

COLORADO INDEPENDENT SCHOOL DISTRICT
CATASTROPHIC SICK LEAVE BANK

CATASTROPHIC SICK LEAVE BANK
COLORADO INDEPENDENT SCHOOL DISTRICT

Beginning 1997

Pay to the
Order of A Member in Need \$ *****

A Helping Hand

Memo 325-728-5312

Friends Who Care

“Friends Helping Friends”

CISD CATASTROPHIC SICK LEAVE BANK

GUIDELINES

SECTION I PURPOSE DEFINITION

A. Purpose:

The purpose of the Catastrophic Sick Leave Bank is to provide additional sick leave days to members of the bank in the event of a catastrophic illness or injury. Days may be requested from the bank only after the member has exhausted all accumulated state and local sick leave days.

B. Definition: Sick Leave Days for Members:

Sick leave days from the bank are those days granted to a member who through an unexpected critical illness, surgery, injury, or other disability, is unable to perform the duties of his/her position.

Sick leave days for immediate family members will be granted for a critical illness or other disability of a family member (spouse, child, mother, father).

C. Definition: Catastrophic Injury or Illness:

Treatment of the catastrophic injury or illness must be under the supervision of a licensed physician of record, who certifies the level of disability versus total disability, which may include the physician's recommended period of convalescence and/or rehabilitation.

SECTION II MEMBERSHIP

A. Eligibility:

All Colorado ISD full-time ten, eleven, and twelve month personnel shall be eligible for membership. "Full-time employees" shall be defined as those working a minimum of 20 hours per week. Teachers and paraprofessionals working at least 50 percent of the normal school day shall also be eligible for membership. Any employee wishing to be excluded will be requested to sign a waiver.

B. Procedures for Joining the Sick Leave Bank:

1. Any employee who is eligible to join the Sick Leave Bank may do so by contributing two (2) days of accrued or anticipated local sick leave. An employee desiring to join during the current school year must be able to earn at least two (2) days from the time of his/her employment until the completion of his/her total number of days of work at the end of the school year.

2. The enrollment period for current and new employees hired prior to the opening of the school year shall be July 1 through September 30.
3. All personnel who join the bank within the enrollment period are eligible for membership beginning with their first official day of work.
4. All new personnel employed after the enrollment period must be able to earn at least three (3) days of local sick leave during the current school year to be eligible for membership.
5. Employees desiring to join the bank shall complete the membership application form and submit it to the CISD business office who shall verify the employee's eligibility, and upon approval of the application, send it to the payroll department.

SECTION III REGULATION: CONTRIBUTION OF DAYS

- A. To become a member of the bank, an employee must contribute two (2) days from his/her accrued or anticipated local sick leave for the current school year.
- B. These days will be subtracted from the member's local sick leave record.
- C. The two (2) days donated become the property of the CISD Catastrophic Sick Leave Bank. All donations will remain in force and cannot be returned even upon cancellation of membership.
- D. For bank purposes, the school year will be from September 1 through August 31. If a member uses two (2) or more days from the bank during this period, he/she will repay the bank at the rate of two (2) days the following school year (September through August) and three (3) days per school year after that until all days borrowed from the bank are paid back.
- E. If a member decides to cancel his/her membership in the bank, the two (2) days contributed for membership remain the property of the bank. If, at a later date, this individual wishes to rejoin the bank, he or she may do so during the enrollment period by again donating two (2) days.
- F. Personnel who terminate their employment with the district forfeit membership in the bank at the effective date of termination. Retirement is also considered termination. If the employee wishes to regain membership in the bank upon his/her return to the district, two (2) days must again be donated.
- G. Personnel on approved leave of absence will retain membership in the bank and will not be required to donate additional days.

SECTION IV REGULATIONS: GRANTING SICK LEAVE DAYS FROM THE BANK

- A. Sick leave days from the bank are available only in the event of a catastrophic illness or injury.
- B. Conditions known to exist by the employee on or before the date of joining the Sick Bank will not be covered under provisions of the Sick Leave Bank until one year from the date of enrollment. (This statement became effective July 1, 2008.)
- C. Sick leave days from the bank will be granted only after the member has exhausted all state and local leave.
- D. Sick leave bank days shall be granted only for absences from working days and will not be granted for holidays, vacation days, or other such days.
- E. The maximum number of sick leave bank days that may be granted to an employee during the year (September 1 through August 31) will be twenty (20) days.
- F. If a member who has received less than twenty (20) days from the sick leave bank returns to work and then is ill again with the same or a different illness, he/she may apply to the sick leave bank for additional days needed, the total not to exceed twenty (20) days per year.
- G. All unused sick leave days in the bank at the end of the school year (August 31) shall be carried over to the next school year (September 1 through August 31).
- H. A member will lose the right to utilize the benefits of the bank only by:
 - 1. Termination of employment in Colorado ISD (includes retirement)
 - 2. Cancellation of participation by the member on the proper form at any time
 - 3. Being on approved leave of absence
 - 4. Fraudulent or falsifying records.

