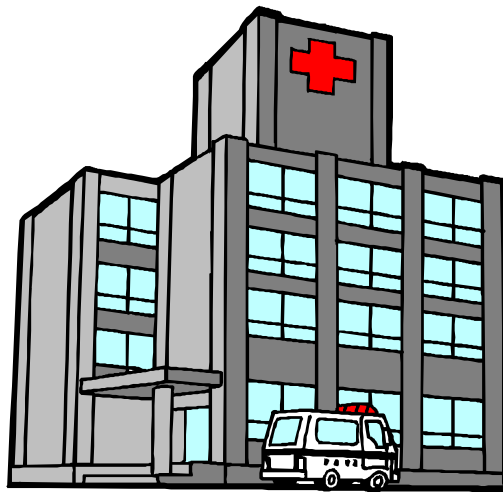


BEEVILLE INDEPENDENT SCHOOL DISTRICT
201 N. ST. MARY'S STREET
BEEVILLE, TX 78102
(361) 358-7111

SICK LEAVE BANK



POLICY INFORMATION
2011 - 2012

BOARD OF TRUSTEES

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**BEEVILLE INDEPENDENT SCHOOL DISTRICT
SICK LEAVE BANK**

DISCLAIMER

This publication is intended to facilitate communications within the District and to serve as a quick reference on the Beeville Independent School District Sick Leave Bank. The provisions and information set forth in this brochure are intended to be informational and not contractual in nature.

Thus, this brochure is not intended and shall not be construed to constitute a contract between the Beeville Independent School District and any employee; prospective employee; agency of the local, state, or federal government, or any other person or legal entity of any and every nature whatsoever. The District hereby reserves and retains the right to amend, alter, change, delete, or modify any of the provisions of this brochure at any time, and from time to time, without notice, in any manner that the administration or the Board of Trustees deems to be in the best interest of the District.

BEEVILLE INDEPENDENT SCHOOL DISTRICT

SICK LEAVE BANK

DEFINITION

The Sick Leave Bank is a pool of regular sick leave days donated by District employees from their individual regular sick leave balance. The Sick Leave Bank is a benefit to employees and their immediate family member who may suffer a catastrophic injury or illness such as heart attack, stroke, bypass surgery, cancer, AIDS, renal failure, loss of limb(s), or loss of eyesight. The program is strictly voluntary and full-time employees in all job categories are eligible to join.

ENROLLMENT

To become a member of the Sick Leave Bank, employees must donate *one* or *more* days of their earned local sick leave **each year**. Employees must enroll during the first 30 days of each school year or the first 30 days of their employment. Sick leave days contributed to the Sick Leave Bank are nonrefundable.

APPLICATION

An employee member who wishes to withdraw sick leave from the Bank must submit an application with verifiable medical evidence to support the claim. A committee composed of employees on the consultation team appointed by the Superintendent will review the request and determine eligibility. The committee will verify that all regular and extended sick leave has been used, as well as the nature and severity of the illness or injury. If approved, each withdrawal will not be for more than 10 days per application. The Sick Leave Bank committee shall determine the maximum number of Sick Leave Bank days per school year for each eligible employee. Payment of sick leave from the Bank will be at full-day's pay. An employee whose application is denied may submit additional information to the committee for further review. Alleged abuses will be investigated, and, if the charges are substantiated, the employee shall refund the District for incurred cost.

COMPENSATION AND BENEFITS: LEAVES AND ABSENCES

SICK LEAVE BANK

The Board authorizes the establishment of a sick leave bank for local sick leave to benefit employees and their immediate family members who suffer a catastrophic injury or illness, e.g. heart attack, stroke, cancer, bypass surgery, renal failure, AIDS, loss of limb(s), or loss of eyesight.

ELIGIBILITY

All full-time employees are eligible to join the sick leave bank. Enrollment in the sick leave bank is voluntary. Employees may join by donating one or more days of accrued local sick leave per year. No staff member may contribute more than three local sick leave days to the bank per school year.

ADMINISTRATION OF PLAN

The sick leave bank shall be administered by a committee of teachers and administrators composed of three administrative consultation members and three teacher consultation members approved by the Superintendent.

