

Sick Leave Bank Rules

The Negotiated Agreement between the Waterloo Community School District Board of Directors (WCSD or Board) and the Waterloo Education Association (WEA or Association) provides for the establishment of a Sick Leave Bank as follows:

Article VI – SICK LEAVE

G. Sick Leave Bank

1. Establishment

A Sick Leave Bank will be established for the use of employees who choose to participate. Use of the Sick Leave Bank days will commence on the first day after accumulated Sick Leave is exhausted and will continue until the end of the year or until the employee becomes eligible for long term disability insurance. Individual use of Sick Leave Bank days may not exceed 65 work days per school year. The Bank year will be the contract year.

2. Participation

Participation in the Sick Leave Bank will be on a voluntary basis and each participating individual employee's contribution will be made in the form of one (1) day of Sick Leave from his/her current year's allocation. The days contributed to the Bank become the property of the Bank and will not be returned to the employee, except under paragraph 5 below.

3. Enrollment

Enrollment will take place during opening workshops but in no case later than September 15 and will entitle the enrolling employee to membership until revoked in writing by the employee.

New hires and employees returning from an approved leave of absence may sign up for participation in the Bank within thirty (30) calendar days of their initial hire/return from leave.

4. Unused Days in Bank

Assets of the Bank will accumulate, but the maximum carryover is 300 days. The following year's Bank will consist of the days carried over from the previous year in addition to all contributed days for the year's participation. The Board will provide the Association with a verification of the Bank's total number of days for the current year and of the previous year's usage of Bank days by no later than September 30 of each year.

5. Use of Bank Leave Days

Use of Sick Leave Bank days will be on a daily use basis; e.g., each eligible employee will draw each day until the total Bank Leave days have been exhausted. An eligible employee is one who has timely volunteered for participation in the Sick Leave Bank and is absent at least 10 days as a result of the same serious health condition and has exhausted his/her personal Sick Leave without being eligible for long term disability, workers' compensation, and/or social security disability. Use of the Sick Leave Bank shall be limited to those absences where the treating physician verifies the serious health condition. The Sick Leave Bank may not be used for standard pregnancy related absences, but may be used for complications during an employee's pregnancy and/or delivery.

An employee who qualifies for Sick Leave Bank and returns to work may be eligible for additional Bank days later in the year. Additional Bank days may be authorized by the district for an absence related to the original qualifying serious health condition. A statement from the treating physician will be required for additional Bank days. Bank grants will not automatically be carried over from one contract year to another. All Bank grants will end June 30 or the last regular duty day of the contract year, whichever is sooner.

Additional Rules as determined pursuant to Article VI, Section G:

1. The Sick Leave Bank may only be used for the contributor's own serious health condition; it may not be used for illness of other members of the contributor's family.
2. Only earned or available sick leave may be contributed to the Sick Leave Bank.
3. No employee shall be required, for purposes of maintaining membership status in the Sick Leave Bank, to contribute more sick leave days than other members.
4. No payment for a sick leave bank grant will extend beyond the first of the month following the month in which the Medical Board of the Iowa Public Employee Retirement Systems (IPERS) or the Social Security Administration (SSA) approves disability retirement.
5. Each application for a grant from the Bank must include a new treating physician statement on the appropriate WEA Sick Leave Bank Request form.
6. A member of the Sick Leave Bank will lose the right to use the benefits of the Sick Leave Bank by:
 - a. Termination of employment with the Board.
 - b. Suspension without pay during the period of suspension.
 - c. A member's voluntary cancellation of his/her membership in the Sick Leave Bank, as of the effective date of the cancellation.
 - d. A member's written authorization to discontinue annual contribution of sick leave day as of the date the contribution becomes due.
 - e. Any abuse or misuse of the rules of the Sick Leave Bank.
 - f. While on approved leave of absence, for other than a serious health condition personal illness.
7. Eligible employees who do not elect to join the Sick Leave Bank at the first opportunity afforded to them will not be permitted to join the Bank until the subsequent annual open enrollment period.
8. The Committee will review requests to draw on the Sick Leave Bank on a monthly basis.
9. All requests to draw upon the Sick Leave Bank must be accompanied by the WEA Sick Leave Bank Request Form, which verifies the inability of the employee to perform the essential functions of their job due to a serious health condition. The form must be personally signed and dated by the treating physician.
10. In case a contributor's incapacity is of such a nature that he or she cannot personally apply for a grant, his or her application may be submitted to the Committee by his or her authorized agent or member of his or her family on his or her behalf.
11. Applicants must submit requests on the WEA Sick Leave Bank Request form before their personal sick days are exhausted or risk a pay dock. The treating physician must sign the medical section.
12. In the event an applicant's personal sick days are exhausted prior to application, the Sick Leave Bank Request form must be submitted within 5 work days or the request may be denied.
13. In cases where the Committee disapproves an application for use of the Sick Leave Bank, or for an extension of such use, the applicant may appeal his or her denial to the WEA Executive Committee and the Associate Superintendent of Human Resources.
14. The Association and the WCSD HR shall maintain records of all unit member contributions, withdrawals and the status of the Bank.
15. Bank grants shall not be authorized for serious health conditions for which the member is eligible for any disability payment.
16. Approval of a Sick Leave Bank grant is automatically and immediately rescinded effective with the first day a member begins to work for another employer or is self-employed.
17. If total days accumulated by the Sick Bank are exhausted, the Bank will be closed for the remainder of the school year.
18. Extenuating circumstances will be examined on a case by case basis.
19. The District has the right to request an independent opinion from a physician of its choice, at District expense.
20. These rules are subject to revision in accordance with Article VI, Section G, at any time without prior notice.

