Code: GBC7
Adopted: December 13, 2022
Revised: May 16, 2023

Sick Leave Bank Policy

1. PURPOSE

1.1 The Sick Leave Bank is provided to help MCSD employees, who are unable to perform their job duties due to a diagnosed debilitating illness or catastrophic injury and have exhausted all their available leave. Also covered is the care of an immediate family member who has a diagnosed debilitating illness or catastrophic injury.

1.2 The Sick Leave Bank is not a maternity leave bank, a repository for those who have expended the sick leave for undocumented medical concerns, blanket coverage for other than employee's immediate family, for personal business or for elective surgery.

1.3 Any employee who has been diagnosed with a debilitating or catastrophic injury or illness pre-existent within six months of membership shall not draw from the bank within the first year of membership.

2. SICK LEAVE BANK COMMITTEE

2.1 The MCSD Sick Leave Bank will consist of two members of the MC Teachers Association, two members of the MC Classified Association, and one member of the MC Administrators Association.

2.2 Human Resources will serve as the Sick Leave Bank Chairperson. This person will track all time donated and used by Sick Leave Bank members. The Sick Leave Bank Chairperson will not be a voting member of the committee. They will present requested allowed information to the Committee. They will communicate the decision of the Committee to the employee.

2.3 All Sick Leave Bank committee decisions are final and are not subject to appeal.

3. ELIGIBILITY

3.1 All full-time benefited employees may become members of the Sick Leave Bank by contributing two (2) leave days to start and any employee possessing 240 or more leave hours may contribute up to (3) leave days per open enrollment period. Any full-time

benefited employee that has contributed at least one (1) sick leave day in the past 3 years is an automatic member upon the verification of this updated policy.

3.2 At the beginning of each school year there will be an open enrollment period during the beginning of the school year until September 30th and again on April 1st to April 30th. Eligible staff must notify the District in writing of their desire to participate in the bank. Membership is maintained by donating at least one day every three years from the date of their original membership.

3.3 The maximum number of hours which may be transferred by an employee in any 1 calendar year is 120. The minimum number of hours which may be transferred in any 1 calendar year is 8. NRS 284.3621 (5)

3.4 When the number of days in the bank falls below two hundred (200) days, the committee will request the bank members to donate a minimum of 1 leave day to replenish the days available.

3.5 An employee who chooses to withdraw membership from the Sick Leave Bank must notify the Sick Leave Bank Chairperson in writing. Any employee who withdraws from the Sick Leave Bank will not be reimbursed for their sick leave already contributed to the bank.

3.6 The maximum number of days which may be granted from the bank at any one time shall be thirty (30) days. Additional days may be granted only after additional application and review. The maximum number of days which any one person can be granted from the bank during any 1 calendar year is 1040 hours (NRS 284.3623).

3.7 Upon leaving the District, an employee shall reimburse the Bank the remaining balance of days the member had received from the Sick Leave Bank. Leave time allotted by the Sick Leave Bank will be used for the specific dates/days requested. The member can request more leave as long as they fall within the guidelines laid out throughout this policy.

4. REQUIREMENTS

4.1 Membership of the Sick Leave Bank gives authorization to the Sick Leave Bank to review the employee's last two years of all district leave to help in the determination of grant days from the sick leave bank.

4.2 The member applying must complete the MCSD Sick Leave Bank Application completely and provide requested documentation BEFORE their request will be heard by the committee. In case an employee's illness prevents him/her from personally applying for the Sick Leave Bank, his/her designated representative or a member of his/her family on his/her behalf may submit his/her application to the Sick Leave Committee Chairperson.

4.3 The justification of a denial from MCSD Sick Leave Bank is required.

Mineral County School District

SICK LEAVE BANK APPLICATION

Please read and complete the enclosed Sick Leave Bank Application for assistance and include:

1. A statement from your physician including diagnosis (nature of your illness), prognosis (recovery), the expected length of time you will be off work, and if surgery is indicated, whether it is elective, required, or was an emergency.

2. YOU MUST INCLUDE ALL ITEMS, OR YOUR APPLICATION WILL NOT BE PROCESSED DUE TO LACK OF INFORMATION. Failure to include any of the requested information may delay review of your application. All information submitted is confidential within the committee.

3. To expedite your request and meet payroll time limits your application must be turned in for committee consideration 10 days prior to payday. Please allow enough time for the application to be processed so you don't go into an unpaid status. **Sick Leave Bank is not paid retroactively.**

SICK LEAVE BANK ASSISTANCE APPLICATION

Employee Name: _____School/Location_____

Home Address: _____City_____Zip_____

Home Phone: _____ Cell Phone: _____

Position/Title: _____Number of days requesting: _____

Is surgery required? Yes__No__ Elective? Yes__No__Emergency? Yes__ No_ Statement from physician (**MANDATORY**) must be attached. Description of illness/accident (attach additional pages if necessary):

_____

_____

_____

Workers Comp Claim (on the job injury): Yes_____No___

Number of days anticipated away from work because of illness/accident: _____

Employee's Signature:_____Date: _____

Information from MCSD HUMAN RESOURCES

Employee's Name _____Position/Site _____

Hours per day _____Months per year _____MCSD hire date _____

Full-Time (Benefited)_____Yes _____No

Date eligible to begin accruing sick leave bank contribution: _____

Date Contributed to the Sick Bank:_____

Number of hours used in the past two years in the following areas:

Sick leave : _____Hours

Personal Leave: _____Hours Annual leave: _____Hours

Any lengthy absences in the past two years? Yes _____ No_____

Dates (s): _____Number of hours used: _____

Date (s): _____Number of hours used: _____

4. An official printout from Human Resources showing sick leave and vacation usage for the past 2 years. **ALL SICK, VACATION, and COMP TIME MUST BE USED BEFORE SICK LEAVE BANK BEGINS.**

Sick Leave Committee Decision: Approved_____or Denied_____

JUSTIFICATION OF DENIAL:_____

END OF POLICY

Legal Reference(s): NRS 284.3621 (5), NRS 284.3623