



SICK LEAVE BANK

Bylaws

1. The Sick Leave Bank Committee shall administer the Sick Leave Bank. It shall consist of thirteen members. Each principal or department head of each school, and the department heads of maintenance, transportation and school food services shall appoint one member of his/her staff to be on the Committee. The Superintendent shall appoint the Central Office representative. The Superintendent shall be an ex-officio member. All members of the Committee must be members of the Sick Leave Bank. Sick Leave Bank Committee members will serve for five years. Sick Leave Bank Committee members must show active attendance and participation or be subject to replacement. Vacancies will be filled by selection of a member by the Superintendent, appropriate principal, or department head.
2. The Sick Leave Bank Committee shall have the responsibility of receiving, verifying, and approving or denying requests for Sick Leave Bank withdrawals. The Sick Leave Bank Committee member will consider withdrawals solely in regard to catastrophic illness. The Sick Leave Bank Committee shall elect a chairperson and a vice-chairperson. The Employee Benefits Coordinator shall represent the office of secretary. The Sick Leave Bank Committee shall administer the Sick Leave Bank under the guidelines it establishes in accordance with Valdosta Board of Education regulations.
 - a. The Sick Leave Bank Committee shall render a decision on all applications within ten (10) working days of its receipt whenever possible, but no later than 30 days.
 - b. The decision must reflect a majority of the entire Sick Leave Bank Committee. The decision shall be final and binding and not subject to appeal.
 - c. A majority of Committee members must be present to conduct the official business of the Sick Leave Bank Committee. The Sick Leave Bank shall meet at least two additional times per year to discuss methods and procedures; this meeting is not to include consideration of sick leave bank requests.
 - d. The Sick Leave Bank Committee members shall use the following criteria in administering the bank and in rendering their decisions: Compliance with the thirty consecutive day regulation.
3. Records of the Sick Leave Bank shall be maintained by the Sick Leave Bank Committee and the Finance Department. The Sick Leave Bank Committee shall inform the Finance Department of all requests they approve and the amount of additional leave granted the employee.





SICK LEAVE BANK (cont.)

Membership

1. Membership in the Sick Leave Bank is voluntary.
2. Any employee entitled to accumulate sick leave days in the Valdosta City Schools and who has been employed 120 consecutive days may become a member of the Sick Leave Bank by donating one day of his/her accumulated sick leave.
3. An employee wishing to become a member must sign a participation form in the initial 30-day enrollment period or the first thirty days of each school year.
4. Donations of sick leave to the Sick Leave Bank are not refundable and not transferable.
5. Membership in the Sick Leave Bank is considered continuous unless written notice of withdrawal of membership is received by the Sick Leave Bank Committee within the enrollment period of a subsequent year.

Regulations and Procedures for Application for Sick Leave Bank Withdrawals

1. A member of the Sick Leave Bank shall be eligible to make application to the Bank provided that: The first thirty (30) consecutive days of illness or disability have been covered by the employee's own accumulated sick leave, vacation days or absence without pay.
2. In the event that a member is physically or mentally unable to make a request to the Sick Leave Bank, a family member or agent may file the request on the member's behalf.
3. All requests to withdraw days from the Sick Leave Bank shall be filed with the Committee on the Sick Leave Request Form.
4. The Sick Leave Bank Request Form shall be accompanied by a physician's statement verifying catastrophic illness and attesting to the individual's incapacity to perform assigned duties.
5. An applicant may be required to undergo at his/her own expense a medical review by a physician approved by the Sick Leave Bank Committee.
6. Additional leave days granted by the Sick Leave Bank Committee may be used only for personal illness/disability of the employee.
7. Sick leave days granted by the Sick Leave Bank Committee shall not exceed forty-five (45) work days annually (July – June 30).
8. Applicants may submit requests for extension of leave before their prior grant expires.
9. All leave granted but not used by the employee must be returned to the Sick Leave Bank.
10. Sick leave granted to an employee by the committee does not have to be repaid except as all members are uniformly assessed.
11. Each employee shall sign the Sick Leave Bank Enrollment/Waiver Form stating that he/she is aware of the provisions of the Sick Leave Bank and also that he/she relieves the Sick Leave Bank Committee and the Valdosta City Schools from any liability as a result of action taken by the Sick Leave Bank Committee.
A sick Leave Bank member is not entitled to receive his/her base salary and workman's compensation simultaneously (no profit can be made from illness or disability).





SICK LEAVE BANK REQUEST FORM

DATE: _____

Name: _____ Social Security No.: _____

School/Department: _____ Position: _____

Home Address: _____

Telephone Numbers: Home: _____ Work: _____

Is this injury/illness work related?: ☐ Yes ☐ No

Date of Last Day Worked: _____ Number of Leave Days Requested*: _____

Accumulated to Date: _____ Vacation Days: _____ Sick Leave Days: _____

Describe the nature of your catastrophic illness: _____

1. The Sick Leave Bank is available to a member with a catastrophic illness or disability causing absence from work for an extended period of time.

2. The member must have been absent, due to a catastrophic illness or disability, at least thirty (30) consecutive work days immediately prior to the day use of Sick Leave Bank days begin.

*3. The maximum number of days any member may receive in any school year (July 1 – June 30) is forty-five (45).

4. All leave granted but not used by the member will be returned to the Sick Leave Bank.

5. Physician's Name: _____ Telephone No. _____

Address: _____

6. I authorize my physicians to release information relating to my catastrophic illness or disability to the Valdosta City School's Sick Leave Bank.

Signature of Employee or Designee _____ Date _____

 Date Request Received: _____ Physician's Statement Attached? ☐ Yes ☐ No

Member's Accumulated Leave Ends/Ended: _____ First Day of Work Missed for this Illness: _____

 Request Granted: ☐ Number of Days Granted from Sick Leave Bank: _____

 Request Denied: ☐ Reason Denied: _____

Signature of Sick Leave Bank Committee Member _____ Date _____

SECTION A – TO BE COMPLETED BY EMPLOYEE (Print or Type)

SECTION B – TO BE COMPLETED BY SICK LEAVE BANK COMMITTEE





PHYSICIAN'S FORM FOR VERIFYING CATASTROPHIC ILLNESS OR DISABILITY OF EMPLOYEE

Social Security Number:	Employee's Job Title or Class Title:
Name (Last / First / Middle):	Department:
Address:	Work Site:
City/State/Zip:	Work Telephone Number:

PHYSICIAN'S REPORT OF CATASTROPHIC ILLNESS

[illegible]

Physician's Name:		Disability Begins:		Estimated Date Disability Ends:	
		Month	Day	Year	Month Day Year
Group Name:		Suite/Phone Number:		Street Address:	
City/State/Zip:		I certify that the above named employee is under my care and will be unable to perform normal duties during this period. Adjustments in these dates may be necessary at a later date.			
		Physician's Signature (no stamp)		Date	

