

Harford County Education Association/Harford County Board of Education
SICK LEAVE BANK RULES AND PROCEDURES

STATEMENT OF INTENT

The Harford County Education Association (HCEA) Sick Leave Bank (SLB) is a benefit available to all Harford County teachers who choose to be members. The SLB exists as a safety net for teachers who may encounter catastrophic **and** incapacitating illnesses and **who have exhausted all of their allotted sick and personal business days**. The Bank is administered by **jointly by HCPS and HCEA** and is contained in the negotiated agreement. The day to day operation of the bank is handled by HCEA employees.

The existence of the Sick Leave Bank and participation by a unit member in the Bank does not negate or eliminate any other sick leave policies of Harford County Public School System, nor does it in any way negate the rights of individual unit members who participate in the Bank to other sick leave benefits.

The Sick Leave Bank may only be used for the contributor's own personal illness; it may not be used for illness of other members of the contributor's family, or by the contributor to remain away from his/her position in order to assist a member of his/her family who is ill. The Bank does not cover cosmetic or elective surgery. Complications arising from elective procedures may be eligible if they meet the normal standards for SLB grants.

ELIGIBILITY FOR MEMBERSHIP

Any certificated teacher currently employed by the HCPS may be a member of the SLB.

Participation in the Bank is voluntary, but requires contributions to the Bank. Only contributors will be permitted to use the Bank for payment for qualifying incapacitating and catastrophic personal illness occurring on regularly scheduled duty days.

JOINING THE BANK

Employees must complete the appropriate form and submit it either during the open enrollment period or within thirty (30) days of being hired or returning from a leave of absence. The contribution on the appropriate form will be authorized by the member. Membership will continue from year to year unless canceled in writing by the member during an open enrollment period.

The open enrollment period will be May 1 through May 31 of any given year.

Eligible employees who do not elect to join the Sick Leave Bank at the time all benefits forms are submitted each year will not be permitted to join the bank until the subsequent annual open enrollment period.

CANCELLATION OF MEMBERSHIP IN BANK

Members may opt to resign from the bank during the open enrollment period.

*****ELIGIBILITY FOR DRAWING LEAVE**

No member shall be considered eligible for compensation through the Sick Leave Bank unless such member was on duty or authorized absence including vacation, holiday or personal days on the duty day preceding the commencement of the disabling illness.

No member shall be required for purposes of maintaining membership status in the Sick Leave Bank, to contribute more sick leave days than other members.

There will be a **60-day** waiting period **from the first duty day of the following school year** for the new Sick Leave Bank members **who join during the open enrollment period**, during which time they will not have access to the Sick Leave Bank. The **60-day** waiting period will start on the first day of the new school year for those who join during Spring Enrollment. **New hires have a 30-day waiting period, during which time they will not have access to the Sick Leave Bank.** For new hires, the 30-day waiting period will start **their first duty**.

Catastrophic and Incapacitating Personal Illness. Regularly scheduled duty days for periods of personal illness, injury or quarantine which is not only prolonged but is also catastrophic **and** incapacitating and which is not likely to permanently disable the teacher. The Bank may not be used by the contributor to remain away from his/her position in order to assist a family member who is ill.

Psychological. Sick leave for psychological disability may be granted when: a) a problem is certified by a licensed psychiatrist/licensed psychologist; and b) an applicant is enrolled in a rehabilitative program accepted by the Sick Leave Bank Committee.

Pregnancy. Normal pregnancy will not fall under the definition of incapacitating **and** catastrophic for purposes of qualifying for a grant from the Sick Leave Bank. Normal pregnancy is defined as the nine (9) month period prior to delivery. **Applicants are eligible for a grant of ten (10) days for a Caesarian section.**

Pre-Existing Conditions. Anyone who joins the Sick Leave Bank with a pre-existing diagnosed condition or illness for which they have received treatment within the last six months, will not be allowed to utilize the Sick Leave Bank for illness resulting from or related to that specific condition until the member has remained ninety (90) days treatment-free or one full year (365 days) in the Sick Leave Bank. For the purposes of this section, "treatment" shall mean any period of hospitalization, doctor's treatment, clinic treatment, surgery, diagnosed procedure or prescription.

CONTRIBUTION PROCEDURES

Upon enrolling and being accepted, a SLB member will be assessed one sick day from those currently available to him or her. The bank will continue to evaluate the program on a regular basis and make adjustments necessary in order to ensure the solvency of the Bank and the quality of the protection it affords to members. **Should there be a need for an assessment, the members will be notified prior or during the opening enrollment period.**

PROCEDURES TO DRAW FROM THE BANK

The maximum number of Sick Leave Bank days that can be granted in any one fiscal year will be no more than the number of days left in the school year.

