

3.9-- LICENSED PERSONNEL SICK LEAVE BANK

The Jonesboro Public Schools will administer a self-supporting sick bank for all full-time personnel who wish to participate. Participation shall be on a voluntary basis. After the election to participate in the sick bank has been made, the participation shall be continuous, unless the finance office receives a written request from the participant by September 15 for withdrawal of membership in the sick bank. Days contributed to the sick bank by signed authorization cannot be returned to the participant. Participants shall contribute one (1) day of earned sick leave per school year, except in a school year in which a balance of 300 or more days were carried forward in the sick bank. Unused sick days remaining in the sick bank at the end of a school year shall carry forward to the next year. In the event sick days are depleted during a school year, continuous membership forms on file shall be considered as permission to replenish the sick bank with an additional donated day by participants.

If a continuous participant has no earned sick days to contribute to replenish the sick bank, membership ceases until the earned day can be contributed.

1. A new full-time employee must submit a signed agreement to the finance office authorizing the contributed day.
2. The employee is immediately eligible to participate in the sick bank after contributing one day of earned sick leave and submitting the authorization to the finance office.
3. A current employee who is inactive in the sick bank may join the sick bank by sending the finance office a written request for election to participate in the sick bank by September 15 of the current school year. Requests after September 15 will become effective the following school year.
4. Participant may apply only after the following conditions- **(a)** all sick, gratuity, and vacation days have been used and **(b)** there have been **5 days missed without pay** (or using 5 personal illness days if available) for the condition pertaining to the current request.
5. No participant shall receive more than sixty **(60)** days from the sick bank in any one fiscal year. Participant must be a current member of the sick bank prior to their diagnosed illness/accident and request for sick bank days.
6. The applicant may only apply for a maximum of **20 days per request**. Applicant may apply for additional days and the application will be reviewed by the committee.
7. Sick bank days **will not** be issued retroactively. Days will only be granted for absences from working days and will not be granted for holidays or vacation days.
8. Sick bank days shall be granted to a participant for **themselves, their spouse, or children**. Days will be granted in cases of emergency caused by a serious illness or serious accident that prevents the participant from performing over 50% of his/her work duties and requires prolonged treatment. A qualifying illness or injury might include, but is not limited to, cancer, major non-elective surgery, serious accident or heart attack.
9. A participant may request **up to 10 sick bank days** that may be used for parent care in case of catastrophic events or illness. Application must be sent to sick bank committee.
10. Participants shall submit an application accompanied by a physician's certification as to the nature of the illness/accident, the probable length of disability, and detailed work restrictions. The application and physician's certification must be submitted as soon as the needed leave date is known. **Requests will not be considered until all the required information is provided.**

*The application must be hand delivered, put in the mailbag, or mailed directly to the sick bank committee. **NO** faxes will be accepted.

11. The committee will meet within 5 days of the request to make a decision on the application. The applicant will be notified by email and/or letter with the committee's decision.
12. For job-related accidents, sick bank days may be granted only after consideration is given to any compensation received by the participant from other governmental agencies or consideration of other disability payments. Members are not allowed Workman's Compensation AND sick bank.
13. Neither normal pregnancy, nor elective or non-emergency surgery shall qualify for withdrawal of sick bank days.
14. No days will be granted for surgery which in the opinion of the medical experts can be performed during the summer months or, for 11 and 12 month contracted employees, during vacation time.
15. If the participant is awarded days he/she may not work a 2nd job or perform duties outside of school while on sick leave. If bed rest is the physician's recommendation and the purpose for application to sick bank, the member is to adhere to treatment. Any person in violation of this condition will be responsible for repayment of sick days and termination from the Sick Leave Bank.
16. Any unused sick bank days will be returned to the sick bank.

A seven-member review committee shall determine the acceptability of each request for sick bank days. Members of the review committee shall consist of four teachers (two elementary and two secondary), one non-certificated personnel, one Administrative representative, and a representative from the finance office (or his/her designee). All members of the review committee must also be members of the sick bank. The certificated teachers and non-certificated personnel shall be elected by the majority of district personnel who are members of the sick bank, for a term of three (3) years on a rotation basis. Persons denied their request for sick bank days shall have the right to appeal before the review committee by submitting a written appeal. A monthly sick bank statement shall be made available to all participants of the sick bank upon request.

Catastrophic Event Clause

In the event of a catastrophic occurrence, a staff member may petition a subcommittee to award additional days without loss of pay. *In order to be defined as catastrophic, an illness or injury must be seriously incapacitating, of extended duration, and require the services of a licensed health care provider.* Members of the subcommittee will be the Certified PPC Chair, the Classified PPC Chair, and the Superintendent. The committee will be responsible for determining the number of days that will be granted. There is no minimum or maximum number of days that may be granted. Each request will be reviewed and a determination will be made based upon the merits of the request.

