



ALEDO ISD BOARD MEETING TEMPLATE

MEETING DATE: August 11, 2014

AGENDA ITEM: Action Item Board Policy Update – DEC(LOCAL)

PRESENTER: Lynn McKinney

ALIGNS TO BOARD PRIORITIES(S):

- Human Resources – The District shall recruit, hire, train, and retain a highly qualified staff.

BACKGROUND INFORMATION:

- Historically the district has provided a sick leave pool for employees who exhausted all paid leave and suffered a catastrophic illness or injury. The affected individual secured additional sick days through donations from district employees.
- After review of this policy by administration it was determined the parameters of the pool needed to be reviewed in order to:
 - adhere to FERPA and HIPAA privacy laws for the individual in need of assistance; and
 - provide a system for equity in evaluating and classifying an event as being catastrophic; and
 - provide a systematic way to grant sick leave days to an individual that has experienced an injury or illness.
- Administration is recommending current policy and practice be changed from a sick leave pool to a sick leave bank. Reasons for this change were previously mentioned in bullet number two.
- Attached you will find the proposed guidelines for the sick leave bank, along with the associated changes in DEC(LOCAL).

ADMINISTRATIVE CONSIDERATIONS: Approval of DEC(LOCAL)

FISCAL NOTE: None

ADMINISTRATIVE RECOMMENDATIONS: Administration recommends the Board approve DEC(LOCAL) as written and presented.

PROPOSED REVISIONS: 7-21-2014

DEFINITIONS

The term "immediate family" is defined as:

FAMILY

1. Spouse.
2. Son or daughter, including a biological, adopted, or foster child, a son- or daughter-in-law, a stepchild, a legal ward, or a child for whom the employee stands *in loco parentis*.
3. Parent, stepparent, parent-in-law, or other individual who stands *in loco parentis* to the employee.
4. Sibling, stepsibling, and sibling-in-law.
5. Grandparent and grandchild.
6. Any person residing in the employee's household at the time of illness or death.

For purposes of the Family and Medical Leave Act (FMLA), the definitions of spouse, parent, son or daughter, and next of kin are found in DECA(LEGAL).

FAMILY EMERGENCY

The term "family emergency" shall be limited to disasters and life-threatening situations involving the employee or a member of the employee's immediate family.

LEAVE DAY

A "leave day" for purposes of earning, use, or recording of leave shall mean the number of hours per day equivalent to the employee's usual assignment, whether full-time or part-time.

CATASTROPHIC ILLNESS OR INJURY

A catastrophic illness or injury is a severe condition or combination of conditions affecting the mental or physical health of the employee or a member of the employee's immediate family that requires the services of a licensed practitioner for a prolonged period of time and that forces the employee to exhaust all leave time earned by that employee and to lose compensation from the District. Complications resulting from pregnancy shall be treated the same as any other condition.

AVAILABILITY

The District shall make state personal leave and local leave for the current year available for use at the beginning of the school year.

EARNING LOCAL LEAVE

An employee using full or proportionate paid leave shall be considered to be in paid status.

DEDUCTIONS

LEAVE WITHOUT PAY

The District shall not approve paid leave for more leave days than have been accumulated in prior years plus leave currently available. Any unapproved absences or absences beyond accumulated

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and available paid leave shall result in deductions from the employee's pay.

LEAVE PRORATION
EMPLOYED FOR
LESS THAN FULL
YEAR

If an employee separates from employment with the District before his or her last duty day of the year, or begins employment after the first duty day, state personal leave and local leave shall be prorated based on the actual time employed.

If an employee separates from employment before the last duty day of the school year, the employee's final paycheck shall be reduced for state personal and local leave the employee used beyond his or her pro rata entitlement for the school year.

If an employee uses more local leave than he or she has and remains employed with the District through his or her last duty day, the District shall deduct the cost of the excess leave days from the employee's pay in accordance with administrative regulations.

RECORDING

Leave shall be recorded as follows:

1. Leave shall be recorded in half-day increments for all employees.
2. If the employee is taking intermittent FMLA leave, leave shall be recorded in one-hour increments.
3. If the employee chooses to offset leave against workers' compensation benefits, leave shall be recorded in the amount used.

