

**Rio Grande City
Consolidated Independent School District**

SICK LEAVE BANK HANDBOOK



OFFICE OF HUMAN RESOURCES

Rio Grande City Consolidated Independent School District

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Assistant Superintendent for Finance & Operations

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SICK LEAVE BANK HANDBOOK

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Rio Grande City Consolidated Independent School District

SICK LEAVE BANK HANDBOOK

Guidelines for Administration of Sick Leave Bank

SECTION I

Purpose

The purpose of the Sick Leave Bank (SLB) is to provide additional paid sick leave days to members of the bank in the event of **catastrophic** illness or injury which render the member unable to perform the duties of his or her position and causes a substantial loss of income.

SECTION II

Eligibility

All Rio Grande City Consolidated Independent School District, full-time, regular employees whose work calendar is ten, eleven or twelve months shall be eligible for SLB membership. (An employee who works twenty (20) hours or more per week is considered full-time for the purposes of these guidelines.) For the purpose of the sick leave pool, the definition of the immediate family shall be:

- Spouse
- 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 which the employee stands *in loco parentis*.

Procedures for Joining

- Any eligible employee may join the Sick Leave Bank (SLB) by contributing two (2) or more days of **available** local and/or state sick leave.
- An employee intending to join during the current year must have accrued a **minimum** of five (5) days of available local and/or state sick leave as of July of each year to be eligible to participate in the bank.
- The enrollment period will be August 1st through September 30th of each school year.
- Employees desiring to join the SLB must complete the membership application form and submit it to the Human Resources Office for verification of employment eligibility and approval for process by payroll.

SECTION III

Regulations on Contribution of Days

- An employee must contribute two (2) or more days of **available** local and/or state sick leave. These two (2) or more days will be subtracted from the employee's local and/or state sick leave record.
- The two (2) or more days donated by each employee become the property of Rio Grande City C.I.S.D. Sick Leave Bank. No donations will be returned.
- For the purpose of the Sick Leave Bank, the calendar year will be September 1st through August 31st.
- Members who use two (2) or more days from the SLB during the SLB calendar year, will be required to donate an additional two (2) days of anticipated earned sick leave days the following school year in order to have continuing membership in the SLB. Members who use fewer than two (2) days from the SLB, must donate the number of days actually used to continue SLB membership. Refusal to donate (pay back) days used from the SLB will result in **permanent** loss of SLB membership.
 - If on September 30th the SLB balance decreases to: two times (2X) below the number of participants, for continuing membership, each member must donate one (1) day; if it decreases to one time (1X) below the number of participants, for continuing membership, each member must donate two (2) days. New members must donate two (2) days during the enrollment period with no additional contributions.

Cancellation of Membership

If a member cancels membership in the SLB, he/she will forfeit utilization of SLB and the two (2) or more donated days will remain the property of Rio Grande City C.I.S.D. Sick Leave Bank. If an employee chooses to regain membership, the employee may do so by donating two (2) or more days during the enrollment period.

SECTION IV

Granting Days from Sick Leave Bank

- Sick leave days from the bank are available only in the event of **catastrophic** illness or injury which will render the member unable to perform the duties of his/her position.
- A member or family designee may request days from the Sick Leave Bank only after having exhausted all available state leave, local leave, extended leave, vacation days or any other accumulated compensation days; and after five (5) consecutive days or longer of the **catastrophic** illness or injury.

- SLB days will be granted for absences from working days only (no holidays, vacation days or any other such days).
- The maximum number of SLB days that may be granted to a member during the September 1st through August 31st year will be forty (40) days.
- If a member that has been granted less than forty (40) SLB days returns to work and has the same or a different **catastrophic** illness or injury, the member may apply for SLB additional days which under no circumstances can exceed the forty (40) SLB days per year.
- A member shall be reimbursed for the amount actually docked. Reimbursement will be made **ONLY** in the member's regular payroll check after the SLB Committee has approved the requested days.
- Sick leave days will not be granted when a member is receiving monies from other insurance benefits or Workers' Compensation Act.
- Unused sick leave bank days at the end of August 31st shall be carried over to the next SLB year (September 1st through August 31st).

