



# THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

## APPLICATION TO DRAW LEAVE FROM THE SICK LEAVE BANK

Employee ID# \_\_\_\_\_ Employee Name \_\_\_\_\_

Facility Name \_\_\_\_\_ Position Title \_\_\_\_\_

Mailing Address \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Eligible employees are entitled under School Board Policy 6.911 to a maximum of forty (40) days of paid leave for certain individual medical reasons. Submit this request form to the Sick Leave Bank Administrator at least thirty (30) days before the leave is to commence, when practicable. Use of the sick leave bank counts towards FMLA leave used by employees.

For determination of eligibility, please answer each of the following questions. Put a check in the appropriate response column.

YES	NO	
_____	_____	Is this your first claim for this particular condition?
_____	_____	Have you used the Sick Leave Bank before?
_____	_____	Have you exhausted all of your accrued sick leave days?
_____	_____	Have you ever transferred leave time to another employee within the District?
_____	_____	Have you attached to this application a signed <i>Physician Form</i> verifying this condition?
_____	_____	Is your claim for cosmetic surgery or elective surgery which could safely be scheduled during a non-work period?
_____	_____	Have you applied for FMLA with Risk & Benefits Management?

The total number of days of Sick Bank Leave that I request is \_\_\_\_\_. I request one of the following options (check one):

- Sick Leave beginning on \_\_\_\_\_ through \_\_\_\_\_
- Reduced work schedule on the following dates: \_\_\_\_\_
- Intermittent leave according to the following schedule: \_\_\_\_\_

I agree to return to work on \_\_\_\_\_. If circumstances change such that I will not be able to return to work on that date, I agree to notify my supervisor within two days with updated leave information and will submit an updated Physician Form to the Sick Leave Bank Administrator.

The following physician or physician's office is authorized to make disclosure of the above individual's health information to Osceola District Schools for the purpose of drawing from the Sick Leave Bank. I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization, I must do so in writing to Osceola District Schools, Sick Leave Bank Administrator. I understand that the revocation will not apply to information that has already been released in response to this authorization. This authorization will expire within six months of issuance.

Physician \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

I understand that authorizing the disclosure of this health information is voluntary. I can refuse to sign this authorization. I understand that I may inspect a copy of the information disclosed.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_



# THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

## SICK LEAVE BANK REQUEST – PHYSICIAN FORM

*Please send via fax to 407-870-4086*

**Physician:** The Osceola County School District employee identified on this form has requested sick leave to be charged to the district’s Sick Leave Bank. It is imperative that your office respond to the following items concerning the individual’s illness, accident, or injury so that we may process their request. A failure to fully answer any section below will result in a delay in the processing of this request for Sick Leave Bank days.

Patient Name: \_\_\_\_\_ Patient D.O.B.: \_\_\_\_\_

### PHYSICIAN INFORMATION

Physician Name: \_\_\_\_\_ Specialty: \_\_\_\_\_

Business Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### INFORMATION REGARDING ILLNESS, ACCIDENT, OR INJURY (TO BE COMPLETED BY PHYSICIAN)

Please indicate the primary diagnosis, prescribed medication, frequency of treatment, restrictions and/or patient’s limitations because of this illness or injury:

\_\_\_\_\_  
\_\_\_\_\_

#### Please indicate the date of:

Onset of Condition: \_\_\_\_\_ Initial Treatment of Condition: \_\_\_\_\_

Surgery: \_\_\_\_\_ Is the surgery elective?  Yes  No

Hospitalization From: \_\_\_\_\_ To: \_\_\_\_\_

In the event of an operation, is it absolutely necessary and could not reasonably be delayed until a break in the employee’s duty schedule?  Yes  No

### INFORMATION REGARDING CONDITION (TO BE COMPLETED BY PHYSICIAN)

Is the patient:  Temporarily totally physically disabled  Totally physically disabled  Neither

#### Please check all essential daily living activities which the patient is unable to perform:

- Grooming and hygiene
- Eating and Drinking
- Shopping, transportation
- Walking and transferring
- Housekeeping, laundry
- Meal preparation and cleanup
- Toileting and incontinence
- Maintaining residence, i.e., paying bills, using telephone

**When will this patient be medically able to return to work?** \_\_\_\_\_

If the Return-to-Work date is undetermined, when is the next scheduled office visit? \_\_\_\_\_

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

## CHAPTER 6.00 – HUMAN RESOURCES

### SICK LEAVE BANK

6.911

#### Employees Voluntary Sick Leave Bank

##### I. Membership

Any full time employee of the District, having been employed by the School District for at least one (1) year and having at least ten (10) days accrued sick leave by the end of September of each year (inclusive of four [4] days sick leave advanced), may enroll in the sick leave bank by voluntarily contributing one (1) sick leave day to the Bank. The enrollment shall be opened each year during the months of September and February only. Employees on leave returning to service may join the Bank within ten (10) days of their employment if they meet all other criteria.