ORDER OF USE

Earned compensatory time shall be used before any available paid state and local leave. [See DEA]

Unless an employee requests a different order, available paid state and local leave shall be used in the following order, as applicable:

1. Local leave.
2. State sick leave accumulated before the 1995–96 school year.
3. State personal leave.

Use of sick leave pool days shall be permitted only after all available state and local leave has been exhausted.

CONCURRENT USE OF
LEAVE

When an absent employee is eligible for FMLA leave, the District shall designate the absence as FMLA leave.

The District shall require the employee to use temporary disability leave and paid leave, including compensatory time, concurrently with FMLA leave.

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	<p>An employee receiving workers' compensation income benefits may be eligible for paid or unpaid leave. An absence due to a work-related injury or illness shall be designated as FMLA leave, temporary disability leave, and/or assault leave, as applicable.</p>
MEDICAL CERTIFICATION	<p>An employee shall submit medical certification of the need for leave if:</p> <ol style="list-style-type: none">1. The employee is absent more than three consecutive work-days because of personal illness or illness in the immediate family;2. The District requires medical certification due to a questionable pattern of absences or when deemed necessary by the supervisor or Superintendent;3. The employee requests FMLA leave for the employee's serious health condition or that of a spouse, parent, or child; or4. The employee requests FMLA leave for military caregiver purposes. <p>In each case, medical certification shall be made by a health-care provider as defined by the FMLA. [See DECA(LEGAL)]</p> <hr/> <p>Note: For District contribution to employee insurance during leave, see CRD(LOCAL).</p> <hr/>
STATE PERSONAL LEAVE	<p>The Board requires employees to differentiate the manner in which state personal leave is used:</p> <ol style="list-style-type: none">1. Non-discretionary use of leave shall be for the same reasons and in the same manner as state sick leave accumulated before May 30, 1995. [See DEC(LEGAL)] <p>Non-discretionary use includes leave related to the birth or placement of a child and taken within the first year after the child's birth, adoption, or foster placement.</p>
NON- DISCRETIONARY USE	
DISCRETIONARY USE	<ol style="list-style-type: none">2. Discretionary use of leave is at the individual employee's discretion, subject to limitations set out below.
LIMITATIONS REQUEST FOR LEAVE	<p>The employee shall submit a written request for discretionary use of state personal leave to the immediate supervisor or designee in advance in accordance with administrative regulations. In deciding whether to approve or deny state personal leave, the supervisor or designee shall not seek or consider the reasons for which an employee requests to use leave. The supervisor or designee shall, however, consider the effect</p>

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	<p>of the employee's absence on the educational program or District operations, as well as the availability of substitutes.</p> <p>Use of discretionary personal leave shall be considered granted unless the principal or designee notifies the employee to the contrary within 48 hours of receipt of the request.</p>
SCHEDULE LIMITATIONS	<p>Discretionary use of leave shall not be allowed on the day before a school holiday, the day after a school holiday, days scheduled for end-of-semester or end-of-year exams, days scheduled for state assessments, or professional or staff development days.</p>
DURATION OF LEAVE	<p>Discretionary use of state personal leave shall not exceed three consecutive workdays.</p>
LOCAL LEAVE	<p>All employees shall earn five paid local leave days per school year in accordance with administrative regulations.</p> <p>Local leave shall accumulate without limit.</p> <p>Local leave shall be used according to the terms and conditions of state personal leave. [See STATE PERSONAL LEAVE, above]</p>
SICK LEAVE POOL	<p>An employee who has exhausted all paid leave and who suffers from a catastrophic illness or injury may request the establishment of a sick leave pool, to which District employees may donate only local leave for use by the eligible employee.</p> <p>A request for the establishment of a sick leave pool shall be made in writing to the Superintendent. Medical certification must be submitted with the request. The Superintendent or designee shall then initiate the sick leave pool for the employee and notify District staff.</p> <p>Each school year, a staff member shall be allowed to donate a maximum of three local leave days from the current school year.</p> <p>The establishment of a sick leave pool for an employee shall be limited to once every 24 months. An employee may receive from a sick leave pool a maximum of 30 leave days in a school year.</p> <p>If the employee is unable to submit the request, a member of the employee's family or the employee's supervisor may submit the request to establish a sick leave pool.</p> <p>The pool shall cease to exist when the employee no longer needs leave for the purpose requested, uses the maximum number of days allowed under a pool, or exhausts all leave days donated to the sick leave pool.</p>

