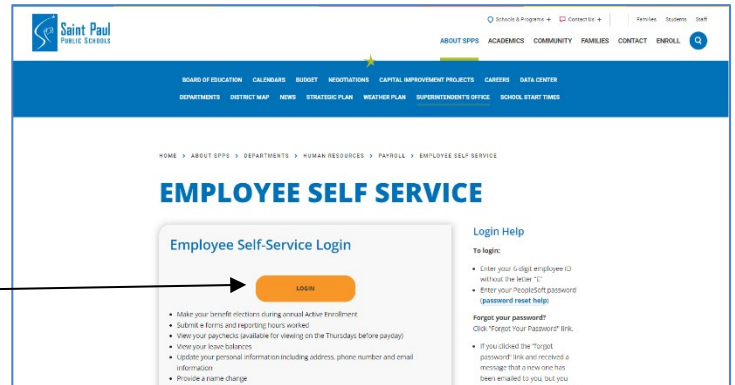
You can access Employee Self Service from the Payroll Home Page on the district website.
<http://www.spps.org/payroll>

Click the link on the right-hand side menu to get to the Employee Self Service home page.



This will bring you to Payroll Employee Self Service. From this page you can access the link to the Self-Service portal. *(The home page also provides internet browser compatibility information as well as notifications when the site may be down for routine maintenance.)*

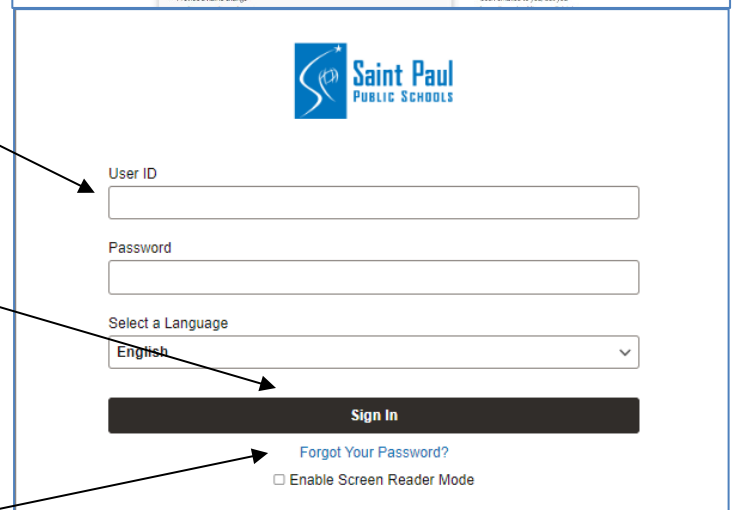
Click on the "Login" button



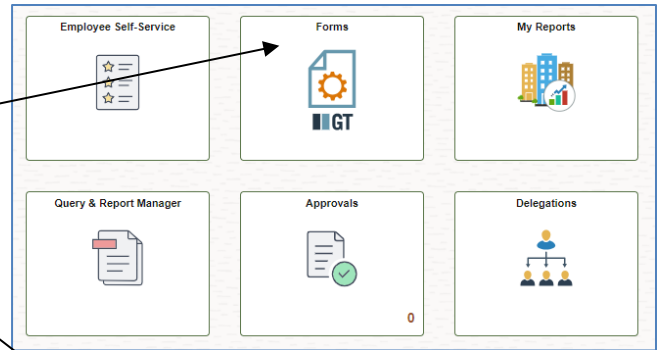
Type in your User ID and Password. Your User ID is your Employee ID *without* the "e" in front of it.

Click the Sign In button.

If you have forgotten your password, you can use the "forgot password link" if you have previously set up a security question. If you have not set up a security question, or if it is your first time accessing PeopleSoft Self Service, contact payroll for further assistance with getting your new password.



Once you have logged into the PeopleSoft Self Service Portal, you will can access the Sick Leave Bank eForm through the tiles on the Home Page. **Forms >Employee Forms > Sick Leave Bank Form.**



Employee Forms
View an Employee Form
Update an Employee Form
Evaluate an Employee Form
Demographic Questionnaire
Hourly Supplemental Pay Form
Lane Change Form
Lane Change Pre-Approval Form
Leave of Absence Form
Policy Acknowledgement Form
Resignation Form
Summer Pay Option Form
Sick Leave Bank Form

How to Donate hours to the Sick Leave Bank

1. Your information will automatically default on the form.
2. Select “Donate Sick Leave Hours”
3. Enter the number of hours you wish to donate to the sick leave fund.
4. Click on the Submit button.