Loss of Right to Utilize Sick Leave

A member will lose the right to utilize SLB days by 1) separation of employment with the Rio Grande City C.I.S.D., 2) suspension and/or termination from employment with the Rio Grande City C.I.S.D., 3) cancellation of membership, or 4) choosing not to donate (pay back) the required days after utilizing the SLB.

SECTION V

Requesting Sick Leave Bank Days

A SLB member must request use of Sick Leave Bank Days by completing the request form and attending physician's statement form provided by the district. In the event that the member is incapacitated, a family member or designee may make the request.

Accountability of Voluntary Sick Leave Donation

On a voluntary basis, any employee may donate two (2) or more local and/or state sick leave days from his or her accumulated sick days to an employee, according to the following specifications.

Professional employee to professional employee.

Professional employee to paraprofessional or auxiliary employee.

Paraprofessional or auxiliary employee to paraprofessional or auxiliary employee.

Submittal of Attending Physician's Statement

As part of the request for SLB days, the member must submit the attending physician's statement on the official Sick Leave Bank Physician Statement form provided by the Rio Grande City C.I.S.D.

Appropriate Forms

MEMBERSHIP APPLICATION FOR SICK LEAVE BANK, REQUEST FOR DAYS FROM SICK LEAVE BANK and the SICK LEAVE BANK PHYSICIAN'S STATEMENT forms are available from the campus or department administrator, Human Resources Office, and Payroll Office. **All required forms must be completed in its entirety** to be considered by the SLB Committee. **Samples** of these forms are included in this handbook.

Refusal of Request

The SLB Committee will refuse to consider a request that is not on forms provided by the District and that does not contain ALL the required information.

SECTION VI

Sick Leave Bank Committee

The Committee to administer the Sick Leave Bank will be named the Sick Leave Bank Committee.

Composition of Membership of the Sick Leave Bank Committee

- The Sick Leave Bank (SLB) Committee shall be administered by a five (5) member committee appointed by the Assistant Superintendent for Finance and Operations.
- The five (5) member SLB Committee will be composed of:
 - Superintendent of Schools or designee
 - Director for Health Services
 - One (1) Professional
 - One (1) Paraprofessional
 - One (1) Auxiliary
- The Assistant Superintendent for Finance and Operations shall serve as a non-voting Executive Officer.

- Current SLB Committee members must be contributing members to the SLB.
- If a vacancy occurs among the SLB Committee members during the year, the Assistant Superintendent for Finance and Operations shall appoint SLB members within their areas, respectively.
- Members appointed shall serve in the SLB Committee as long as they remain in good standing and are contributing to the SLB.
- Members appointed will be notified in writing by the Assistant Superintendent for Finance and Operations.

Duties and Responsibilities of the Sick Leave Bank Committee

- At the first meeting of the year, the SLB Committee members shall select from its group a chairperson, vice-chairperson, and secretary. The secretary shall record accurate minutes.
- All applications for SLB days shall be reviewed individually by the Committee in a called meeting.
- If appropriate, an applicant may be requested to appear before the committee to substantiate his/her case.
- The SLB Committee shall determine the number of days approved up to forty (40) days and reserves the right to approve, disapprove, or modify the days requested.
- An applicant may appeal the decision of the Committee in writing to the Executive Officer requesting to appear in person before the SLB Committee.
- The decision of the SLB Committee is final.
- The Assistant Superintendent for Finance and Operations shall serve as the Executive Officer of the SLB Committee and process all approved SLB days for members to the payroll department.
- The School Board will review the Sick Leave implementation on an annual basis and approve the continuation of the SLB.

SECTION VII

Procedures for Questions Not Addressed in the Sick Leave Bank Handbook

Any questions concerning membership, regulations, applications, or pertinent to the Sick Leave Bank that may arise because they are not specifically covered in the Sick Leave Bank Handbook, shall be submitted to the SLB Committee who will make a recommendation to the Superintendent of Schools for a final decision.