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	<p>The Superintendent or designee shall develop regulations for the implementation of the sick leave pool that address the following:</p> <p>1. Procedures to request the establishment of a sick leave pool; and</p> <p>2. The return of unused days to donors.</p>
APPEAL	<p>All decisions regarding the establishment or implementation of the District's sick leave pool may be appealed in accordance with DGBA(LOCAL), beginning with the Superintendent or designee.</p>
SICK LEAVE BANK	<p>The District shall establish a sick leave bank that employees may join through contribution of local leave.</p> <p>Leave contributed to the bank shall be solely for the use of participating employees. An employee who is a member of the bank may request leave from the bank if the employee experiences a catastrophic illness or injury and has exhausted all paid leave.</p> <p>If the employee is unable to request leave from the sick leave bank, a member of the employee's family or the employee's supervisor may submit the request.</p> <p>The Superintendent or designee shall develop regulations for the operation of the sick leave bank that address the following:</p> <ol style="list-style-type: none">1. Membership in the sick leave bank, including the number of days an employee must contribute to become a member;2. Procedures to request leave from the sick leave bank;3. The maximum number of days per school year a member employee may receive from the sick leave bank;4. The committee or administrator authorized to consider requests for leave from the sick leave bank and criteria for granting requests; and5. Other procedures deemed necessary for the operation of the sick leave bank.
APPEAL	<p>All decisions regarding the sick leave bank may be appealed in accordance with DGBA(LOCAL), beginning with the Superintendent or designee.</p>

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FAMILY AND MEDICAL LEAVE	For purposes of an employee's entitlement to FMLA leave, the 12-month period shall begin on the first duty day of the school year.
TWELVE-MONTH PERIOD	
COMBINED LEAVE FOR SPOUSES	If both spouses are employed by the District, the District shall limit FMLA leave for the birth, adoption, or placement of a child, or to care for a parent with a serious health condition, to a combined total of 12 weeks. The District shall limit military caregiver leave to a combined total of 26 weeks. [See DECA(LEGAL)]
INTERMITTENT OR REDUCED SCHEDULE LEAVE	The District shall permit use of intermittent or reduced schedule FMLA leave for the care of a newborn child or for the adoption or placement of a child with the employee. [See DECA(LEGAL) for use of intermittent or reduced schedule leave due to a medical necessity.]
CERTIFICATION OF LEAVE	If an employee requests leave, the employee shall provide certification, as required by FMLA regulations, of the need for leave. [See DECA(LEGAL)]
FITNESS-FOR-DUTY CERTIFICATION	If an employee takes FMLA leave due to the employee's own serious health condition, the employee shall provide, before resuming work, a fitness-for-duty certification. If the District will require certification of the employee's ability to perform essential job functions, the District shall provide a list of essential job functions to the employee with the FMLA designation notice.
END OF SEMESTER LEAVE	If a teacher takes leave near the end of the semester, the District may require the teacher to continue leave until the end of the semester. [See DECA(LEGAL), LEAVE AT THE END OF A SEMESTER]
FAILURE TO RETURN	If, at the expiration of FMLA leave, the employee is able to return to work but chooses not to do so, the District may require reimbursement of premiums paid by the District during the leave. [See DECA(LEGAL), RECOVERY OF BENEFIT COST]
TEMPORARY DISABILITY LEAVE	<p>Any full-time employee whose position requires educator certification by the State Board for Educator Certification or by the District shall be eligible for temporary disability leave. The maximum length of temporary disability leave shall be 180 calendar days. [See DBB(LOCAL) for temporary disability leave placement and DEC(LEGAL) for return to active duty.]</p> <p>An employee's notification of need for extended absence due to the employee's own medical condition shall be forwarded to the Superintendent or designee as a request for temporary disability leave.</p>

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WORKERS'
COMPENSATION

Note: Workers' compensation is not a form of leave. The workers' compensation law does not require the continuation of the District's contribution to health insurance. [See CRD(LOCAL) regarding payment of insurance contribution during employee absences.]

