

## Sick Leave Bank Guidelines

The School System Sick Leave Bank (SLB) is established to provide a loan of leave for its participating members after their accumulated leave has been exhausted.

### The Sick leave Bank Committee

- A. The SLB Committee shall consist of seven (7) members including a chairperson appointed by the Superintendent and one representative elected by secret ballot from each of the five schools and the central office.
- B. Members of the SLB Committee will serve a term of two years.
- C. The SLB Committee will only vote on decisions regarding catastrophic leave.
- D. Duties of the SLB Committee:
  - 1. Meeting of the SLB Committee may be called by the chairperson or a majority of committee members. Decisions may be made by email or telephone calls.
  - 2. The SLB Committee shall maintain accurate records of contributors eligible to participate in the SLB (authorization forms).

### Sick Leave Bank Eligibility

- A. Any employee possessing two (2) days of accrued sick leave may participate in the appropriate sick leave bank upon hire or during open enrollment.
- B. No employee shall be allowed to borrow or owe more than the eight (8) days the employee has on deposit or a maximum of 10. The 10 maximum days include the 2 employee sick days required for membership in the bank AND up to 8 additional days.
- C. Employees who incur sick leave absences beyond the maximum must apply for catastrophic leave or be docked at their daily rate of pay.
- D. To be eligible for a loan from the SLB, a participating member must have exhausted all accumulated sick leave, personal leave and vacation leave.
- E. Those days which a contributing employee has placed in the SLB are to be counted toward the cumulative total which is unlimited by law.
- F. An individual cannot leave the school system without repaying any outstanding debt of leave days to the SLB. If the employee has no sick leave days remaining, then his/her final check shall be garnished at their daily rate of pay for the number of days owed to the SLB.
- G. Members may withdraw from sick leave bank participation at any time with written notification to the finance department.
- H. Upon termination of employment, an employee can join the sick leave bank for the sole purpose of donating his/her remaining sick leave days to the bank but cannot borrow days or receive donated days.

### Application Procedure for Loans from Sick Leave Bank

- A. Members who wish to borrow days from the bank must complete the loan application form and submit it to the payroll department.
- B. Application for Loan forms will be available on the system website

### *The following constitute legitimate uses of Sick Leave:*

1. *Personal illness*
2. *Bodily injury which incapacitates the employee*
3. *Attendance upon an ill member of the immediate family (husband, wife, father, mother, son, daughter, brother, sister) of the employee, or a person standing in loco parentis*
4. *Death in the immediate family of the employee (husband, wife, father, mother, son, daughter, brother, sister, father-in-law, mother-in-law, son-in-law, daughter-in-law, brother-in-law, sister-in-law, nephew, niece, granddaughter, grandson, grandfather, grandmother, uncle, and aunt)*

**HOMEWOOD SCHOOL SYSTEM'S  
SICK LEAVE BANK LOAN APPLICATION**

\_\_\_\_\_  
Employee's name as it appears on paycheck

\_\_\_\_\_  
School or Office Work Site

\_\_\_\_\_  
Date

Number of Days Requested from the Sick Leave Bank \_\_\_\_\_ (10 Maximum)

Starting Date \_\_\_\_\_ Ending Date \_\_\_\_\_

Reason for Leave Request \_\_\_\_\_  
\_\_\_\_\_

I have reviewed the Guidelines for Operation of the Sick Leave Bank.

\_\_\_\_\_  
Signature

**All sick, personal and vacation leave must be exhausted before applying for a loan.**

Submit this form to:                      Local School Payroll Contact Person

**VERIFICATION OF AUTHORIZATION  
FOR PARTICIPATION IN SICK LEAVE BANK PROGRAM  
BY FULL-TIME PERSONNEL**

\_\_\_\_\_  
Employee's Name as it appears on paycheck

\_\_\_\_\_  
School or Office Work Site

I hereby verify that I wish to participate in the Sick Leave Bank Program of the Homewood City School System. I hereby authorize that two (2) days from my personal sick leave account be placed on deposit in the Sick Leave Bank.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

Submit this form to:                      Local School Payroll Contact Person

**NEW EMPLOYEES:** YOU MAY JOIN THE SICK LEAVE BANK WITHIN THE FIRST MONTH OF BEING HIRED WITH A ZERO BALANCE.

**CURRENT EMPLOYEES:** YOU MAY JOIN THE SICK LEAVE BANK DURING OPEN ENROLLMENT EACH SEPTEMBER BECOMING EFFECTIVE OCTOBER 1.