In no event will a member receive more than a lifetime total of **190** days of Bank Leave while employed by the Harford County Public School System. **Teachers in their first year of employment have a limit of 90 days of Sick Leave Bank utilization. Thereafter, eligible participants shall have a limit of up to 190 days (lifetime), including any Sick Leave Bank time utilized the first year.**

In order to receive a grant from the Sick Leave Bank, the member must first be absent for (5) five consecutive duty days for the existing condition. An approved grant would become effective on the first unpaid duty day following the (5) consecutive days of absence and the exhaustion of all available paid leave.

Sick Leave Bank grants shall be in units of not more than 30 duty days.

Grants from the Bank shall not exceed 30 duty days or the member's remaining duty days for that year if the duty days are less than 30.

If a member does not use all of the days granted from the Bank, the unused Sick Leave Bank days will be returned to the Bank.

Members who draw from the Bank must be current in their assessment of sick days.

It must be noted that the Sick Leave Bank cannot grant more days than it has on deposit.

Bank grants will not automatically be carried over from one Sick Leave Bank year to another. All Bank grants will end as of the last duty day of the Bank year and must be renewed through the Committee each year.

All requests to draw upon the Bank must be made upon an authorized Sick Leave Bank Request Form and submitted to HCEA within 30 calendar days of the first date bank usage is requested. All information must be provided or the form will be returned and no action will be taken until it is resubmitted with all required information.

All requests to draw upon the Bank must be accompanied by the Sick Leave Bank Physician's Statement Form confirming the cause of illness or confinement and certifying existence of an incapacitating and catastrophic illness or disability. Dates of the intended leave must be specified. The form must be personally signed by the physician. The Sick Leave Bank Committee will not honor any physician's statement unless it is on the official Sick Leave Bank Physician's Statement Form and is an original. Copies of these forms will not be accepted.

An applicant may be required to undergo a medical review by a physician of the Committee's choice at any time at the member's expense. This physician's report is to be sent directly to the Committee on the Sick Leave Bank Physician's Statement Form before the Committee may act upon the unit member's application for a grant from the Sick Leave Bank. Extension or renewals of each 30 day grant shall require a new up-to-date Sick Leave Bank Physician's Statement.

When a contributor has been incapacitated, his/her application may be submitted to the Committee by his/her agent or family.

A request for a meeting with the applicant may be requested by the Sick Leave Bank Committee for purposes of clarification.

All decisions made by the HCEA Sick Leave Bank Committee are final.

The Sick Leave Bank Committee shall have the authority and responsibility of receiving requests, verifying the validity of requests, approving or denying requests and communicating its decision to the member and the Harford County Public Schools Office of Human Resources and the Payroll Department.

Confidentiality of Actions: All records, proceedings and actions of the Sick Leave Bank Committee and all other parties privy to the records, proceeding and actions shall be held in strictest confidence.

Workers' Compensation. In cases where a member requesting leave from the Sick Leave Bank may be eligible for Workers' Compensation benefits, the member requesting the sick leave shall initiate timely action through the Workers' Compensation Commission or lose all rights to Sick Leave Bank coverage for absence related to that illness or injury.

In cases where a member applies for and is eligible for Workers' Compensation benefits, leave from the Sick Leave Bank will be adjusted so that when combined with the Workers' Compensation benefits, it equals, but does not exceed, the member's regular net salary.

DISABILITY RETIREMENT

When the Sick Leave Bank Committee may reasonably presume that an applicant for a grant or an extension of a grant may be eligible for disability retirement benefits from the Maryland State Retirement Systems and/or Social Security, the Committee will require the member to apply for disability benefits. Submission for the application for disability retirement and the necessary supporting medical documentation to the HCPS Human Resources Department must be made within 20 calendar days from the date of issuance of the request by the Sick Leave Bank Committee in order for the member to continue to be eligible for a Sick Leave Bank grant.

When disability retirement is approved by the MSRS Board of Trustees and/or the Social Security Administration, any grant from the HCEA Sick Leave Bank that has been approved will automatically cease at the end of the month in which the disability was approved. Any remaining days will be returned to the Sick Leave Bank.

If disability retirement is denied by the Retirement Systems, the Sick Leave Bank Committee and the HCPS must be notified immediately by the member. A Sick Leave Bank recipient may lose his/her eligibility for a grant for each day the Sick Leave Bank Committee is not notified after the Sick Leave Bank member has received his/her denial. If a denial is received from the MSRS, the Sick Leave Bank Committee will review the doctor reports submitted to the MSRS, and it will determine whether benefits should continue, cease, or whether there is a need for another medical opinion at the applicant's expense.

GRANT EXTENSIONS

After an applicant has drawn and used a grant from the Bank, he/she shall be required to provide a new up-to-date Sick Leave Bank Request Form and an up-to-date Sick Leave Bank Physician's Statement Form. The new application must be filed within the guidelines.

Applicants must submit requests for extension of Bank Leave grants five work days before their current grant expires.

Applications for extensions of grants will not be considered unless accompanied by a new up-to-date statement from the physician.