An absence due to a work-related injury or illness shall be designated as FMLA leave, temporary disability leave, and/or assault leave, as applicable.

PAID LEAVE OFFSET

An employee eligible for workers' compensation income benefits, and not on assault leave, may elect in writing to use available partial-day increments of paid leave to make up the difference between the employee's income benefits and the pre-injury wage. [See CRE]

COURT
APPEARANCES

Absences due to compliance with a valid subpoena or for jury duty shall be fully compensated by the District and shall not be deducted from the employee's pay or leave balance.

The employee shall provide to his or her direct supervisor a copy of the court-ordered subpoena or notice of jury duty.

ALEDO INDEPENDENT SCHOOL DISTRICT SICK LEAVE BANK GUIDELINES [IN ACCORDANCE WITH BOARD POLICY DEC (LOCAL)]

SECTION I

A. Purpose

The purpose of the Sick Leave Bank (SLB or Bank) is to provide paid sick leave bank days to members of the bank who are unable to perform the duties of their position due to a catastrophic illness or injury and has exhausted all paid leave.

B. Definitions

1. Sick Leave Bank - A pool of local leave days voluntarily contributed by eligible employees to be used by members who have exhausted all paid leave but are unable to perform the duties of their position due to a catastrophic illness or injury of the employee.
2. Sick Leave Bank Days - Days granted to a member from the SLB.
3. Eligible Employee - An individual who is regularly scheduled to work at least 30 hours per week and who is employed in an allocated budgetary position.
4. School Year - The 12-month period beginning September 1 and ending August 31 of the following year.
5. Catastrophic Illness or Injury - A catastrophic illness or injury is a severe condition or combination of conditions affecting the mental or physical health of the employee,

Examples of but not limited to include:

- a. Any period of incapacity or treatment connected with inpatient care (e.g., an overnight stay) in a hospital, hospice, or residential medical care facility; or
- b. A period of incapacity requiring absence of more than ten calendar days from work, school, or other regular daily activities that also involves continuing treatment by (or under the supervision of) a licensed health care provider; or
- c. Any period of incapacity due to pregnancy, or for prenatal care; or
- d. Any period of incapacity or treatment due to a chronic serious health condition (e.g., asthma, diabetes, epilepsy, etc.); or
- e. A period of incapacity that is permanent or long-term due to a condition for which treatment may be effective (e.g., Alzheimer's, stroke, terminal disease, etc.); or
- f. Any absence to receive multiple treatments (including any period of recovery) by, or referral by, a licensed health care provider (e.g., chemotherapy, physical therapy, dialysis, etc.)

SECTION II

A. Membership Eligibility

All district employees who are regularly scheduled to work at least thirty (30) hours per week, are in an allocated full time allocated budgetary position, and who are eligible to earn at least three (3) days of local leave in the school year in which application for membership is made are eligible to join the Sick Leave Bank. A district employee whose membership in the Sick Leave Bank was involuntarily revoked may not rejoin.

B. Enrollment

1. Any eligible employee may join the Sick Leave Bank by completing an application form and contributing two (2) days of accrued local sick leave. An employee desiring to join during the current school year must be able to earn at least three (3) days between the date of his or her employment and the end of the school year in which membership is sought. Completed applications should be submitted to the Human Resources Department.
2. The enrollment period for current employees shall be September 1 through September 30 of each school year. The effective date of coverage is the employee's first official workday of the new school year. Late applications will not be accepted.
3. New employees must apply for membership within thirty (30) calendar days of employment. Membership will not be effective until the first day of the month following sixty days of employment (e.g., An eligible employee who is hired on September 15 and applies for membership during the first 30 calendar days of employment will become a member on December 1).