- A. Enrollment must be made on the prescribed form furnished by the Personnel Department.
- B. Any sick leave day contributed pursuant to this section shall be removed from the personally accumulated sick leave balance of that employee and shall not be returned except as provided in section IX.
- C. Membership in the Sick Leave Bank shall be continuous from the initial enrollment until an individual member has withdrawn from the plan or has drawn the maximum allowed from the Bank (see VI.D.).

##### II. Establishment and Duration

- A. The Sick Leave Bank will not come into existence until at least twenty percent (20%) of the total number of employees eligible to join the pool elect to do so and will remain in existence unless the participation drops below twenty percent (20%) of the number of employees eligible.
- B. In the event the Sick Leave Bank is discontinued, distribution of remaining sick leave will be in accordance with section IX. below.

##### III. Replenishment Contributions

If the Bank is depleted during a school year, members may be assessed up to a maximum of three (3) days per year.

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### IV. Administration and Governance

- A. Personnel Department Committee will administer the Sick Leave Bank and will determine the validity of claims against the Bank.
- B. The Personnel Department will make available an annual report of usage of the Bank to the School Board and to participating members.
- C. Appeals shall be handled by the Superintendent who will establish a five (5) member Appeals Committee, representative of both association and management for the purpose of settling any dispute arising from claims against the Bank. The Committee will be comprised of two (2) members from the OCTA appointed by the President, two (2) members appointed by the Superintendent and one professional support staff employee mutually agreed upon by the Association President and the Superintendent. This Appeals Committee shall be the final authority on all disputes or interpretation involving eligibility for benefits.

### V. Eligibility

In the event of a serious personal illness, accident or injury over which the employee has no control, causing a participating employee to be absent from work for an extended period of time, the employee may receive paid leave as follows:

- A. All accumulated sick leave of the employee must first be expended, followed by a leave, not charged to sick, of five (5) workdays per incident.
- B. Applications must be made to the Personnel Department; including a statement from a doctor attesting to the members extended illness, accident, or injury. The statement must certify:
  - 1. The nature of the illness, accident, or injury.
  - 2. That in the event of an operation, it is absolutely necessary and could not reasonably be delayed until a break in the employee's duty schedule.
  - 3. The probable date the member would be able to return to work.
- C. Application must also provide permission to investigate medical records and other information needed for review or appeal.

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- D. A participating member shall not be eligible to use sick leave from the Bank if the employee is on leave for injury or illness in the line of duty, workers' compensation, or on medical retirement.

### VI. Benefits

- A. All cases will be reviewed by the Sick Leave Bank Approval Committee when each twentieth (20th) day of benefits has been reached up to the maximum amount allowable. At this time, the Committee may request additional medical certification. Also, at this time, any sick leave, which may have been accrued by the participant, must then be used before resumption of drawing from the Sick Leave Bank.
- B. Upon approval of application, a member will be allowed to draw up to a maximum of forty (40) paid sick leave days from the Bank, provided there remain sufficient leave days in the Bank.
- C. The employee shall not have to pay back in any manner the number of days used from the Sick Leave Bank except as outlined in Section VII. below.
- D. In the event a member draws from the Sick Leave Bank, that individual membership shall be suspended from the Bank membership after drawing all days authorized from the Bank. Such individuals may reinstate membership by meeting qualifications in section I. above.

### VII. Participation Abuse

Alleged abuse of the Sick Leave Bank shall be investigated by the Personnel Department. If an employee is found to have abused the use of the Sick Leave Bank, the employee shall repay all sick leave credited (in dollars) drawn from the Sick Leave Bank and, after review by the Appeals Committee, be subject to such other disciplinary action as determined by the School Board.

### VIII. Withdrawal from Participation

Any participating employee who wishes to withdraw from participation in the Sick Leave Bank may do so and withdrawal will be effective immediately upon receipt by the Personnel Department of written notification of the employees intent to withdraw. Any previously contributed sick leave will become the property of the Sick Leave Bank.

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### IX. Discontinuance of Sick Leave Bank

If it becomes necessary to terminate the Sick Leave Bank, unused sick leave in the Bank will be distributed in the following manner:

- A. Each member will receive an equal share of the unused days to be credited to his/her personal accumulated sick leave account in fourths of a day.
- B. Any balance left will be disposed of at the sole discretion of the Board.
- C. In no instance will the days credited back to members be greater than the number remaining in the Bank.
- D. Any member joining this Sick Leave Bank acknowledges that the limits of liability for any challenge to the Appeals Committees decision is limited to the number of days the individual contributed to the Bank.

#### STATUTORY AUTHORITY:

**1001.41, 1012.22, 1012.23, F.S.**

#### LAW(S) IMPLEMENTED:

**1001.43, 1012.61, F.S.**

#### HISTORY:

**FORMERLY: 4.2.4.C, 9.3.12.I**