

SICK LEAVE BANK

Employees of Bedford County Public Schools (BCPS) may participate in a county-wide sick leave bank. Members will initially donate two (2) sick leave days, to be deducted from their accumulated sick leave balance, with additional assessment as noted. New employees of (BCPS), who do not bring any accumulated sick leave balance with them at their time of employment, may elect to join the sick leave bank by donating one (1) sick day the first year of employment and donating the second sick day no later than the beginning of the third year of employment. Membership forms must be returned to the Human Resources Department during the annual open enrollment period. For employees hired after the school year begins, membership forms must be returned to the Human Resources Department with contract and/or salary agreement. Membership will be continuous unless the employee notifies the Human Resources Department in writing that they want to stop their membership in the plan. Donations to the plan are non-refundable. Employees who withdraw membership from the sick leave bank may re-enroll during the next open enrollment period by completing a new membership application and contributing two (2) sick leave days.

Every employee of the school system who accumulates sick leave is eligible for membership. Bank benefits are for the member's use only, and the member must make application in writing for use of the benefit. The sick leave bank is designed for extenuating circumstances. Coverage for a normal maternity is excluded under the plan. The superintendent will consider requests on an individual basis.

Administration of the sick leave bank will adhere to the following guidelines:

- A. To be eligible to receive sick leave bank days, an employee must:
 - Have medical documentation of need.
 - Have used all accumulated sick leave days.
 - Have used all other eligible leave days.
 - Be absent in excess of thirty (30) continuous working days or have a physician certification which anticipates an absence of thirty (30) or more continuous working days.
- B. The superintendent of schools will review all sick leave bank requests.
- C. The superintendent will make a determination, based on the request, and may approve an initial thirty (30) days of sick leave bank use.
- D. If the need continues beyond the initial thirty (30) days the superintendent may approve an additional thirty (30) days of sick leave bank use.
- E. A maximum of sixty (60) working days each school year can be drawn by any member of the sick leave bank.
- F. Once sixty (60) days are drawn out of the sick leave bank, you are expected to return to work.
- G. Before you are eligible to draw from the sick leave bank again, you must put back at least 5 days of the first thirty (30) that you have used and 10 days if you used sixty (60) days.
- H. Sick leave bank days are for the employee's use only and do not apply to absence due to family illness.
- I. Members of the sick leave bank will be assessed additional days of sick leave at such time the bank is depleted.

SICK LEAVE BANK MEMBERSHIP APPLICATION

PLEASE PRINT

NAME: _____

SOCIAL SECURITY NUMBER: _____

SCHOOL/DEPARTMENT: _____

To join the Bedford County Public Schools Sick Leave Bank, I agree to initially donate two (2) days sick leave from my accumulated sick leave and to be assessed additional days whenever required by the plan. Newly hired employees, who have no accumulated sick leave when hired, may elect to donate one (1) sick leave day initially. The second day must be donated no later than the beginning of the third year of employment. If the employee leaves employment before donating the second day, the second day will be deducted from the employees ending sick leave balance.

I understand that membership will be continuous unless I notify the Human Resources Department in writing that I want to stop my membership in the plan. I also understand that donations to the Sick Leave Bank are non-refundable.

Please check the appropriate category below:

_____ I elect to join the Sick Leave Bank by donating two (2) days of my sick leave.

_____ I am a newly hired employee with no accumulated sick leave. I elect to join the Sick Leave Bank by donating one (1) day of sick leave. I agree to donate the second day no later than the beginning of my third year of employment.

(Signature of employee)

(Date)

Return this form to the Human Resources Department during the open enrollment period. (2012-2013)