SECTION III

C. MEMBER CONTRIBUTIONS TO SICK LEAVE BANK

1. **Initial Contribution.** Each applicant for membership to the SLB must contribute two (2) days from his or her accrued local leave. The District will subtract the donated days from the employee's local leave balance. The donated days become the property of the SLB. Donated days are not returned to the employee, even if the employee's membership in the SLB ends.
2. **Repayment of SLB days.** Members who do not use days from the SLB during a school year normally are not required to donate two (2) additional days from their accrued local leave each year to remain a member. A member who uses days from the bank during a school year must donate an additional two (2) days the following school year to remain a member of the SLB. Refusal to repay days to the SLB when required will result in immediate cancellation of membership and the member will not be eligible to reapply for membership.
3. **SLB Reserves.** Upon commencement of the first year of the SLB, there is a minimum participation requirement of 50 members in order to establish a SLB for the school year. For subsequent years, this minimum participation number may increase as the District size increases. When SLB reserve days fall below two times the number of members, the Sick Leave Bank Committee will require members to donate a minimum of one (1) additional local leave day to replenish SLB reserves. If a member does not have the required additional local leave day to donate, his/her membership will be suspended for the remainder of the school year. The suspended member will be required to wait until the next enrollment period to apply with the two (2) local leave days required of new enrollees.

4. **Closure of SLB.** If the SLB Reserves are depleted or become critically low and there is not sufficient membership to sustain the Bank, the SLB Committee will close the Bank and all membership and benefits will end for that school year. All donated leave will be forfeited.

5. **Voluntary cancellation of membership.** If a member cancels his or her membership in the bank, this request is required to be in writing. Days contributed for membership remain the property of the bank. If the employee wishes to rejoin the SLB, at a later date, he or she may do so only during the next enrollment period and must donate two (2) additional days.

SECTION IV

SICK LEAVE BANK BENEFITS

A. Restrictions on Use of Leave

1. A member may receive a minimum of ten (10) and a maximum of thirty (30) days from the SLB in any school year.
2. A member may receive sick leave bank days only for a severe condition or combination of conditions affecting the mental or physical health of the employee (as defined above) that requires the member to be absent from work.
3. The Sick Leave Bank will not cover routine parental leave following the birth of a child. However, extended absences caused by serious medical complications arising from pregnancy, childbirth, or related medical conditions may be considered by the Sick Leave Bank Committee on an individual basis based on the criteria set forth above.
4. A member may make application in advance of need from the Sick Leave Bank. Days awarded will be given once the required absence(s) occur (days will not be given in advance).
5. Days from SLB will be granted only for a catastrophic illness or injury of the employee which necessitates an absence from work of ten (10) consecutive days or longer.
6. 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 for which the member is not actually scheduled to work.
7. A member who has received fewer than 30 days from the Sick Leave Bank in a school year, returns to work, and then experiences the same or different catastrophic illness or injury for the employee, may apply to the Sick Leave Bank for additional days. The Sick Leave Bank Committee may grant the request if the absence qualifies as a catastrophic illness or injury, but the total days granted may not exceed thirty (30) days per school year. The maximum number of days awarded for life per member is ninety (90) days.
8. A member may only be paid for the actual amount of salary the member is docked less standard payroll deductions. Payment to the member will be made only in the member's regular payroll check and only after the Sick Leave Bank Committee's approval of the member's requested days.
9. A member may not receive sick leave days from the bank for a period of disability for which the member receives benefits under the Workers' Compensation Act unless the member has exhausted all workers' compensation temporary income benefits as well as his or her own paid leave.
10. All unused days in the SLB remaining at the end of the applicable school year will be carried over to the next school year.

B. Membership in the SLB will end for the following reasons:

1. Termination of the member's employment with the Aledo Independent School District for any reason.
2. Suspension without pay of the member (no sick leave bank benefits may be received during the suspension).
3. Voluntary cancellation of membership must be in writing, directed to Director of Human Resources (however, member will not receive a refund of days donated to the SLB).
4. Any abuse or misuse of SLB guidelines or rules as determined by the SLB Committee will be reported to Central Administration as a recommendation for resolution. (Note: A member who misuses SLB benefits may be required to reimburse the Bank for any costs incurred).
5. An approved leave of absence other than for personal illness (during such leave of absence, SLB membership is suspended and no benefits may be granted).
6. Engaging in any employment or self-employment during a period of absence for which the member applies for and receives SLB days.

