TO: All Employees  
FROM: Melissa M. Stilley, Superintendent  
SUBJECT: Sick Leave Bank Policy

August 19, 2019

On August 21, 2012, the Tangipahoa Parish School System adopted a sick leave bank policy to be in accordance with recent legislative changes.

A copy of the policy and membership form is attached for you to review. Please review the policy to make sure that you understand the guidelines for eligibility and for receiving days from the sick bank. A few highlights of the policy are listed below:

1) Full-time employees with at least one year of continuous service are eligible.
2) Employees are only allowed to contribute one full day annually and donation is irrevocable.
3) Days donated to the bank will be converted to a value based on donating employee’s daily rate of pay.
4) Only contributors to the bank will be eligible to apply for benefits.
5) Must use all available types of sick leave before receiving benefits from the bank.
6) Employee’s illness only. Immediate family member’s illness does not qualify for benefits.

If you want to join the sick leave bank, please complete the application form and return to Ms. Rosa Dupuy, Payroll Coordinator, before the September 30, 2019 deadline.

If you have any questions, please contact Ron Genco, Assistant Superintendent, via email at ronald.genco@tangischools.org.

Thank you.

“The Tangipahoa Parish School System does not discriminate on the basis of race, color, national origin, sex, age, disabilities or veteran status. We are an equal opportunity employer.”
TANGIPAHOA PARISH SCHOOL SYSTEM SICK LEAVE BANK POLICY

The Tangipahoa Parish School Board recognizes that major illnesses and catastrophic injuries may warrant the need for additional sick leave by an employee. The Board shall create and maintain a Sick Leave Bank which provides an opportunity for employees to donate sick leave days, which in turn may be used by employees in emergency situations when their own sick leave days have been exhausted.

Statement of Intent

The purpose of a Sick Leave Bank is to provide a bridge to long-term disability and provide an employee additional paid sick leave

- who experience a major prolonged catastrophic illness, disability or injury, as subject to the terms outlined in this policy, and
- who have completely exhausted all accumulated leave time and who are not otherwise receiving related compensation benefits such as disability, workmen’s compensation, or unemployment.

A catastrophic illness, disability or injury is defined as a severe condition or combination of conditions that (a) affect the physical or mental health of the employee; (b) result in a life-threatening or life function altering condition; and (c) require an extended period of absence from work. Such life functions include, but are not limited to, loss of physical senses, loss of physiological processes or loss of limb. Pregnancy is not considered a catastrophic illness. However, complications resulting from pregnancy may be considered catastrophic.

Eligibility to Enroll and Participation in the Sick Leave Bank

1. All full-time employees who are eligible for sick leave and who have completed one (1) year of continuous service with the Tangipahoa Parish School Board shall be eligible to participate.
2. Contribution of sick leave days from employees shall be made directly to the Sick Leave Bank and not directly to individual employees.
3. Annual participation in the Sick Leave Bank is voluntary, but requires contributions to the bank. Contributions shall be made at the Annual Open Enrollment Period in August of each year. Eligible employees who do not elect to join the Sick Leave Bank within the annual enrollment period shall not be permitted to join until the subsequent Annual Open Enrollment Period.
4. To become a member of the Sick Leave Bank an employee must complete a Sick Leave Bank Membership Enrollment Form and contribute at least one (1) day from his/her accumulated sick leave for the current school year during the Annual Open Enrollment Period. No member shall be permitted to contribute more than one (1) sick leave day and no fractional days may be donated. This day shall be subtracted from the member’s local sick leave record and become the property of the Sick Leave Bank. Once executed, all contributions are irrevocable.
5. Employees must re-enroll annually in order to participate in subsequent fiscal years. Eligible employees must complete a Sick Leave Bank Membership Enrollment Form and contribute one (1) day from his/her accumulated sick leave days. No member shall be required or permitted to contribute more than one (1) sick leave day per fiscal year. No fractional days may be donated.
6. Only contributors to the bank shall be eligible to apply for benefits to use the Sick Leave Bank for payment for qualifying extended illness during regularly scheduled duty days, and beyond all other available leave options (i.e. sick leave, personal leave, annual leave, extended sick leave, medical sabbatical leave, or any other available leave).
7. Enrollment in the Sick Leave Bank does not guarantee that an employee shall receive benefits from the Sick Leave Bank. Each request for withdrawal of benefits shall be evaluated and a decision made based on the specifics of the requests.
8. A member of the Sick Leave Bank shall lose the right to apply and be eligible for benefits by:
   - Termination of employment.
   - Suspension with or without pay during the period of suspension.
   - Being on approved leave of absence.
   - A member’s voluntary cancellation of his/her membership.
   - Any abuse or misuse of the rules of the Sick Leave Bank.
Eligibility and Application Process for Withdrawal of Benefits

The Sick Leave Bank is not intended to be used for short-term leaves due to routine and non-extraordinary illnesses, nor for time off covered by or related to Worker’s Compensation. Rather it is intended to be used for prolonged catastrophic illnesses, injury, or disability such as a medically necessary surgery, illness or disability which requires hospitalization and/or convalescence or recuperation in an extended care facility or at home while under the care of a licensed physician.

1. Use of the Sick Leave Bank shall be limited to the number of days (or value) in the bank on the established contribution deadline of each year.

2. Pre-existing conditions known to exist by the employee on or before the date of joining the Sick Leave Bank shall not be covered until one year from the date of the employee’s initial enrollment.

3. A member requesting use of the Sick Leave Bank shall be required to sign a statement attesting to the fact that the condition, which necessitated the request for days from the bank, was unknown to the employee at the time he/she became a member of the bank. A doctor’s verification shall also be required. In case a contributor’s incapacity is of such a nature that he/she cannot personally apply for the grant, his/her application may be submitted to the Human Resources Department by his/her agent or member of his/her immediate family member. Requests can be submitted before the employee runs out of accumulated leave.

4. The maximum number of days that can be granted to and withdrawn by any one member in each fiscal year shall be twenty-five (25) working days (or value) available within the Sick Leave Bank. Sick Leave Bank days shall be granted only for absences from working days and shall not be granted for holidays, vacation days or other such days for which the member is not paid. Employees who withdraw Sick Leave Days shall not be required to pay back those days except as a regular contributing member to the bank.

5. An illness or injury does not qualify for coverage through the Sick Leave Bank unless it shall require the employee to be absent for a minimum of five (5) consecutive working days.

6. Members must use all available sick leave, personal leave, accrued vacation leave (if applicable), extended sick leave, medical sabbatical leave (if applicable), or any other type of leave before receiving days from the bank. A member who suffers a qualifying catastrophic illness, which extends at least five (5) consecutive days beyond the available leave, may apply for a grant from the Sick Leave Bank on the appropriate form.

7. If a Bank member is granted days from the Sick Leave Bank and does not use all of the days, the unused Sick Leave Bank days shall be returned to the bank.

8. The Sick Leave Bank may only be used for the contributor’s own personal catastrophic illness. Illnesses for members of the employee’s immediate family (i.e. spouse, son or daughter, parent, etc.) do not qualify.

9. Leave from the Sick Leave Bank may not be used for a disability that qualifies the member for Workmen’s Compensation benefits or disability retirement.

10. A catastrophic illness may require intermittent usage of the bank. Each separate application for a grant from the Sick Leave Bank must include a new physician’s statement on the appropriate Sick Leave Bank Request for Days Form.

11. Normal pregnancy with normal delivery shall not be covered under this Sick Leave Bank policy. Any absences associated with complicated pregnancies shall only be eligible for Sick Leave Bank consideration according to the following guidelines:
   a. Any days absent prior to the birth with a doctor’s note verifying the complicating condition and the need to be off work shall be eligible for consideration.
   b. Any days beyond six (6) weeks after the birth with a doctor’s note verifying the complicating condition and the need to be off work shall be eligible for consideration.

12. Addictions or the abuse of drugs, alcohol or other prohibited substances shall not be covered under the Sick Leave Bank policy.

13. All requests to draw upon the Sick Leave Bank must be made on a Sick Leave Bank Request for Days Form and submitted to the Human Resources Director within thirty (30) calendar days of the date first eligible for a grant.

14. All requests to draw upon the Sick Leave Bank must be accompanied by the Physician’s Statement Form confirming the cause of the catastrophic illness or confinement and certifying the existence of a disability to perform assigned duties. The employee’s physician must personally sign the form. The Director of Human Resources shall not honor any physician’s statement unless it is on the official Physician’s Statement Form or if it is signed with a stamp or facsimile signature.
15. The Director of Human Resources reserves the right to ask the applicant to undergo a medical review by a second opinion physician. This physician’s report is to be sent directly to the office of the Human Resources Director. The Director of Human Resources shall consider both physicians’ reports before rendering a decision.

**Sick Leave Bank Approval**

The Human Resources Administration shall review and determine approval or denial for utilization of Sick Leave Bank days in accordance with the provisions of this policy.

The Director of Human Resources shall notify the employee of the decision to approve or deny the request within fifteen (15) days of receipt of the request. The decision to approve or to deny requests shall be forwarded to the Superintendent for review and approval. The Superintendent’s decision shall be final and binding, and such decisions shall not be subject to review by the School Board or subject to the Board’s grievance procedures.

**Forms and Record Keeping**

1. The Human Resource Department shall maintain all records regarding operation of the Bank.
2. All Sick Leave Bank Membership Enrollment Forms, Sick Leave Bank Request for Days Forms, and Physician’s Statement Forms shall be kept up-to-date by the Human Resources Department and shall be available on the Tangipahoa Parish School Board’s website.
3. Copies of all completed forms shall be kept on file by the Human Resources Department. Sick Leave Bank Membership Enrollment Form(s) shall be checked for full-time employee status and who have been employed for at least one-year within the district.