Modified: July 25, 2013

Deliver to: Paula Thome, Central Middle School
1350 Katoski Dr, Waterloo, Iowa 50701
For information call: 319-433-2100, x22323 Fax: 319-433-2149

SICK LEAVE BANK REQUEST FORM

Certification of Health Care Provider for Employee's Serious Health Condition

Sick Leave Bank request form needs to be submitted PRIOR to exhausting personal sick days. A copy of the Sick Leave Bank Rules is attached.

TO BE COMPLETED BY EMPLOYEE – PLEASE PRINT

Last Name _____ First Name _____ MI _____

Mailing Address _____

Home phone _____

School _____ Work Phone _____

Birth date ____/____/____ Position _____ Full Time ____ Part Time ____

How many paid sick leave days do you have left to use before you will need to utilize Sick Leave Bank days? _____
(as of the balance listed on AESOP)

Have you used the Sick Leave Bank before? No ____ Yes ____ If yes, what last name were you using at the time? _____

Employee's Signature _____ Date _____

TO BE COMPLETED BY HEALTH CARE PROVIDER – PLEASE PRINT

Health Care Provider's Name (PRINT) _____ Phone _____

Address _____

Health Care Provider's type of practice/medical specialty _____

Date condition commenced: _____

Anticipated date patient should be able to return to work (specific date needed): _____

Was the patient admitted for an overnight stay in a hospital, hospice or residential medical care facility? No ____ Yes ____

If so, dates of admission: _____

Date(s) you treated the patient for condition: _____

Will the patient need to have treatment visits at least twice per year due to the condition? No _____ Yes _____

Was medication, other than over-the-counter medication, prescribed? No _____ Yes _____

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g. physical therapist)? No _____ Yes _____ if so, state the nature of such treatments and expected duration of treatment: _____

Is the medical condition a result of complications during pregnancy or delivery? No _____ Yes _____ if so, state the nature of the complications: _____

Is the employee unable to perform any of his/her job functions due to the condition? No _____ Yes _____ if so, identify the job functions the employee is unable to perform: _____

Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment): _____

Will the employee be incapacitated for a single continuous period of time due to his/her medical condition? No _____ Yes _____ if so, estimate the beginning and ending dates for the period of incapacity: _____

Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition? No _____ Yes _____ if so, are the treatments or the reduced number of hours of work medically necessary? No _____ Yes _____ Estimate the treatment schedule, if any, including any scheduled appointments and the time required for each appointment: _____

Estimate the part-time or reduced work schedule the employee needs, if any:
_____ hour(s) per day _____ days per week from _____ through _____

Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions? No ____ Yes ____

Is it medically necessary for the employee to be absent from work during the flare-ups? No ____ Yes ____ if so, please explain:

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of the flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g. 1 episode every 3 months lasting 1-2 days):

Frequency: _____ times per _____ week(s) _____ month(s)

Duration: _____ hours or _____ day(s) per episode

Please provide additional information on a separate sheet if necessary.

Physician's Signature (Signature stamp will not be accepted) _____ Date _____

TO BE COMPLETED BY SICK LEAVE BANK APPROVAL COMMITTEE

Date sick leave exhausted _____

Request approved? No ____ Yes ____ Number of days approved _____ From _____ to _____

Requested Disability Retirement? No ____ Yes ____

Requested Long-term Disability? No ____ Yes ____ Date Eligible for Long-term Disability _____

Comments: _____