OPERATION

The enrollment period will be during the first 30 days of employment. The sick leave bank will go into operation when there are 75 days in the bank. If the sick leave bank does not receive 75 days during the enrollment period, the sick leave bank will not be in operation during that school year, and all donated days will be refunded.

Sick leave days contributed to the sick leave bank are nonrefundable when the bank goes into operation.

COMPENSATION AND BENEFITS: LEAVES AND ABSENCES

OPERATION (Cont'd)

Members shall sign an enrollment card with a statement authorizing the committee to have access to all records, physicians, and other appropriate sources of information.

To be eligible for sick leave withdrawal rights, the employee must:

1. Be a member of the sick leave bank; and
2. Have exhausted all state, local, and extended sick leave, personal days, and vacation days (vacation days on 12-month employees); and
3. Have established membership by donating at least one day of sick leave within the prescribed time lines.

All applications for sick leave withdrawals shall be submitted to the personnel office for review by the sick leave bank committee.

Verification of employee absence and sick leave balance information shall be made through the personnel office.

Documentation from the employee's physician will be required to explain the nature of the illness, the prognosis, and the approximate date of return to full duty.

Eligible employees approved for withdrawals of sick leave days from the sick leave bank shall receive full salary during the use of approved sick leave.

Sick Leave withdrawals shall be granted for not more than 10 days per application. The sick leave bank committee shall determine the maximum number of sick leave bank days per school year for each eligible employee.

**COMPENSATION AND BENEFITS:
LEAVES AND ABSENCES**

OPERATION (Cont'd)

Alleged abuses will be investigated. If these allegations are substantiated, the employee will be required to refund the District for incurred cost.

APPELLATE PROCESS

If the employee disagrees with committee decision, the committee shall review additional information submitted by the employee.

ACCOUNTABILITY

An annual report will be produced for the Superintendent's review at the end of the school year. The report shall be an analysis of sick leave withdrawals, which shall include employee category, nature of request, frequency, number of participants, and other relevant information needed for the evaluation of the program.

APPROVED 3/31/96, Board Policy, Board of Trustees

BEEVILLE INDEPENDENT SCHOOL DISTRICT SICK LEAVE BANK

SICK LEAVE BANK WITHDRAWAL SUMMARY

The employee completes the application and attendance documentation. The employee submits the Physician's Medical Certification for review.

The principal or the supervisor submits the application to the Office of Personnel.

The Sick Leave Bank committee meets to review the application.

The Sick Leave Bank committee reviews the application and either approves it or requests additional information.

Approved application is forwarded to the Payroll Department; employee is notified; a copy is sent to the principal or supervisor.

If not approved, the employee is notified of the deficiency and that additional documents are required.

The Sick Leave Bank committee reconvenes for additional review.

If approved, the application is sent to Payroll and the employee is then notified.

If denied, employee may submit additional information.

BEEVILLE INDEPENDENT SCHOOL DISTRICT
Beeville, Texas

ENROLLMENT FORM
SICK LEAVE BANK

NAME _____

EMPLOYEE # _____

SCHOOL/DEPARTMENT: _____

OCCUPATION: _____

SCHOOL YEAR: 2011 - 2012

I authorize the withdrawal from my regular sick leave balance, **ONE, OR TWO** (*CIRCLE ONE*) of my **LOCAL** sick leave days for the purpose of enrollment in the Beeville Independent School District's Sick Leave Bank. I understand that this is a non refundable contribution when the bank goes into operation.

Signature

Date

_____ **I decline participation in the Sick Leave Bank for the school year of 2011-2012**

BEEVILLE INDEPENDENT SCHOOL DISTRICT
Beeville, Texas

WITHDRAWAL APPLICATION
SICK LEAVE BANK

NAME _____

EMPLOYEE # _____

SCHOOL/DEPARTMENT: _____

SCHOOL YEAR: _____

NATURE OF DISABILITY:

LENGTH OF DISABILITY: _____

As a participating member of the Sick Leave Bank, I request a withdrawal of sick leave as provided by Board Policy DEC (Local). Further, I provide authority to the Sick Leave Bank committee to obtain, inspect, copy, review, and transfer as appropriate all medical records, sick leave records, and other pertinent documents to determine the sick leave withdrawal period extending from _____ to _____. Attached is a copy of my Sick Leave Record verifying its total use for the current school year.

Signature

Date