**Exclusions and Limitations**

The Tangipahoa Parish School Board reserves the right to amend the Sick Leave Bank program at any time. Days donated to the Sick Leave Bank by each employee shall be converted to a “value” based on the donating employee’s daily rate of pay at the time of the donation. Withdrawn Sick Leave Bank days shall also be based on the employee’s daily rate of pay until such time as there is no money left in the Sick Leave Bank for that year. Sick Leave Bank Days (or value) withdrawn shall be granted within the school year or fiscal year. Sick Leave Bank Days shall not be carried over from one school year to another or from one fiscal year to another. Sick Leave Bank days (or value) not used in any one fiscal year shall be forfeited at the end of the fiscal year. The Sick Leave Bank shall start anew each successive fiscal year. In no case shall the withdrawal of Sick Leave Bank Days (or value) cause a member to receive more salary than his/her annual salary.


Revised September 2015
I have read the guidelines regarding the Tangipahoa Parish School System Sick Leave Bank and agree to donate one day of my allotted sick leave days to the Sick Leave Bank. I also understand the provisions governing contributions and use of the Sick Leave Bank. If I apply for leave from the Sick Leave Bank, I authorize the Tangipahoa Parish School System to disclose my leave history to a Human Resources Administration representative. I also authorize my health care professional to discuss medical information including diagnosis and physical capacities with representatives of the Human Resources Administration if it becomes necessary. I also agree to be seen by a second physician if requested by the Human Resources Administration. This authorization is valid until I give written notice that I no longer desire to participate in the Sick Leave Bank. Before joining the Sick Leave Bank for FY 2019-20, my available sick leave days as of July 31, 2019 are ________________.

EMPLOYEE'S SIGNATURE: __________________________
DATE SIGNED: ________________________________
TANGIPAHOA PARISH SCHOOL SYSTEM
SICK LEAVE BANK REQUEST FOR DAYS FORM

PERSONAL INFORMATION

SOCIAL SECURITY NUMBER

LAST NAME

FIRST NAME

STREET/POST OFFICE BOX

CITY, STATE, ZIP CODE

POSITION
(Check one.)

( ) TEACHER*

( ) BUS DRIVER

( ) OTHER

*(Includes all positions where the employee must hold a valid Louisiana Teacher’s Certificate)

NUMBER OF DAYS REQUESTED FROM THE SICK LEAVE BANK: ____________

Please give a description of the illness or accident related to the request for Sick Leave Bank Benefits. (Additional sheets may be used if necessary.)

________________________________________________________________________

________________________________________________________________________

I hereby authorize the Tangipahoa Parish School System to release information from my personnel file regarding my medical history, doctor’s records and/or letter, and use of sick leave in order that the Human Resources Administration may determine if I am eligible for leave days from the Sick Leave Bank. I understand the Sick Leave Bank Policy and that the decision of the Superintendent is final. I also affirm that at the time I joined the Sick Leave Bank, I was unaware of the condition for which I am requesting days.

________________________________________________________________________

Employee’s Signature (or family member/agent) _______________________________________________________________________________

Date Signed ________________________________________________________________________________________________

FOR HUMAN RESOURCES DEPARTMENT USE ONLY

REQUEST APPROVED: ( ) YES ( ) NO  NUMBER OF DAYS APPROVED: ________

COMMENTS: ________________________________________________________________

SIGNATURE OF HR ADMINISTRATOR: ___________________________________________ DATE: ______________________________________

Revised September 2015
TANGIPAHOA PARISH SCHOOL SYSTEM
PHYSICIAN'S STATEMENT FORM
(FOR USE IN APPLYING FOR EXTENDED MEDICAL LEAVE DAYS AND/OR SICK LEAVE BANK DAYS)

TO BE COMPLETED BY PHYSICIAN AND RETURNED TO THE PATIENT

Please state below the medical diagnosis that resulted in a medical necessity for this employee to have a catastrophic illness or injury that was life threatening, chronic, or caused an incapacitating condition where the employee was absent for at least ten (10) consecutive working days. If applicable, state the date of surgery. All statements are provided under the penalty for false swearing pursuant to LSA-R.S. 14:125.

__________________________________________________________________________

__________________________________________________________________________

If still disabled, patient should be able to return to work without restrictions no later than ____________________________.

Patient was disabled and unable to work from ____________________________ to ____________________________.

__________________________________________________________________________

__________________________________________________________________________

Physician’s Name (Please print.) ____________________________ Physician’s Signature (No rubber stamps, please.) ____________________________

Street/Post Office Box ____________________________ Date Signed ____________________________

City, State, Zip Code ____________________________ Telephone ____________________________

TO BE COMPLETED BY EMPLOYEE

Return completed form to Rosa Dupuy, Payroll Coordinator,
Tangipahoa Parish School System, 59656 Puleston Road, Amite, LA 70422.

I authorize the release of my medical information to Rosa Dupuy, Payroll Coordinator, Tangipahoa Parish School System.

EMPLOYEE NAME: ____________________________

ADDRESS: ____________________________

EMPLOYEE’S SIGNATURE: ____________________________ DATE SIGNED: ____________________________

Revised September 2016