SAMPLE

**Rio Grande City Consolidated Independent School District
MEMBERSHIP APPLICATION FOR SICK LEAVE BANK
(TO BE COMPLETED BY RIO GRANDE CITY C.I.S.D. EMPLOYEES
NOT CURRENTLY MEMBERS OF THE SICK LEAVE BANK)**

Name of Employee: _____
(Type or Print FULL Name)

Social Security Number: _____

Campus/Department: _____ Position: _____

Declaration:

I have read the guidelines for the administration of the Sick Leave Bank for Rio Grande City Consolidated Independent School District and agree to abide by them.

INTERESTED IN PARTICIPATION:

_____ I wish to participate in the Sick Leave Bank by donating _____ days of my **available** local sick leave. I understand that all donations to the Sick Leave Bank become the property of the Bank and cannot be returned even upon cancellation.

_____ I wish to participate in the Sick Leave Bank by donating _____ days of my **available** state sick leave. I understand that all donations to the Sick Leave Bank become the property of the Bank and cannot be returned even upon cancellation.

NOTE: A **total** of two (2) or more days must be donated in order to be a member of the Sick Leave Bank.

NOT INTERESTED IN PARTICIPATION:

_____ I am **NOT** interested at this time in becoming a member of the Rio Grande City C.I.S.D. Sick Leave Bank.

Signature of Employee

Date

PLEASE RETURN COMPLETED APPLICATION TO YOUR IMMEDIATE SUPERVISOR WHO WILL FORWARD IT TO THE HUMAN RESOURCES OFFICE. (PLEASE KEEP COPY FOR YOUR PERSONAL FILE)

SAMPLE

**Rio Grande City Consolidated Independent School District
REQUEST FOR DAYS FROM SICK LEAVE BANK**

Member's Name: _____
Address: _____ Telephone: _____
Social Security No.: _____
Position/Assignment: _____ Campus/Dept.: _____
Number of years employed by Rio Grande City C.I.S.D.: _____
I certify that I have donated two (2) or more days of my available local and/or state sick leave to the Sick Leave Bank and have been a member since (date) _____.

ALL FIVE CRITERIA MUST BE IN PLACE IN REQUESTING DAYS FROM THE SICK LEAVE BANK:

- I am a member of the Sick Leave Bank.
- I have exhausted all my available state leave, local leave, vacation days accrued and extended leave.
- I am experiencing a catastrophic illness/injury, and I am unable to return to work due to this medical condition.
- I am attaching the Attending Physician's Statement form as verification of my medical condition.
- I verify that I am not receiving monies from any other insurance benefit or workers' compensation act.

NUMBER OF SICK LEAVE BANK (SLB) DAYS REQUESTED:

Number of days requested from the SLB: _____
Sick Leave Bank days should begin (month/date/year): _____
Number of SLB days used beginning Sept. 1st of current year: _____

DESCRIPTION OF ILLNESS OR INJURY:

Signature: _____ Date: _____
Relationship: _____

SICK LEAVE BANK COMMITTEE DECISION:

_____ Approved Sick Leave Bank Days for _____ days.
_____ NOT Approved
_____ Other

Signature: _____
(Committee Chairperson)

Signature for Processing ONLY: _____
(Executive Officer)

White Copy - Personnel
Yellow Copy - Employee
Pink Copy - Supervisor

SAMPLE

**Rio Grande City Consolidated Independent School District
SICK LEAVE BANK PHYSICIAN'S STATEMENT**

Physician's Name: _____

Address: _____ Phone No. _____

Name of Rio Grande City C.I.S.D. employee: _____

Nature of Illness or Injury:

Dates of Treatment: _____

Hospitalization, if any, and name and address of hospital:

Date admitted: ____/____/____

Date discharged: ____/____/____

Name of hospital: _____

Address: _____ Phone No. _____

Is the patient still under your care? ____ YES ____ NO

Date patient can return to work: _____

(Typed or Printed Name of Physician)

(Date)

(Signature of Physician: no rubber stamp, please)

SICK LEAVE BANK

The purpose of the sick leave bank is to provide additional paid sick leave days to members of the bank, in the event of catastrophic illness or injury which renders the member unable to perform the duties of his or her position and causes a substantial loss of income.