SECTION V PROCEDURES: APPLYING FOR SICK LEAVE DAYS

- A. Should the member have a catastrophic illness or injury necessitating the need for additional days after all state and local leave have been used, the member may submit a request for days from the bank.
- B. A member who requests days from the bank must submit to the Executive Director within thirty (30) work days after returning to duty, forms containing the following information:
 - 1. A statement signed by the member attesting to the specifics of the illness or injury
 - 2. Completion of the attending physician's statement which includes:
 - a. Identification of the nature of the illness and/or extent of injury
 - b. Date of initial onset of this particular condition
 - c. Anticipated date eligible to return to work on a full or part-time basis

3. Anticipated days, if any, for follow-up examinations. (may be limited by the Board of Directors)
- C. Forms for the above purposes have been prepared and are available from the school principal, the department head, and/or the Administrative Office, and on the CISD web page.
- D. The Executive Director may refuse to consider an application that does not contain the required information.
- E. If a member is critically ill and unable to file an application for sick leave days from the bank, then the school principal, immediate supervisor, or department head, may initiate the application form at the request of the family.
- F. An applicant may be required to undergo a medical review by a second opinion physician of the board's choice at any time, at the expense of the applicant.

SECTION VI GOVERNING BODY

A. Name

The Catastrophic Sick Leave Bank administrator that will approve or disapprove all requests for sick leave bank days shall be the "Executive Director".

B. Composition of Membership of Board of Directors

1. Board members must have been employed by the Colorado ISD for at least three (3) consecutive years prior to election.
2. Members of the Board of Directors shall be elected from the following:
 - a. Two (2) representatives from the elementary level teachers, one (1) from Hutchinson Elementary and one from Kelley Elementary
 - b. One (1) representative from Colorado Middle School
 - c. One (1) representative from Colorado High School / Wallace High School
 - d. One (1) representative from paraprofessional personnel (secretarial/aides)
 - e. One (1) representative from food service/ transportation personnel
 - f. One (1) representative from maintenance/custodial personnel
 - g. One (1) representative from administration (central administration staff or principal, or assistant principal).

Total membership will be eight (8).

The Executive Director shall be appointed by the CISD Board of Trustees but will not be a voting member.

C. Term of Office

1. A member of the Board of Directors shall serve for two (2) years beginning September 1 and ending August 31. A member may serve a maximum of two (2) consecutive terms (4 years total).

2. To establish continuity of the Board, the term of office for one-half the members of the Board will expire August 31 of the term year. The term of office for the other one-half of the Board of Directors will expire August of the following year.

D. Election Procedure

1. After the initial Board of Directors is determined, each member going off the Board would ask someone from their school or department to take his/her place. This would keep all personnel in the district represented.
2. Only members of the sick bank would be eligible for election. Counselors, librarians, music teachers, special education teachers, nurses, etc. who are members of the sick bank will be eligible to be elected to the Board of Directors per the "Home School" assignment.
3. The Executive Director shall rule on the eligibility of all other personnel, not covered above, as to which group to be assigned for such purposes.

E. Duties and Responsibilities of the Board of Directors

1. At the first meeting of the year, the Board shall select from the current members a chairperson, a vice chairperson, and a secretary.
2. All appeals for sick leave bank days shall be reviewed individually by the board in a called meeting. A quorum shall consist of at least five (5) members.
3. A member may be requested to appear before the Board to substantiate his/her case.
4. The decision of the Board of Directors will be final.
5. Vacancies of the Board of Directors that arise during the school year shall be filled by appointment by the Board of Directors. The selection will be made from the group represented by the resigning director.

F. Duties and Responsibilities of the Executive Director

1. The Executive Director shall determine the number of days approved up to twenty (20) days, and reserves the right to approve, disapprove, or modify the days requested. The Director shall notify the member in writing of the decision.
2. The Executive Director shall serve as the Executive Officer for the Board of Directors and process all approved sick leave days for members to the payroll department.

G. Appeal Procedure

1. A member has ten (10) working days from the date of the letter from the Executive Director to appeal that decision. The appeal must be in the form of a letter to the Chairperson of the Board requesting to appear before the Board of Directors.

SECTION VII FINAL DECISIONS ON PROCEDURES

A. Procedures for deciding any questions not covered in this handbook.

1. Any questions concerning membership, regulations, or application for sick leave days that may arise after adoption of this plan and not specifically covered herein, shall be submitted to the Board of Directors. They will make a recommendation to the Colorado ISD superintendent for a final decision.

