

## **DISTRICT 25 SICK LEAVE BANK**

The District 25 Sick Leave Bank covers the following employee groups: TCAP, SASP, Food Services, administrators and all other employees not covered under a collective bargaining agreement. All individuals, in one of the above employee groups, entitled to sick leave benefits become members of the Sick Leave Bank upon date of employment.

As of July 1, 2006 there are 630 days in the District 25 Sick Leave Bank.

1. A District 25 Sick Leave Bank Committee will act in all matters that concern the policies and the administration of the Sick Leave Bank and report its decisions in writing to the Assistant Superintendent for Personnel and Planning prior to any payment for extended sick leave. The committee shall be made up of one SASP representative, one TCAP representative, one Food Services representative, one administrative representative, and the Supervisor of Business Services.

2. Employees will enroll in the Sick Leave Bank by donating one sick day to the Bank at the beginning of each fiscal year (7/1 – 6/30) for the first five consecutive years of employment. These days will be automatically deducted from the employee's sick leave day entitlement. Employees who are not eligible for sick leave benefits are not entitled to membership in the District's Sick Leave Bank.

3. The intent of the Sick Leave Bank is to provide extended sick leave to those members who experience an extended absence due to the employee's own prolonged illness or hospitalization, or the prolonged illness or hospitalization of an employee's immediate family member. For the purposes of this policy, "immediate family member" shall be defined as spouse, children (or other dependents living in your home), parents, parents-in-law, sons-in-law, and daughters-in-law. The Sick Leave Bank shall not be available for use in conjunction with any illness due to elective surgery or cosmetic surgery. In order to be eligible to draw from the Bank, a member must:

- be a contributor to the Bank.
- present a doctor's certificate of continuing illness, including date that they are anticipated to return to work.
- have used all of his/her accumulated sick leave and all other available compensation days (i.e. personal business days, vacation days, comp time, etc...).

4. A maximum number of days available annually (July 1 – June 30) to an eligible member shall be as follows:

<u>Employee's Number of Years as a Member of the District 25 Sick Leave Bank</u>	<u>Number of Available Sick Leave Bank Days</u>
0 – 2	5 per year
3 - 4	10 per year
5 to 10	20 per year
11 to 14	40 per year
15+	60 per year

Each member may make application to draw from the Sick Leave Bank the number of sick leave days equal to the lesser of: 1) the number of days remaining until the employee's anticipated date of return to work; 2) the number of employee work days remaining in the term; or 3) the maximum number of available Sick Leave Bank days set forth in the above chart not to exceed twenty days. A member who qualifies for more than twenty days on the above chart, shall be entitled to such additional days upon the submission of a doctor's certificate of continuing illness, including an anticipated date of return to work, to the Supervisor of Business Services.

5. Should the total number of days in the Sick Leave Bank ever fall below 100 days, representatives from the member groups and School District 25 representatives shall meet to assess the viability of the Sick Leave Bank and the potential need for additional days to be contributed by members of the Sick Leave Bank.

6. It shall be noted that any medical documentation required herein is requested at the direction of the Sick Leave Bank Committee for the purpose of determining eligibility for Sick Leave Bank benefits. The Board reserves the continued right to request any medical documentation it deems necessary, and/or to require the employee to submit to additional medical examinations at the District's expense, subject only to any limitations existing under applicable law.

7. Employees who transfer to other positions within the school district that have their own Sick Leave Bank are required to begin their membership anew in the new Sick Leave Bank. No days can be carried over from one Sick Leave Bank to another within the school district. (Example: TCAP employee joins ATA. The employee would become a member of the ATA Sick Leave Bank and would be required to make the initial sick day donation over the first five years and adhere to the contract language in the ATA Professional Agreement.) Donated days are not returned to the employee upon termination of employment from the district or from an employee group enrolled in the District 25 Sick Leave Bank referred to in this handbook.

8. Member employees who have exceeded their maximum sick leave day accrual (that can be carried over into the next fiscal year) as of June 30<sup>th</sup> will automatically have excess days donated to the District 25 Sick Leave Bank.

**Directions for Accessing the Sick Leave Bank:**

An eligible District 25 Sick Leave Bank member who has used all sick days, personal days, vacation days, and comp time, may request days from the Sick Leave Bank by **contacting the Supervisor of Business Services at (847) 758 – 4915** for an application for Sick Leave Bank Days (application on next page). The application is also available on the district's internal web site.

Upon receipt of an application, the Sick Leave Bank Committee will convene within five business days to review the request and determine whether or not to grant the request for Sick Leave Bank days. The Committee Chairperson will contact the employee, the Benefits Department, and the Assistant Superintendent for Personnel and Planning of the Committee's decision.

## District 25 Sick Leave Bank Application for Sick Days

Employee Name \_\_\_\_\_ Date \_\_\_\_\_

Work Location \_\_\_\_\_

Employee Group (please check one)

\_\_\_\_\_ SASP

\_\_\_\_\_ Food Service

\_\_\_\_\_ Admin.

\_\_\_\_\_ TCAP

\_\_\_\_\_ Other

I am applying for available sick leave bank days due to: \_\_\_\_\_ my own illness  
\_\_\_\_\_ illness of immediate family member

If you checked the illness of an immediate family member, please identify the employee's relationship to the family member:

Spouse

Parent – in –law

Child

Son- in-law

Parent

Daughter – in – law

Other dependent living in your home – please explain below

Please list your anticipated date of return to work per your (family member's) doctor: \_\_\_\_\_

You must attach a doctor's certificate of continuing illness, including the date that the employee is anticipated to return to work.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**RETURN COMPLETED APPLICATION TO THE SUPERVISOR OF BUSINESS SERVICES**

OFFICE USE ONLY

Date when this employee has used all available compensation days: \_\_\_\_\_

Number of available Sick Leave Bank Days to eligible member if the Sick Leave Bank Committee approves this application: \_\_\_\_\_