MEMBERSHIP

All full-time employees of the District having five days of available local and/or state sick leave as of July are eligible to participate in the Sick Leave Bank for the sick leave calendar, September 1st through August 31st. Participation is voluntary, but requires a contribution to the bank of two (2) or more earned local and/or state sick leave days during the enrollment period of August 1st through September 30th. All days donated shall become the property of the District.

Contributors who qualify for incapacitating conditions, shall be permitted to use the bank only during regularly scheduled duty days.

Eligible employees who elect not to join the Sick Leave Bank during the enrollment period must wait until the following year's enrollment period.

ADMINISTRATION

The Sick Leave Bank (SLB) shall be administered by a five (5) member committee called the Sick Leave Bank Committee. The SLB Committee shall be composed of the Superintendent of Schools, Director for Health Services, one professional, one paraprofessional and one auxiliary personnel.

The SLB Committee shall meet as the need arises. The SLB Committee shall be responsible for receiving requests, verifying the validity of requests, and recommending approval or denial of requests, and communicating decisions to the member and the executive officer. An approved application shall be compensated at the employee's regular rate of pay, not to exceed forty (40) working days per employee and only to the extent that there are days available in the bank.

**REQUESTS FOR USE
SICK LEAVE BANK
DAYS**

Any eligible member of the SLB may request for use of the Sick Leave Bank days when his/her accumulated state leave, local leave, vacation days, extended leave or any other accumulated leave has been exhausted. To qualify for the Sick Leave Bank days, the member making the request shall provide all the information requested and set forth in the SICK LEAVE BANK HANDBOOK approved by the Board of Trustees.

All information provided to the SLB Committee shall be confidential. All SLB Committee members shall acknowledge their duty to protect the confidentiality of the information presented.

**GUIDELINES/
LIMITATIONS**

Catastrophic illness is defined as an extended critical illness, surgery, injury, or temporary disability due to injury or illness. It requires the services of a licensed medical practitioner for a prolonged period of time and an extended absence from work for treatment or recovery where the absence extends after the employee has exhausted all accumulated state and local leave, personal leave, additional sick leave with salary deductions, and vacation days. Pregnancies without serious complication are not considered to be catastrophic illnesses covered under the extended sick leave plan. The member, through a catastrophic illness, must be unable to perform the duties of his or her positions for an extended time.

A sick leave pool shall not be established for elective procedures or any procedure that could be scheduled at a time more compatible with work responsibilities without detriment to the employee's health.

Use of the extended sick leave pool shall run concurrent with the FMLA.

ADOPTED: APRIL 5, 2005

Rio Grande City Consolidated Independent School District

SICK LEAVE BANK COMMITTEE

Executive Officer

Thelma Ramey

Assistant Superintendent for Finance and Operations

Committee Members

Roel A. Gonzalez

Superintendent of Schools

Diana Solis

Director for Health Services

One Professional (to be appointed at a later date)

One Paraprofessional (to be appointed at a later date)

One Auxiliary (to be appointed at a later date)

Rio Grande City Consolidated Independent School District

SICK LEAVE BANK COMMITTEE
(Working Committee)

Gilberto E. Garcia, Human Resources

Thelma Ramey, Business Office

Sabas Ozuna, Alternative

Joel Salinas, Federal Programs

Nance Munoz, Student Services

Imelda Ramon, Health Service

Arcadio Salinas, Maintenance

Juan Saavedra, Curriculum

Olga Smedley, J & O Hinojosa Elementary

Ricardo Saenz, North Grammar Elementary

Lilia Lopez, Ringgold Elementary

Jeanie Anderson, Dr. Mario E. Ramirez Elementary

Nelda Laurel, High School

Epigmenio Gonzalez, Grulla Middle School

Mirta Cantu, Alto Bonito Elementary

Carmen Garcia, La Union Elementary

Oswaldo Garcia, Jr., Roque Guerra, Jr. Elementary

Aida Martinez, Grulla Elementary

Palmira Marroquin, Gen. R. Sanchez Elementary

Rosario Benavidez, Ringgold Middle School

Annabel Guerra, Veterans Middle School