SECTION VII AMENDMENT PROCESS TO THE BANK

- A. These guidelines may be amended upon recommendation by the Catastrophic Sick Leave Bank Board of Directors and approval by the CISD superintendent.
- B. Any substantial change in this program must be approved by the Colorado ISD Board of Trustees.

COLORADO INDEPENDENT SCHOOL DISTRICT

TO THE ATTENDING PHYSICIAN:

RE: _____

SS#: _____

Your patient is requesting sick leave benefits from the Colorado Independent School District, which will afford the patient full payment for specific number of days lost from work.

Prior to approving any payment for days lost, a physician’s statement is required concerning the patient’s illness.

Please complete the attached form and return it to:

COLORADO ISD BUSINESS OFFICE
PO BOX 1268
COLORADO CITY, TX 79512

This form may be given to the patient or mailed directly to the Business Office. If you have any questions concerning this request, please feel free to call me at 325-728-5312.

Respectfully,

Shelia Redwine
Business Manager
Colorado ISD

* Please release my records, as requested above, by completing the enclosed form.

Patient

Date

COLORADO INDEPENDENT SCHOOL DISTRICT

CATASTROPHIC SICK LEAVE BANK

ATTENDING PHYSICIAN'S STATEMENT

Name of Patient: _____

Name of Sickness or Injury: _____

Dates of Treatment: _____

If hospitalized, please complete the following information:

Date admitted: _____

Date discharged: _____

Name of hospital: _____

Address of hospital: _____

To your knowledge, what is the earliest day the patient was treated for this condition? _____

Is patient still under your care? Yes _____ No _____

How long was or will patient be continuously totally unable to work? _____

Date patient can return to work: _____

Physician's Signature

Date

COLORADO INDEPENDENT SCHOOL DISTRICT

CATASTROPHIC SICK LEAVE BANK

REQUEST FOR DAYS

Name _____ Date _____

Position/Assignment _____ School/Department _____

Length of time employed by Colorado ISD _____ Years

Days absent current school year _____

I have donated two (2) days of my local sick leave and have been a member of the Catastrophic Sick Leave Bank since _____
Date

Reason For Requesting Sick Leave Bank Days:

I have used all of my available state and local sick leave days for this year.

Number of days requested from the Bank _____

Bank sick leave days should begin _____ / _____ / _____

Do you anticipate any additional days to be needed for follow-up examination or treatment?

Yes _____ No _____ If yes, please explain: _____

The above requested days are needed for the reason of personal illness or injury as described:

A statement from my physician is attached.

Signature Date

COLORADO INDEPENDENT SCHOOL DISTRICT

CATASTROPHIC SICK LEAVE BANK

AUTHORIZATION FOR USAGE

Applicant _____ Social Security No. _____

Sick Leave History

Days brought forward _____

Days earned this year _____

Days used this year _____

Number of days requested _____

Committee Action

Approved _____ Disapproved _____

Number of days approved _____

Chairperson _____ Date _____

Executive Officer _____

Cc: Applicant Personnel File
Business Office
Committee File
Applicant

COLORADO INDEPENDENT SCHOOL DISTRICT

CATASTROPHIC SICK LEAVE BANK

MEMBERSHIP APPLICATION

Membership in the Colorado ISD Catastrophic Sick Leave Bank is available to all full-time employees.

I have read the rules and regulations concerning the Catastrophic Sick Leave Bank benefits and desire to participate by donation to the CSLB two (2) days of my accrued, or to be earned this year, local sick leave days.

I understand that these two (2) days, once donated to the CSLB to become a member, will be subtracted from my accrued, or to be accrued this year, local sick leave days available. All donations to the CSLB become the property of the CSLB and cannot be returned even upon cancellation of membership.

My authorization to place two (2) local sick leave days in the Colorado ISD Catastrophic Sick Leave Bank and deduct two (2) days from my accumulated sick leave is verified by my signature below:

Employee: _____
Please print full name

Social Security Number: _____

School/Department: _____
Please print

Position: _____

Years employed by Colorado ISD: _____

Date: _____

**** A response is necessary whether or not you choose to join the
CISD Catastrophic Sick Leave Bank.***

**** Please return this form to the Business Office on or before September 30.***

COLORADO INDEPENDENT SCHOOL DISTRICT

CATASTROPHIC SICK LEAVE BANK

WAIVER

In accordance with Colorado ISD Catastrophic Sick Leave Bank guidelines, I hereby waive my entitlement to any and all Catastrophic Sick Leave Bank eligibility under said plan. I understand that eligibility for membership is only available from July 1 to September 30 of each school year and my decision is to reject membership.

Employee

Date

**** A response is necessary whether or not you choose to join the
CISD Catastrophic Sick Leave Bank.***

**** Please return this form to the Business Office on or before September 30.***