SECTION V

PROCEDURE TO APPLY FOR SICK LEAVE DAYS

A. A member who requests days from the SLB must submit the following:

1. A completed Request for SLB Days on the form provided by the SLB (see #6 for form location).
2. A statement from the member's attending physician or licensed health care provider which includes:
 - a. A description of the nature and/or extent of the catastrophic illness or injury.
 - b. Date of initial onset of the condition.
 - c. Anticipated date eligible to return to work on a full-time basis without restrictions.
 - d. Anticipated days, if any, for follow-up examinations and treatments.
3. The physician's/licensed healthcare provider's statement must be legible, personally signed by the physician/licensed healthcare provider, and completed in lay language. The statement must be completed on the form provided by the SLB. The Sick Leave Bank Committee will not consider any physician's/licensed healthcare provider's statement unless it is on the appropriate form and is filled out completely.
4. Any additional information requested by the Sick Leave Bank Committee.
5. Completed requests for SLB days must be submitted to the Director of Human Resources no less than 48 hours prior to a scheduled Committee meeting for the request to be considered.
6. Appropriate forms are available in the principal's office at each school, in the District's Human Resources office, and on the District's website under Human Resources Forms.
7. The SLB Committee may refuse to consider an application that is untimely, does not contain the required information, or is otherwise incomplete.

8. A member's refusal or failure to promptly submit all information requested by the SLB Committee may result in a denial of the member's request for SLB days or a delay in the determination of such days.

9. If a member's incapacity is of such a nature that he or she cannot personally apply for SLB benefits, the application may be submitted on the member's behalf by his/her campus/department administrator or member of the employee's family.

SECTION VI

SICK LEAVE BANK COMMITTEE

A. Name

1. The governing committee, which will approve or disapprove all requests for Sick Leave Bank days, shall be called the Aledo Independent School District SLB Committee (the "Committee").

2. Membership on the SLB Committee will be composed of:

a. Five voting members who are elected by the members of the SLB:

One (1) representative from elementary school professional staff

One (1) representative from middle or intermediate school professional staff

One (1) representative from high school professional staff

One (1) representative from paraprofessional/auxiliary/child nutrition staff

One (1) representative from central administration staff

b. Nonvoting Members

(1) The Director of Human Resources shall serve as the facilitator of the SLB (unless in the event of a tie or if a committee member is the individual who is a requestor of SLB days).

(2) The SLB Committee may request that the Payroll and Benefits Coordinator serve as a nonvoting member of the Committee.

B. Term of Office

A member of the SLB Committee will serve for two (2) school years which constitutes one term.

C. Member Selection Procedures

1. The nominations and selection of initial members of the committee will be made by September 30th of the 2014 school year by Administration.

2. A request for nominations to fill open positions on the Committee for 2015 and beyond will be submitted to the Principals/Directors in April of each year.

3. A request for nominations for expiring terms will be held at the last Committee meeting of each school year. Only members of the bank are eligible to vote on Committee members.

D. Duties and Responsibilities of the Sick Leave Bank Committee

1. A majority of the voting members of the Committee will constitute a quorum. All decisions made by the Committee are to be by majority vote of the members attending the Committee meeting. In the event of a tie, the Director of Human Resources will cast the deciding vote.
2. All requests for SLB days shall be reviewed individually by the Committee in a called meeting. The Committee reserves the right to request additional information from a member who has requested days from the SLB. A member's failure or refusal to promptly provide all information requested may result in denial of or delay in the determination of the member's request for SLB days.
3. The Committee will determine the number of days approved for any member. It may be a minimum of ten (10) days and up to thirty (30) days in a school year. The Committee reserves the right to approve, disapprove, or modify the number of days requested.
4. All decisions regarding the SLB may be appealed in accordance with DGBA (LOCAL), by submitting a written request for review to the Director of Human Resources and requesting to appear in person before the Committee. In accordance with DGBA (LOCAL), an appeal must be submitted to the Director of Human Resources no later than the tenth business day after the Committee's decision was received. The Committee will consider the member's appeal and may request additional information concerning the member's request.
5. The Director of Human Resources will process and submit to payroll all approved SLB days for the membership. These records will be maintained in the Human Resources department.
6. Because Committee members have access to highly confidential medical information and records about District employees, each Committee member agrees to maintain in strict confidence all employee information provided to the Committee. Each member will be required to sign a confidentiality statement. If confidentiality is not maintained, the Committee member may be removed from the Committee and this violation will be documented.
7. Any SLB Committee member who has a family member request come before the Committee is unable to vote on his/her own family members request for SLB days.



