

# HYDE PARK CENTRAL SCHOOL DISTRICT

## CSEA SICK LEAVE BANK

**Forms:** The following forms are to be the official forms of the Non-Instructional Sick Leave Bank.

- **Eligibility and Waiver Notice**
- **Physician's Report**
- **Employee Application for Consideration of Use of Sick Bank**

Historical sets of rosters of intent are to be placed in minutes and records.

### Eligibility and Waiver Notice

**Rules:** The following rules shall apply as elements meeting the contractual mandate.

1. Who May Apply?

Any person covered by the contract whose prior year's sick leave accumulation permits contribution of 2 days to the sick bank. (This will not include first year employees, therefore).

2. How to Apply

Application is made by completion of Sick Bank Notice of Eligibility and Waiver Form.

3. Deferred Options

Opportunity to join the Sick Bank will be made available every new school year from July 1 - September 30, by written request form to the Sick Bank Committee Chairman.

4. Membership Withdrawal

Opportunity to withdraw membership from the Sick Bank will also be made available from July 1 - September 30 of each school year by written request to the Sick Bank Chairman. Contributions from an applicant who withdraws will remain in the Sick Bank.

5. Amount of Sick Time Available

Approval of sick time may be given up to a maximum of 90 days. Applicant will be given consideration of 20 days by the Committee for the initial application. Subsequently, a new application will be subject to committee review comprised of committee review.

6. Meetings

Officers within the committee, act as facilitators. Meetings will be held annually during the second week of October to identify eligible members, to verify the annual roster, and to elect new officers. This committee will meet on an as needed basis.

Meetings may be called by any member. The Facilitator or Secretary in Facilitator's absence, will chair the meetings.

7. A quorum will consist of a simple majority without which a meeting cannot be official.

All committee members must vote in order for the committee to take any action. Majority shall rule. Voting may occur in absentia, but must be followed with a signed ballot.

8. Upon the recommendation of the committee, sick leave award is subject to approval by resolution of the Board of Education.

9. Appellate procedures: When a party requesting days from the Sick Bank disagrees with the determination of the committee, a request may be made to appear before the committee.

10. Must have at least 10 sick days accumulated before being eligible to apply for sick bank use.

11. The applicant must make available all information related to the circumstances of this application to the sick bank. All forms are to be completed and submitted in confidence only to the sick bank committee.

12. Verifications - prior to review. Sick bank applicable only if other incomes are not received for injury. Illness, operation, e.g. no fault insurance disability. Verification of such is required.

**EMPLOYEE APPLICATION FOR CONSIDERATION OF  
USE OF CSEA SICK BANK TIME**

**PHYSICIAN'S REPORT  
Patient Release**

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

**Patient's Signature:** \_\_\_\_\_

Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Dear Doctor,

The above patient has applied for consideration for participation in our employee sick bank. Please provide us with the requested information.

(Re: Attached Application and Release) has given us their permission to obtain the requested information by signing this request above.

1. Name of your patient's condition: \_\_\_\_\_

2. Have any restrictions been placed on this patient by you? \_\_\_\_\_

\_\_\_\_\_

3. For how long do you expect these restrictions to apply? \_\_\_\_\_

4. Enclosed is a copy of a job description outlining the duties of your patient. Describe any physical or mental limitations this patient may have enabling him/her not to perform his/her job as a result of this condition.

5. Have any medications been prescribed for this patient that might inhibit job performance? \_\_\_\_\_

**EMPLOYEE APPLICATION FOR CONSIDERATION OF  
USE OF CSEA SICK BANK TIME**

**PHYSICIAN'S CERTIFICATION**

Date: \_\_\_\_\_

I certify that \_\_\_\_\_ has been under my care  
(Patient's name)

for \_\_\_\_\_ and will be unable to perform his/her  
(Illness or disability)

duties on the following dates: \_\_\_\_\_ through \_\_\_\_\_.

**Diagnosis with explanation:**

**If surgery is involved please check one:**  Non- elective Surgery  
 Elective Surgery

**Prognosis with explanation:**

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Print Name

<p>Physician's Stamp (Required- if no stamp avail, please initial &amp; date area)</p>
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Please complete and return to:

Hyde Park Central School District  
**CSEA President**  
P.O. Box 2033  
Hyde Park, NY 12538-8033

**EMPLOYEE APPLICATION FOR CONSIDERATION OF  
USE OF CSEA SICK BANK TIME**

Date: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

Job Title: \_\_\_\_\_

Number of days requested from sick bank: \_\_\_\_\_

Reason for Application: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My attending physician name : \_\_\_\_\_

And address: \_\_\_\_\_

\_\_\_\_\_

Additional attending physician: \_\_\_\_\_

I was/ will be hospitalized at: \_\_\_\_\_

Hospitalized for: \_\_\_\_\_

Dates of Hospitalization: \_\_\_\_\_

Approximately how many days before you may return to work? \_\_\_\_\_

**Please complete and return to:**

Hyde Park Central School District

Attn: **CSEA President**

P.O. Box 2033

Hyde Park, NY 12538-8033