Legal Reference: A.C.A. § 6-17-1208

Date Adopted: 2005
Revised: March 11, 2008
Last Revised June 8, 2010
April 12, 2011
April 12, 2022

APPLICATION FOR SICK BANK LEAVE

Please complete this application and provide your physician with the physician certification form. Completed application and forms should be returned to: Sick Bank Committee
Jonesboro Public Schools
Jonesboro, AR 72401

EMPLOYEE NAME: _____ DATE: _____

SCHOOL LOCATION: _____ POSITION: _____

HIRE DATE: _____ PHONE NUMBER: _____

HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PATIENT'S NAME (if different from employee): _____ RELATIONSHIP: _____

Number of days of accumulated leave available as of date of this application:

Sick: _____ Gratuity: _____ Vacation (if applicable): _____

If you have few or no accumulated sick days, give brief history of how days were used:

Have ever been granted days from the sick bank? ☐ Yes ☐ No If Yes, when and why?

Do you have any relatives employed by Jonesboro Public Schools who would be eligible to donate sick leave under the "shared sick leave" policy? ☐ Yes ☐ No Do you have disability insurance? ☐ Yes ☐ No

Requested effective date for sick bank leave: _____ Number of sick bank days requested: _____
(This should be AFTER all sick, gratuity, and vacation days have been used. Do not count weekends, holidays or non-contracted days.)

If days requested are for surgery, could this surgery be scheduled during non-contracted dates (if applicable)?
☐ Yes ☐ No If No, is this due to doctor recommendation? ☐ Yes ☐ No

Give specific details regarding the nature of the illness or injury for which you are requesting sick bank days. Attach additional sheet, if required.

Employee Signature

Date

Physician Certification

Employee Name _____ DATE: _____

Patient's Name (if different from employee) _____

1. Does the patient's condition qualify under any of the categories described on page 4? If so, please check the applicable category. (1)____ (2)____ (3)____ (4)____ None____
2. **Describe the medical facts which support your certification, including a brief statement as to how the medical facts meet the criteria of one of these categories. (Doctor must fill this out completely for request to be considered.)**

3. Could the patient wait until summer or vacation to have his procedure? ____Yes ____No
4. State the approximate date the condition commenced and the probable duration of the condition (and also the probable duration of the patient's present incapacity*, if different):

*Incapacity for purposes of a Sick Bank paid leave request is defined to mean inability to work or perform other regular daily activities due to the serious health condition, required treatment or recovery.

5. a) If additional treatments will be required for the condition, provide information regarding the type of treatment and any possible subsequent side effects.

b) If the patient will be absent from work because of treatment on an intermittent basis, also

provide an estimate of the probable number of and interval between such treatments, actual or estimated dates of treatment if known, and period required for recovery if any:

8. a) Please describe your job and the type of work you are required to do.

b) If medical leave is required for the employee's absence from work because of the employee's own condition, is the employee unable to perform work of **any kind**? **Must list below what the applicant cannot do. Yes or no answers not accepted.**

c) If able to perform **some work**, is the employee unable to perform any one or more of the essential functions of the employee's job (the employee should supply you with information about the essential functions (see #8 above))? *If yes, please list the essential functions the employee is unable to perform:*

Please use the checklist below to indicate the functions that the employee can do.

- | | |
|--|--|
| ☐ Sit at a desk | ☐ Able to lift amounts over 10 lbs. |
| ☐ Supervise children | ☐ Walk for short amounts of time |
| ☐ Able to stand for (any/some) time | ☐ Bend comfortably |
| ☐ Able to lift amounts under 5 lbs. | ☐ Raise arms |

d) If neither b. nor c. applies, is it necessary for the employee to be absent from work for treatment?

e) Do the medications prescribed to the patient keep them from performing their duties?

9. a) If leave is required to care for a family member of the employee with a serious health condition, does the patient require assistance for basic medical or personal needs or safety?

b) If the patient will need care only intermittently, please indicate the probable duration of this need.

Signature of Health Care Provider

Type of Practice

Address

Telephone Number

City, State, ZIP

Date

To be completed by the employee needing family leave to care for a family member:

State the care you will provide and an estimate of the period during which care will be provided, including a schedule if leave is to be taken intermittently or if it will be necessary for you to work less than a full schedule:

Employee Signature: _____ Date: _____

A “Serious Health Condition”, for purposes of paid Sick Bank leave means an illness, injury impairment, or physical condition that involves one of the following:

1. Hospital Care

Inpatient care (*i.e.*, an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity or subsequent treatment in connection with or consequent to such inpatient care.

2. Surgery (Non-elective)

A period of absence due to an **urgent** surgical procedure which also results in a period of incapacity.

3. Permanent /Long-term Conditions Requiring Supervision

A period of incapacity¹ which is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of a health care provider. Examples include a severe stroke or the terminal stages of a disease.

4. Multiple Treatments

Any period of absence to receive multiple treatments (including any resulting period of recovery) by a health care provider either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity¹ of more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.), and kidney disease (dialysis).