**EMPLOYEE SICK LEAVE BANK
APPLICATION FOR MEMBERSHIP**

Name: _____

Campus/Work Location: _____ **Position:** _____

Date of Employment: _____

Address: _____

(Street) (City / State) (Zip)

Home/Cell Telephone: _____ **Work Telephone:** _____

Do you currently have accrued or will you earn 3 local leave days this school year?

(Circle one) Yes No

I understand that to become a member of the AISD Sick Leave Bank, I must donate 2 days of local sick leave and I authorize AISD to deduct 2 days from my local leave balance to contribute to the Sick Leave Bank. As a condition of membership in the Sick Leave Bank, I agree to comply with all rules and guidelines of the AISD Sick Leave Bank.

Signature: _____

Date Signed: _____

SUBMIT COMPLETED APPLICATION FORM TO THE HUMAN RESOURCES OFFICE.



EMPLOYEE SICK LEAVE BANK
ATTENDING PHYSICIAN'S STATEMENT

Patient's Name: _____

I authorize you, as my attending physician, to release all requested medical information and records about me to a representative of the AISD Sick Leave Bank Committee.

Patient's Signature: _____ Date Signed: _____

PHYSICIAN'S STATEMENT *(This form must be fully completed.)*

1. Are you the regular health care provider for this patient? Yes No

2. Is this patient presently under your care? Yes No

3. Describe the illness, injury, or condition for which you are treating this patient.

4. Date(s) of treatment:

5. To your knowledge, what is the earliest date this patient was treated for the above illness, injury, or condition?

6. Date(s) of incapacity to work due to the above illness, injury, or condition:

7. Date on which patient is expected to be released to return to work:

8. Anticipated date(s) of follow up examination or treatment for the above illness, injury, or condition:

9. If patient was hospitalized for the above illness, injury or condition:

a. Date(s) of hospitalization: _____

b. Name of hospital: _____

Physician/Health Care Provider's Name Physician/Health Care Provider's Address:

Physician/Health Care Provider's Telephone Number Name of Contact Person:

Physician/Health Care Provider's Signature _____

Date Signed: _____

Please return this form to:
Director of Human Resources
Aledo Independent School District
1008 Bailey Ranch Road
Aledo, Texas 76008
(817) 441-8327



EMPLOYEE SICK LEAVE BANK

REQUEST FOR SICK LEAVE BANK DAYS

General Information

Name: _____

Position: Campus/Work Location: _____

Date of Employment: Supervisor: _____

Work Phone: _____ Home Phone: _____

Request for Sick Leave Bank (SLB) Days

Number of days requested from SLB (increments of 10 up to 30 days) and

Dates Requested: _____

Reason for request (*Fully describe personal injury or illness for which leave days are requested.*)

First date absent for this condition: _____

Total number of days absent for this condition: _____

Date state and local leave exhausted: _____

Did this absence result from a condition that you were aware of on the date you joined the SLB?

Yes No

Have you received any other SLB days this school year? Yes No

If yes, state number of days, dates received and condition for which you received a grant of SLB days: _____

Did this absence result from an injury or illness sustained during the course and scope of your employment with AISD?

Yes No

If yes, state the date of the incident:

Are you receiving any workers' compensation benefits for this injury or illness? Yes No

If yes describe, the benefits you are receiving:_____

Employee Certification

I certify that the foregoing information is correct. I understand that the falsification of any information submitted to the SLB Committee or my failure or refusal to promptly provide any information requested by the SLB Committee may delay benefits provided to me or disqualify me for benefits and result in the revocation of my membership in the AISD SLB.

Signature: _____

Date Signed:_____

SUBMIT COMPLETED REQUEST FORM TO THE DIRECTOR OF HUMAN RESOURCES