

Township of Union Public School District/Union Township Education Association Sick Leave Bank

Section I: Purpose

The purpose of the Sick Leave Bank is to provide additional paid leave for eligible employees who have exhausted their accrued sick, personal, and vacation days as a result of a catastrophic illness, or injury. The Bank serves as a depository into which participating employees voluntarily contribute days for allocation to either themselves or other participating employees meeting the criteria. This Bank is not to provide unlimited paid sick leave for any medical reason but to alleviate the hardship caused when an employee loses compensation as a result of a catastrophic illness or injury.

Section II: Definition

Catastrophic Illness or injury means any terminal illness or any disease that would be labeled as “end stage”. In order to be defined as catastrophic, an illness or injury must be seriously incapacitating, of an extended duration, requiring the services of a licensed health care provider, and would not allow an employee to perform his or her job duties due to permanent physical impairment.

Section III: Membership

Membership in the Sick Leave Bank is open to active employees who are members of the Township of Union Education Association/NJEA and who donate a minimum of one day of their accumulated sick days to the bank each school year.

A. Eligibility

1. Membership in the Sick Leave Bank is established when an active employee of the Township of Union Public School District donates a minimum of one day of their accumulated sick or personal days to the bank and is an active member in the Union Township Education Association/NJEA. The employee must be a member of the Sick Leave Bank for at least six calendar months before becoming eligible to receive benefits. (Special circumstances may be considered by the committee on a case by case basis.)

B. Contribution to the Sick Leave Bank

1. Any employee who is eligible to join the Sick Leave Bank may do so by contributing a minimum of one day per year. The day donated will be subtracted from the members' total accrued days. All donations will remain in force and cannot be returned.

2. Contributions to the bank can be made at any time.

3. Employees desiring to join the Sick Leave Bank must complete the online membership application form [click here](#). These forms are also available on the District Website. The Committee will verify and make a determination of the employee's eligibility.

Section IV: Procedures to Apply for Leave

1. Should the member have a catastrophic illness or injury (as defined in section II) necessitating the need for additional days after all accrued sick, personal, and vacation days have been exhausted as verified by the Human Resources Department, the member may submit a request to withdraw days from the Sick Leave Bank. An employee or his/her designee must request the sick leave from the Bank by completing an application and submitting it to the Human Resources Department.
2. An applicant will be required to sign a release of medical information form, authorizing the Sick Leave Bank Committee to contact attending physician, if needed. Failure to provide this authorization will result in a denial of the application. Detailed medical information and an evaluation from the employee's attending physician will be required before any application will be reviewed by the Sick Leave Bank Committee.
3. The Physician's Statement must contain the physician's legibly written statement identifying diagnosis, treatment, prognosis and an estimated return to work date along with the physician's signature and stamp.
4. In the event of a reduction in force *or termination*, accumulated sick leave *from the* Bank shall not be *compensated*, but shall remain credited to *the Bank*.

Section V: Withdrawing Days from the Sick Leave Bank

1. Only members in good standing who have donated at least one day each school year are eligible to withdraw from the Sick Leave Bank.
2. The maximum number of sick leave days granted during a school year (Sept. 1 – August 31) is 60 days.
3. Before withdrawing days from the Sick Leave Bank, a member must have exhausted all of his/her own accrued sick, personal, and vacation days.
4. Sick Leave Day payouts are retroactive to the first day of eligibility once all criteria are met.
5. The Sick Leave Bank cannot be automatically extended from one year to another.
6. A member who is receiving income from Worker's Compensation benefits may not draw upon the Sick Leave Bank to supplement that compensation.

Section VI: Administration of the Sick Leave Bank

1. Members who have exhausted the general bank allotment can request that a separate personal donation bank, outside of the general bank, be created for them. This request will be reviewed and considered by the committee, and if approved, then a special donation request will be sent to bank participants, who may choose to donate additional days from their personal allotment to be granted to the specific personal donation bank.
2. Applicants will be notified of the determination of his/her application through the District email account within two weeks. Denials will be accompanied by an appeal form.
3. The Committee reserves the right to contact the employee and/or the employee's physician(s) for further information or clarification, if necessary.
4. All unused Sick Leave days in the bank will carry over to the next school year.
5. No employee may withdraw days from the Sick Leave Bank unless authorized by the committee.
6. Resignation from the bank must be in writing to the committee. Any member resigning will forfeit days donated and will become ineligible for any future benefits through the bank.

Section VII. Committee Members and Responsibilities

1. The Sick Leave Bank Committee will consist of six people.
 - Three (3) administrators representing the Township of Union Public School District
 - Three (3) appointed by the Superintendent
 - Three (3) representatives from the Union Township Education Association
 - The UTEA President (1) and two (2) members appointed by the president (majority representative).
2. All applications for sick leave bank days will be reviewed individually by the Committee.
3. The Committee has the sole authority to approve by majority vote requests to withdraw days from the SickLeave Bank.
4. The Committee shall approve the number of days on a case by case basis.
5. All members of the Committee will acknowledge their duty to protect the confidentiality of the information presented by signing a confidentiality agreement.
6. The Sick Bank Committee has the right to change its procedures periodically in order to ensure the most effective operation of the Sick Leave Bank.

**Township of Union Public School District/Union
Township Education Association Sick Leave Bank
Enrollment Form**

Name _____ Employee Number _____

(Found in AESOP and on your paystub)

Home Address _____

City, State, Zip _____

Home Phone (_____) _____ Cell Phone _____

School/Location _____

School Phone _____

E-mail: Work _____ Home _____

Date of hire _____ / _____ / _____

I have read and am aware of all conditions of the Union Township Public School Sick Leave Bank and Sick Leave Bank Guidelines. Each member who joins the Sick Leave Bank shall initially contribute one (1) sick day from his/her accumulated sick leave. Once contributed, sick days shall not be returned. By my signature below, I am applying for membership and authorizing contribution of days. I understand that I will remain enrolled in the program and contribute one day per year. In order to cease membership, I must notify the committee in writing.

Signature of applicant _____

Application Date _____

Please email completed form to: **sickbank@twpunionschools.org**

OFFICE USE ONLY

Date of hire _____ / _____ / _____

Number of accumulated days (as per Human Resources) _____

As of (date) _____

Sick Bank enrollment date _____

Notes: _____

Township of Union Public School District/Union Township Education Association Sick Leave Bank Application

Please complete this form in order to apply to the Sick Leave Bank. All information will be kept confidential in the Human Resources Department. Email your request to **sickbank@twpunionschools.org**
** You will receive a response within two weeks.

EMPLOYEE INFORMATION

Name:

Address:

Phone #:

Cell Phone #:

Building/ Location:

Department:

Employee #:

(found in AESOP or on your paystub)

By checking this box, you grant permission to the Sick Leave Bank Committee and Human Resources to request doctor's notes, medical statements, medical documentation and any information deemed necessary Yes ☐ No ☐

HEALTH INFORMATION:

Physician's Name:

Address:

Phone #:

Zip Code:

Emergency Contact Name:

Phone number:

By signing below, I certify that I have read all conditions of the Union Township Public School Sick Leave Bank and Sick Leave Bank Guidelines.

Employee Name (please print):

Date:

Employee Signature:

FOR OFFICE USE ONLY

Date of Hire:

Enrollment Date:

Number of accumulated days:

As of this date:

Human Resources Designee:

Date: