

## **GCRGA     Sick Leave Bank for Classified and Administrative Personnel**

There shall be a sick leave bank jointly established for classified and administrative personnel not covered under the negotiated agreement. The bank shall have the following qualifications:

- a. To participate the employee must contribute a day of their annual leave. That qualifies the employee for use of the bank, if needed, for the entire plan year, September 1 through August 31.
- b. Unused days at the end of a plan year will be carried over to the succeeding year.
- c. When the balance of days in the bank drops below 120 in a given plan year, a new donation of days will be necessary.
- d. The classified or administrative employee must have used all of his/her accumulated annual and sick leave (not including vacation leave) to be able to apply for use of the sick leave bank.
- e. An application requesting withdrawal of days from the sick leave bank must be filed with a governing committee. That committee will be appointed annually by the superintendent to include representatives of both classified and administrative personnel.
- f. The days drawn from the bank shall be used for the personal prolonged illness of the employee or the extended illness of a member of the immediate family\*.
- g. The maximum number of days that an employee may draw from the bank will be determined by the governing committee. In no case will that number of days overlap the beginning date of KPERs disability benefits for the employee.
- h. An employee who may need to borrow from the bank, would pay back the bank at a rate of one (1) annual leave day per year in addition to the one (1) day contributed for that year's participation, until such time as all days are repaid to the Sick Leave Bank.

Denial of the application to withdraw days from the sick leave bank may be appealed to an appeal committee. The appeal committee shall consist of one person appointed by the governing committee of the bank, one person appointed by the board of education, and one person appointed by the two members of the appeal committee. It is understood that the board of education may appoint one of themselves as its committee member or appoint a classified or administrative employee. The decision of the appeal committee will be final.

\*Immediate family is defined in the negotiated agreement as employee's spouse, children, sibling, spouse's sibling, grandchildren, parents, spouse's parents, grandparents, or other person whose residence has been or is the home of the employee.

The Sick Leave Bank Committee has determined the maximums as follows:

- 20 Annual Leave Days maximum for accident injury
- 20 Annual Leave Days maximum for illness
- 40 Annual Leave Days maximum for terminal illness  
(applicants may re-apply for terminal illness)

**Sick Leave Bank  
Application for Withdrawal**

This form is to apply for days from the Sick Leave Bank. The maximum number of days that any one participant can draw from the bank per request is 10 days. If additional days are needed you will need to reapply.

Please complete this form as soon as possible to avoid any Payroll salary dock.

The Sick Leave Bank governing committee will review this request. The committee consists of persons as stated in policy.

Date: \_\_\_\_\_

I, \_\_\_\_\_, hereby request \_\_\_\_\_ days from the Sick Leave Bank. By making this application, I confirm that I have contributed one day of my sick leave to the bank this year by September 1, 2007, and that my individual sick leave has been exhausted.

Signature \_\_\_\_\_ Address: \_\_\_\_\_  
\_\_\_\_\_

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| <p><b>Maximums have been set as follows:</b><br/>20 Annual Leave Days maximum for accident/injury<br/>20 Annual Leave Days maximum for illness<br/>40 Annual Leave Days maximum for terminal illness<br/>(applicants may re-apply for terminal illness)</p> |
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In paragraph form, provide a brief explanation, for the use of days requested from the Sick Leave Bank. Attach a copy of a doctor's statement. The Sick Leave Bank committee retains the right to request further information.

Return this application as soon as possible to Rhonda Kilmer in the Payroll Office.

Approved: \_\_\_\_\_ Denied: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Rationale given by the Sick Leave Bank committee: