

Preston County Schools

731 Preston Drive
Kingwood, WV 26537
304-329-0580
Sick Leave Bank

Personnel Management

8-40 Sick Leave Bank

A. Generally

The purpose of the Sick Leave Bank (hereinafter call "Bank") is to provide protection for employees of Preston County Schools who encounter severe medical problems themselves, i.e. life threatening/terminal illness or serious injury as determined by the Sick Leave Bank Committee with verification of medical evidence submitted and who have exhausted their sick leave. This bank is not intended to include such things as elective surgery, normal pregnancies, or normal or minor illness.

B. Membership

All full-time employees of Preston County Schools are eligible for membership on a voluntary basis. Participation in the program will be limited to those who donate to the Bank.

C. Rules

1. The existence of the Sick Leave Bank and participation by an employee in the Bank does not eliminate any other sick leave policies of Preston County schools, nor does it in any way eliminate the rights of individual employees who participate in the Bank to other sick leave benefits.
2. Permanent employees, professional and service of the Preston County School system shall be eligible to participate in the Sick Leave Bank. A substitute employee is not eligible to participate in the Bank.
3. The Sick Leave Bank shall be used only by the individual contributor of his/her injury or illness.
4. The Sick Leave Bank shall not be used for illnesses or injuries of other members of the employee contributor's family.
5. The Sick Leave Bank shall not be used by the employee contributor to remain away from his/her position in other to assist a member of his/her family who is ill.
6. Only sick leave days shall be contributed to the sick leave bank. Vacation days cannot be contributed).
7. The Sick Leave Bank shall not be used by employee contributors disable by an injury that would be covered by Worker's Compensation.
8. Employees choosing to enroll in the Sick Leave Bank shall require to donate two (2) sick leave days the first year.
9. Employee enrollment and participation in the Sick Leave Bank shall be made annually between September 1 and October 1. The opportunity to participate in the Sick Leave Bank shall be available to any employees each year within the specified dates.
10. Upon termination of employment or the voluntary withdrawal from the Bank, the employee contributor shall not be permitted to withdraw donated days from the Bank. All days donated to the Bank will remain the property of the Sick Leave Bank.

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11. Once a member is eligible for retirement benefits, including disability retirement, from the Teachers Retirement Board, all sick Leave Bank benefits will stop.
12. Sick leave days withdrawn from the Bank do not have to be repaid by the individual using them.
13. An employee is ineligible to receive leave days from the bank in relation to any illness or other disability, of which the employee was aware or reasonably should have been aware before becoming a member of the Sick Leave a Bank, for a period of one year.

D. Procedures

1. Contributions to the bank must be made on a Preston county Schools Sick Leave Bank Contribution Form by the individual member and further contributions are automatic unless cancel by the employee completing the sick leave Bank Contribution Form by the individual member and father contributions are automatic unless concealed by the employee completing the Sick Leave Bank Contribution Cancellation Form.
2. The Sick Leave Bank Review Committee will approve all requests before they are forwarded to the Payroll Office.
3. An applicant who is withdrawing days may be required to undergo a medical review by a physician of the Committee's choice at the member's expense.
4. In case a contributor has been incapacitated, his/her application may be submitted to the committee by his /her agent or member of his/her family on his/her behalf.
5. Upon approval by the sick Leave Bank Review Committee, a maximum of thirty (30) days shall be deposited in the member's account, subject to review by the Committee and /or member. Additional days may be requested with the total days granted not to exceed sixty (60) days in any school year.
6. Unused Bank days deposited in the member's account shall revert back to the Bank at the end of each fiscal year. An employee so affected is eligible to reapply after allocated days each year are used.
7. No member who is receiving payments from West Virginia's Workers' Compensation fund shall be permitted to receive days from the sick Leave Bank. Members who request and receive a Leave of Absence, approved by the Board of Education, cannot (while on such Leave of Absence) receive days from the sick Leave Bank.
8. The Sick Leave Bank Review Committee shall respond to a request for days to be awarded to a member within twenty (20) working days.

E. Establishment and Contributions

1. For all employees who sign a Sick Leave Bank Enrollment Form, two (2) days of sick leave will be taken from the employee's allotment of sick days taken from the first year I which the employee volunteers the two (2) days. Each year thereafter, one (1) day of sick leave will be taken from the employee's allotment of sick days.
2. Half-time employees shall contribute based upon the above schedule.
3. When the number of days remaining in the Sick Leave Bank is reduced to one hundred (100), all members will be notified that they will be asked to donate on (1) additional day to

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remain a member. However, no member may contribute more than two (2) days of sick leave per year.

4. If, after several years of existence, and if the Sick Leave Bank has a substantial number of days in reserve, the Sick Leave Bank Committee may require fewer days to be contributed by long-term members (member of the Bank for at least five (5) years).
 5. New contributions shall be made between September 1 and October 1, except for an employee returning from a Leave of Absence, who shall be permitted to contribute to the Bank within the first thirty (30) calendar days of initial employment.
 6. Sick leave days remaining in the Bank at the end of each fiscal year shall remain the responsibility of the Sick Leave Review Committee.
- F. Limitations
1. The use of such days with the extension of insurance coverage pursuant to West Virginia State Code (Section 12, Article 16, Chapter 5 [§12-16-5]) is prohibited; therefore, the employee's insurance coverage shall continue for a one calendar year after the expiration of the employee's sick leave days and Bank days may not be used to extend.
 2. An applicant may be required to undergo a medical review by a physician of the Sick Leave Bank Review committee's choice at any time at the member's expense.
 3. Sick leave for mental illness may be granted when
 - i. A problem is certified by a licensed psychiatrist/licensed psychologist; and
 - ii. Any applicant is enrolled in a rehabilitation program of at least two (2) or more visits per week.
 - iii. A total of twenty (20) days per year may be used for mental illness (20 days' lifetime maximum)
 4. Sick leave for alcohol/drug related illnesses may be granted when:
 - i. Certified by a licensed physician; and
 - ii. An applicant is enrolled in a rehabilitation program accepted by the Sick Leave Bank Review Committee.
 - iii. A total of twenty (20) days per year may be used for drug/alcohol related illness (20 days' lifetime maximum)
 5. Leave from the Bank may not be used for reasons of maternity/paternity. Exceptions will be considered in extreme cases where medical complications arise.
 6. A member may request leave from the Bank only one time per year per illness except in extenuating circumstances as determined by Committee.
 7. Consideration for Bank request are determined by the Sick Leave Bank Review Committee, in part, based on the member's years of service and amount of accumulated personal leave prior to the illness for which Bank days are requested.
 8. A contributor will lose the right to utilize the benefits of the Sick Bank by:
 - i. Termination of employment by the Preston County Board of Education.
 - ii. Cancellation of participation, which is effective only at the close of a fiscal year (June 30 of each year)

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- iii. Refusal to continue regular contributions at the beginning of each fiscal year-before October 1.

G. Sick Leave Bank Review Committee

1. The sole function of the Sick Leave Bank Review Committee is to determine if the applicant meets the criteria as established by this policy. Committee members must be members of the Bank.
2. Members of the Sick Leave Bank Review Committee shall be:
 - i. (3) teachers-elected by members of Bank
 - ii. (2) service personnel-elected by member of Bank
 - iii. (1) administrator-elected by members of bank
 - iv. Chairperson- appointed by superintendent
 - v. Nurse/LPN-appointed by superintendent (non-voting)
 - vi. Payroll-appointed by superintendent (non-voting)
3. A quorum of four (4) members must be present to conduct business. In case of emergency, the chairperson of the Committee may contact individual Committee members by phone to determine his or her vote on a particular request.
4. Members of the Sick Leave Bank Committee shall serve four-year terms and may serve successive terms. If a member is unable to complete his/her term, then the person in the appropriate group receiving the next highest number of votes will complete the unexpired term.
5. All members of the Sick Leave Bank are eligible to vote in the election of candidates for the sick Leave Bank Review Committee.
6. The Sick Leave Bank Review committee may request the nursing staff for assistance with medical interpretations.
7. The Sick Leave Bank Review Committee will approve all requests for donations before they are forwarded to the Payroll Office. The committee will meet, process all donation requests, and respond in writing within twenty (20) working days of receipt of application. Committee members shall maintain, in the strictest confidence, any and all transactions for use of the sick Leave Bank.
8. Decisions of the Sick Leave Bank Review Committee are final.

H. Application:

To take leave out of the Sick Leave Bank, the employee or his/her representative must make written application to the Sick Leave Bank Review Committee Chairperson on forms as provided. The forms shall be accompanied by a physician's statement describing the illness and a prognosis for a date to return to work.

I. Eligibility Criteria

Adequate medical evidence of serious illness or injury shall be used by the Sick Leave Bank Review Committee in administering the Bank and in determining the eligibility and the amount of leave.

J. Extension of Sick Leave Bank Use

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- A. Employee contributors may submit requests for extension of such personal illness grants as their prior grant expires. Such applications shall be made on the regular request forms for additional days up to thirty (30) days and must be accompanied by an updated physician's statement (maximum of sixty (60) days total per fiscal year per illness or injury).
- B. Unused Sick Leave Bank days received by a member shall revert back to the Sick Leave Bank.
- K. Appendix
 - 1. All requests pertaining to the use of Sick Leave Bank days must be on forms provided. These forms are available in all schools and Personnel Office.
 - 2. The Payroll Office of Preston County schools shall conduct all financial bookkeeping.
 - 3. If permanent closure of the Bank should occur for any reason the days remaining shall be administered by the Committee until all the days have been disbursed in fulfillment of the purpose of the Sick Leave Bank.
 - 4. This policy is subject to annual review and updated under the direction of the Sick Leave Bank Review Committee. Such revisions shall be submitted to the Preston County Board of education for approval and adoption.
 - 5. All regulations of West Virginia Code and policies and regulation of the Preston County Board of Education shall be observed.

Effective July 1, 2005

Adopted 05/31/05

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Employee Contribution Form

I, the undersigned employee of Preston County Schools, have been informed of the provisions of the Sick Leave Bank and wish to become a member of the Bank. I voluntarily contribute two (2) days from my accumulated sick leave the first year and one (1) day each year thereafter, not to exceed two (2) days per fiscal year and I relinquish all claims to said days. I understand the rules and regulations of the policy.

Name: _____ (Please print)

Signature: _____

Social Security Number: _____ - _____ - _____

Position: _____ Job site: _____

Please return this form prior to October 1st, of the current year, to the Payroll department.

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Sick Leave Cancellation Form

I, the undersigned, have been a contributing member of the Preston County School's Sick Leave Bank. At this time, I would like to cancel further contributions to the Sick Leave Bank. I understand that previous contributions will not be returned to me and that as of June 30th, of this fiscal year, I am no longer eligible to apply for sick leave days from the Sick Leave Bank. Notification of cancellation must be received by June 30th of this fiscal year.

Name: _____ (Please print)

Signature: _____

Position: _____ Location: _____

Please return this form prior to June 30th, of the current year, to the Payroll department.