

Administrative Sick Leave Bank

Request Form

Name _____ Date _____

Address _____

City _____ Zip Code _____

Home Phone _____ School Phone _____

School _____ Years in District _____

Have you used 30 consecutive days for this illness prior to the days requested from the Sick Bank?

YES _____ NO _____

Accumulated Leave Remaining as of this date _____

Number of Days Requested _____

Emergency Illness: YES ____ NO ____ Job related illness: YES ____ NO ____

Is this the First Request for this illness: YES _____ NO _____

This request must be accompanied by a doctor's statement specifying the nature of the illness, the beginning of treatment date and extensiveness of his services to the administrator, and the expected date of release for his or her return to administrative duties.

Signed _____

Received by Sick Board: Date _____

Approved _____ Denied _____

If denied, state reason:

Board Signatures: _____



Mapleton Public Schools

Adams County School District No.1

**ADMINISTRATIVE SICK LEAVE BANK
ENROLLMENT FORM**

I hereby authorize school district No. 1 to deduct five (5) days of cumulative leave from my personal account.

I understand that I will become a member of the District No. 1 Administrative Sick Leave Bank immediately upon transfer of these days to the sick leave bank.

Signature of Applicant

Board Chairperson

Date

Date

**MAPLETON EDUCATION ASSOCIATION
Sick Leave Bank Operational Guidelines**

1. During the first ten (10) duty days in September, teachers who wish may contribute up to one (1) day of leave to the Sick Leave Bank. Membership is effective upon receipt of the member's application to the chairperson of the Sick Leave Bank Board. Applications for membership will be distributed by the Association Representative during building orientation sessions. Only teachers who contribute the assessment will be eligible to participate in the Bank. Membership is effective until Sick Bank days are depleted and additional assessment is made. If Sick Bank days are depleted, the Sick Bank Board will require (1) additional day he/she donated to the Bank by each member.
2. New teachers may apply and contribute within twenty (20) duty days if hired after the start of the school year.
3. Half-time teachers will contribute one-half (a) day and will be eligible for a maximum benefit of forty-five (45) days.
4. Only teachers who contribute will be eligible to participate in the Sick Leave Bank. Benefits of the Bank shall be restricted to illness of members only. Exceptions may be made by the Sick Leave Bank Board. Normal maternity leave will not be covered by the Sick Bank Board. Cases of job-connected absences are not eligible for Sick Bank use; however, they are covered by Workmen's Compensation benefits.
5. The first seven (7) days for first year teachers and the first fifteen (15) days for all other teachers of cumulative leave used consecutively for each illness each school year by a teacher will not be covered by the Bank, but must be covered by the teacher's own accumulated leave or leave days without pay. Each year, after the initial request, and prior to each succeeding request from an individual member, the first fifteen (15) consecutive days of leave for each illness will not be covered by the Bank, but must be covered by the teacher's own accumulated leave or leave without pay.
6. All applications for benefits of the Sick Bank will be made in writing on the appropriate application form provided by the Sick Bank Board. The forms are available from the official Association representative in each building. Applications for benefits will be sent directly to the Sick Bank chairperson. All applications must be accompanied by a doctor's statement specifying the nature of the illness, the days and extensiveness of medical service to the teacher, and the date of the patient's release for return to teaching duties. Application is necessary for each illness. At the discretion of the Sick Leave Bank Board, an additional doctor's statement obtained from a doctor chosen from a list of doctor's supplied by the Sick Leave Bank Board may be required. Initial application for benefits may begin on the first duty day of the school year. A maximum of ninety (90) days each school year (45 for half time) may be drawn by any one member. These days may be granted in increments smaller than ninety (90) days at the discretion of the Sick Leave Bank Board. However, under extreme hardship cases, an extension of this time may be requested; and the Sick Bank Board will examine the individual situation and make a decision on such extensions.

7. The Sick Leave Bank Board is composed of five (5) persons. Four (4) persons will be appointed by the Association President and confirmed by the Executive Committee. Terms on the Sick Leave Bank Board shall be one (1) year. At least one (1) member of the Association Executive Committee will be a member of the Sick Leave Bank Board. One (1) person from the district administration shall be a member of the Sick Leave Bank Board. Should a dispute arise or should the number of days requested exceed the number of days remaining, the Sick Bank, final disposition will be rendered by the Sick Bank Board and is not grievable. A simple majority of the Sick Bank Board is necessary for decisions regarding the use of the Bank. Members of the Sick Leave Bank Board shall be limited to members of the Mapleton Education Association, except for the administrative position. Appointment to the Sick Leave Bank Board will be made by June 15th for the succeeding school year from a list of interested applicants submitted to the Association president.

8. Failure to comply with any of the established guidelines will result in termination of membership in the Sick Bank.

Effective: January 1984

Revised: January 1987

**Mapleton Education Association
Sick Leave Bank
Approval Form**

TO: Office of Human Resources

FROM: Sick Leave Bank

DATE:

NAME: _____ SCHOOL: _____

Has been given _____ days to be used for the illness as described
in the Sick Leave Bank application. The dates to be used are _____
through _____.

Signature: Chairperson

Signature: Human Resources Designee



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