Create a Form : Sick Leave Bank Form ID 704854 (NEW)

Personal Information

Empl ID
Name
Job Code
Location Code
Bargaining Unit
Regular/Temporary

I would like to:

*Current Balance(s) as of:
Current Sick Leave Balance:
Current Vacation Balance
Current Comp Time Balance:

*Your current accruals are listed above. This is the amount of paid leave that you have as of the last completed payroll. These amounts could change with additional accruals and usage. Not all bargaining groups accrue vacation and/or comp time.

Sick Leave Donation Authorization Form

Employees are able to donate accumulated sick leave to a Sick Leave Bank for the use of eligible employees under the AFSCME, Custodial and Operating Engineers, Educational Assistants, Nutrition Services, Teaching Assistants, or Teacher Bargaining Unit. This bank would provide the recipient monies whereas no other benefit was available (i.e. workers compensation, social security, long term disability, etc).

To be eligible to donate to the Sick Leave Bank, I confirm that:

- I am a regular full-time or part-time member of one of the bargaining units listed above and who is eligible for benefits.
- I have accumulated at least 720 hours of sick leave.
- I have not submitted a resignation or retirement to the District prior to making the donation.

Sick Leave Bank donations are anonymous and donations cannot be designated for a specific recipient(s).

Once the donation has been made and processed by Human Resources, the donation is irrevocable.

I authorize Saint Paul Public Schools Payroll to transfer the following number of hours from my accumulated sick leave into the Sick Leave Bank:

*Hours to Donate:

NOTE: Contributions must be in whole hour increments and may not exceed eighty (80) total hours during the time the donor is employed by the District.

How to Request hours from the Sick Leave Bank

1. Your information will automatically default on the form.
2. Select “Request Sick Leave Hours”
3. Select either “My own health condition” or “Family or household member”
4. If you selected “My own health condition” above, click on the Submit button.
Or, if you selected “Family or household member” above, then select “Parent”, “Spouse”, or “Member of Household”.
5. Click on the Submit button.

Create a Form : Sick Leave Bank Form ID 704854 (NEW)

Personal Information

Empl ID
Name
Job Code
Location Code
Bargaining Unit
Regular/Temporary

I would like to:

*Current Balance(s) as of:
Current Sick Leave Balance:
Current Vacation Balance
Current Comp Time Balance:

*Your current accruals are listed above. This is the amount of paid leave that you have as of the last completed payroll. These amounts could change with additional accruals and usage. Not all bargaining groups accrue vacation and/or comp time.

Sick Leave Bank Request Form

Employees under the AFSCME, Custodial and Operating Engineers, Educational Assistants, Nutrition Services, Teaching Assistants, or Teacher Bargaining Union (only) are able to access donated sick days from the Sick Leave Bank for qualified circumstances. This bank would provide the recipient monies whereas no other benefit was available (i.e. workers compensation, social security, long-term disability, etc.)

To be eligible to access donated sick hours through the Sick Leave Bank, I confirm that:

- I am a regular full-time or part-time member of AFSCME, Educational Assistants, Nutrition Services, Teaching Assistants, or Teacher Bargaining unit who is eligible for benefits.
- I have exhausted my accumulated sick leave and all other paid leave, such as accrued vacation, if applicable, at the time the recipient requests a donation from the bank.
- I am eligible for leave under the Family Medical Leave Act (FMLA) prior to the need for donated sick leave.
- I am not serving a disciplinary suspension, and
- I have not submitted a resignation or retirement to the District.

I request to receive a sick leave bank donation due to a prolonged absence from duty.

I have suffered a substantial loss of income (unpaid for five (5) duty days) due to a leave for to:

*Leave type:

*Leave type:

*Family Member:

I understand that I may be asked to support my eligibility (if I have documentation must be provided).

I understand that the decisions of the District in administering the Bank are final and not subject to the grievance procedure. Donated hours shall be distributed to eligible recipients on a first-come, first-served basis and in no case may the number of distributed hours exceed the number of hours donated.

I certify that the request above is for the purpose(s) indicated. I understand that I must comply with my Labor Agreement regarding the eligibility and procedures for the Sick Leave Bank and this request is subject to HR approval.

In the event that it is found the information provided for this request is fraudulent, I will immediately be removed from the program, subject to disciplinary action, required to repay money received from the program, and criminal prosecutions may be pursued.