

A POLICY STATEMENT
OF
THE HANCOCK COUNTY BOARD OF EDUCATION
New Cumberland, West Virginia 26047

HANCOCK COUNTY SICK LEAVE BANK POLICY

PROFESSIONAL PERSONNEL

The purpose of the Sick Leave Bank is to provide protection for an individual who has used up his/her sick leave days and is suffering from a catastrophic illness (*see Definitions*) or serious accident. This policy is not intended to include such things as elective surgery, normal maternity leave or minor illnesses.

Definitions:

Catastrophic medical emergency means a medical or physical condition that:

- (1) Incapacitates an employee or an immediate family member for whom the employee will provide care;
- (2) Is likely to require the prolonged absence of the employee from duty;
- (3) Will result in substantial loss of income to the employee due to exhaustion of all accrued sick leave.

The Sick Leave Bank is to be set up by the Hancock County Board of Education and administered by the Central Office under the direction of the Sick Leave Bank Board of Trustees.

The Board of Trustees is a seven (7) member panel that has control over the disbursement of days from the bank. The board shall be composed of the following:

- County Superintendent
- HCEA President or his/her designee
- Two representatives from elementary K-6
- Two representatives from secondary 7-12
- One principal

Each representative will be elected for a three (3) year term. K-6 will elect their representatives, 7-12 will elect their representatives, and principals will elect their representative.

Any professional employee is eligible to participate in the Sick Leave Bank. An open enrollment period will begin the first day of the new school year and will continue for the next thirty (30) school days.

An employee is ineligible to join after such time as he/she is aware of a major illness or is involved in an accident.

To become a member each person must contribute two (2) leave days to the bank. Once these days are contributed, the employee relinquishes all claims to said days.

Only contributing members may draw from the bank. Withdrawals can be made only after an employee has less than five (5) days sick leave remaining and majority approval has been granted by the Board of Trustees.

An individual may not draw more than thirty (30) days from the Sick Leave Bank at one time. However, he/she may reapply for additional days to the Board of Trustees, not to exceed forty-five (45) days per school year. (See Limitations on Use of Approved Days)

Limitations on Use of Approved Days: Approved leave may not be used to qualify for or add to service for any retirement system or extended insurance coverage. Leave may only be used for an absence due to the purpose for which the leave was granted. Partial days will not be granted and days may not be taken sporadically. When the catastrophic medical emergency ends, all unused days will be returned to the Professional Sick Leave Bank.

If the Sick Leave Bank's number of days drops below 50, each member will be assessed one (1) additional day. No employee will be assessed for more than two (2) days per year after the initial two days are contributed.

A member may withdraw his/her membership from the Sick Leave Bank at any time upon written notice to the Board of Trustees.

Procedures:

- A. The employee requesting sick leave days must complete the Application for Sick Leave Days and have the form approved by the Professional Sick Leave Bank's Board of Trustees.
- B. Physician's Statement: A signed letter from a physician must accompany this request. The letter must provide sufficient information describing the medical emergency with a prognosis for a date to return to work and verifying the inability of the employee to work due to the catastrophic medical emergency.
- C. A quorum of the Professional Sick Leave Bank's Board of Trustees shall be convened to administer request.
- D. In case the employee has been incapacitated and cannot complete the application process, a member of the employee's family may submit the application.

HANCOCK COUNTY SICK LEAVE BANK

APPLICATION FOR MEMBERSHIP

NAME

EMPLOYEE NUMBER

ADDRESS

ADDRESS

I wish to become a member of the Hancock County Sick Leave Bank. I voluntarily contribute two (2) days from my accumulated sick leave and relinquish all claims to said days. I further agree to automatically contribute one (1) additional day whenever the bank falls below 50 days. At no time will I be assessed for more than two (2) days during any school year after the initial two days are contributed. I understand the rules and regulations of the policy, and I understand that the bank will not begin operations until at least 200 days are contributed.

SIGNATURE

DATE

NOTARY

DATE

HANCOCK COUNTY SICK LEAVE BANK

APPLICATION FOR SICK LEAVE DAYS

Date_____

EMPLOYEE
NAME_____

SCHOOL_____ POSITION_____

Employee's total accumulated days of sick leave as of date of request_____

DATE(S) REQUESTED_____

I wish to apply for _____days from the Hancock County Sick Leave Bank.

Leave will BEGIN_____ (mm/dd/yyyy) and END on _____ (mm/dd/yyyy)

SIGNED Physician's Statement must accompany this form.

NATURE OF ILLNESS

Approved leave may not be used to supplement state-paid benefits programs. Approved leave may only be used for an absence due to the purpose for which the leave was granted. Partial days will not be granted. When the catastrophic medical emergency ends, all unused days will be returned to the Professional Sick Leave Bank.

APPLICANT

DATE

APPROVED

NOT APPROVED

PRESIDENT, BOARD OF TRUSTEES

DATE

*Application for use of sick leave days from bank must be made at least five (5) working days in advance.

Date Approved: May 9, 1988
RE-ADOPTED: December 11, 2000
DATE REVISED: April 4, 2011