

Idaho Falls School District 91 Classified Employee Sick Leave Bank

Purpose: The purpose of the Sick Leave Bank will be to make available to each participating classified employee a fund of sick leave days to assist in alleviating the hardship caused by absence from work necessitated by extended or recurring illness extending beyond the employee's accumulated sick leave.

Rules and Procedures: Rules and Procedures are outlined in the Classified Benefits Booklet. Before submitting an application requesting sick leave days, you are required to read the following rules and procedures. **Your signature on the application indicates that you have read the following rules and procedures and that you understand them.** If you have any questions about rules and/or procedures, please contact Carrie Smith at the district office (50554).

Membership: Full-time classified employees who have one year of continuous, uninterrupted service with the District and an accumulation of twelve unused sick leave days may join the Classified Sick Leave Bank during the open enrollment period (August 15th – September 30th) by donating the equivalent of two days of their available sick leave to the sick leave bank.

Once you become a member, you will automatically be a continuing member in subsequent years. Once a member drops membership, he/she must be able to prove eligibility to rejoin. No pre-existing condition will be covered for a period of one (1) year.

If a bank member should resign or retire from the district, the sick leave days contributed by that member to the bank shall remain in the bank. A Sick Leave Bank member leaving the district or retiring may donate his/her unused sick leave days to the bank.

The sick leave bank committee annually assess the need for members to contribute more days to the sick leave bank.

Eligibility: In order for a classified employee to be eligible to apply for sick leave benefits from the Sick Leave Bank, the employee must first: (1) be a contributor to the bank; (2) have been absent from work due to illness or accident (the committee may also request additional and separate doctors' opinions as needed); (3) have used all of his/her current and accumulated sick leave days, personal and vacation leave days; and (4) must have a mandatory four days loss of pay before receiving a grant from the bank.

Surgeries, the postponement of which will not further impair the individual, and related absences should be scheduled during periods of non-work whenever possible.

Bank grants to individual classified employees will not be carried over from one fiscal year to another; all such grants will end at the termination of the school year. If a classified employee does not use all of the days granted by the bank, the unused sick leave days will be returned to the bank. In no case shall a classified employee be granted more than a total of 90 days during the course of their employment with the district.

Idaho Falls School District 91
Classified Employee Sick Leave Bank Request Form

This Sick Leave Bank request is for benefits from the Sick Leave Bank of School District 91. **It must be accompanied by the Physician Statement and received by the committee prior to a determination of benefits. A separate form must be submitted for each request.**

Last Name _____ First Name _____ MI _____

Street Address _____ City _____ Zip _____

School Building _____ Home Phone _____

Date of this request _____ month/day/year

Date of illness/accident/surgery _____ month/day/year

Last day of work _____ month/day/year

Last date of sick leave, personal leave and vacation _____ month/day/year

Description of illness/accident/surgery related to the request for Sick Leave Bank benefits:

Number of Sick Leave Bank Days granted in previous years: _____

Number of Sick Leave Bank Days granted this year to date: _____

Number of Sick Leave Bank Days currently being requested: _____

Please list the calendared workdays included in this request, i.e. November 29, 30; December 1, 2, 3 etc.

My signature certifies that (1) I have met all the membership and eligibility requirements for benefits; and (2) All of the information that I have provided with this request is true and accurate.

Signature _____ Date _____

Please return this form and the Physician's Statement to:

School District 91 Classified Sick Leave Bank Committee
690 John Adams Parkway
Idaho Falls, ID 83401

For Committee Use Only

Number of Days Granted _____ Request Denied _____ Date _____

Idaho Falls School District 91
Classified Employees Sick Leave Bank

Attending Physician Statement

Permission to release medical information: I am requesting benefits from School District 91's Classified Employees Sick Leave Bank. My signature gives permission for you to provide the information requested on this form.

Employee Signature _____ Date _____

Name of Physician _____ Telephone _____

Street Address _____ City _____ Zip _____

Dear Physician:

Thank you for taking the time to provide the following information. Your statement will help the Sick Leave Bank Committee determine eligibility for benefits. Your statement should explain in detail your diagnosis, why the applicant is unable to work, and the date he/she can report for work.

Your Diagnosis:

Impact on ability to report for work:

Date which applicant can return to work: Month _____ Day _____ Year _____

Physician's Signature _____ Date _____

Please return this form to: School District 91 Classified Sick Leave Bank
690 John Adams Parkway
Idaho Falls, ID 83401