LOSS OF RIGHT TO USE SICK LEAVE BANK

A member of the Sick Leave Bank will lose the right to use benefits of the Sick Leave Bank through:

- Termination of employment with the Harford County Public School System. This becomes effective as of the last day of employment.
- Employment with another employer or self-employed. Approval of a bank loan is automatically and immediately rescinded upon verification by the Sick Leave Bank Committee that the applicant is employed, including part-time and/or self-employment.
- Loss of Certification. A person is no longer eligible for membership in the Sick Leave Bank if they lose their certification.
- The member's suspension without pay or any illness occurring during the period of suspension. In the event that the suspension is overturned, Sick Leave Bank benefits will be retroactively reinstated.
- The member's voluntary cancellation during Open Enrollment, of his/her membership in the Sick Leave Bank as of the effective date of cancellation.
- The member's abuse or misuse of the rules of the Sick Leave Bank.
- The member's placement on an approved leave of absence for other than personal illness.
- Bank grants shall not be authorized for illness or disability for which the member is eligible for any disability retirement payment.

SICK LEAVE BANK COMMITTEE

The Sick Leave Bank Review Committee will be established by a six (6) member Committee, three (3) members appointed by the President of the HCEA and three (3) members appointed by the Superintendent.

Daily administration of the SLB is the responsibility of the HCEA office staff and the HCEA President.

All forms for application for participation in the Bank, grant request forms, and cancellation shall be available at the HCEA office, the Harford County Public School Human Resources office, and at each school office. These forms shall be sent to any eligible employee and/or member at his/her request.

Please call the HCEA office, 410.838.0800, should you have any questions regarding the Sick Leave Bank Rules and Procedures.

Sick Leave Bank Request		Requests to Draw from SLB MUST BE RECEIVED WITHIN 30 CALENDAR DAYS from (not prior to) the First Day of Bank Usage. Please PRINT or TYPE all Information	
Application for SLB Grant			
Return ORIGINAL FORM to: Harford County Education Association 2107 Laurel Bush Rd. Suite 201, Bel Air, MD 21014		Employee ID #	Hire Date / /
Name: LAST FIRST MI		Date of Application / /	
Address: Number and Street City or Town State Zip		First Day of Absence / /	
Personal Email:		Home Telephone #	
School Name	Position	Cell Phone #	
Have you received treatment for any condition or illness in the past 90 days? ___ YES ___ NO If yes, please explain.			
Is this an illness or injury resulting from or related to an incident on the job or other situation covered by Worker's Compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable		Have you filed for Worker's Compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of Grant? <input type="checkbox"/> Initial Grant Request <input type="checkbox"/> Grant Extension Request			
In accordance with the Guidelines for the Harford County Education Association Sick Leave Bank, all personal leave and sick leave must be used before a grant request will be considered.			
This grant may be used only on the approved dates. Any unused portion of grant will be returned to the Sick Leave Bank. <i>In cases where a Grantee is awarded Workers' Compensation benefits, Sick Leave Bank hours granted will be returned upon conclusion of case.</i>			
<u>LOSS OF RIGHT TO USE SICK LEAVE BANK</u>			
A member of the Sick Leave Bank will lose the right to use benefits of the Sick Leave Bank through:			
<ul style="list-style-type: none"> ▪ Termination of employment with the Harford County Public School System. This becomes effective as of the last day of employment. ▪ Employment with another employer or self-employed. Approval of a bank loan is automatically and immediately rescinded upon verification by the Sick Leave Bank Committee that the applicant is employed, including part-time and/or self-employment. ▪ Loss of Certification. A person is no longer eligible for membership in the Sick Leave Bank if they lose their certification. ▪ The member's suspension without pay or any illness occurring during the period of suspension. In the event that the suspension is overturned, Sick Leave Bank benefits will be retroactively reinstated. ▪ The member's voluntary cancellation during Open Enrollment, of his/her membership in the Sick Leave Bank as of the effective date of cancellation. ▪ The member's abuse or misuse of the rules of the Sick Leave Bank. ▪ The member's placement on an approved leave of absence for other than personal illness. ▪ Bank grants shall not be authorized for illness or disability for which the member is eligible for any disability retirement payment. 			
I hereby authorize the Harford County Board of Education to release information from my personnel file regarding my medical history, doctor's records, and / or letters, and use of sick leave to the HCEA Sick Leave Bank Approval Committee, consent to the foregoing agreement and agrees to be bound by the terms and conditions of the Sick Leave Bank.			
Employee's Signature		Date:	

Under normal circumstances, No Sick Leave Bank days will be granted without receipt of this completed, original form.		
Return ORIGINAL FORM to: Harford County Education Association : 2107 Laurel Bush Rd Suite 201 Bel Air, MD 21015 <div style="background-color: black; height: 15px; width: 100%; margin-top: 5px;"></div>	<h2 style="margin: 0;">Sick Leave Bank</h2> <h3 style="margin: 0;">Physician's Statement</h3>	
To be completed by the patient and returned by the Physician or the Patient. The <i>Sick Leave Bank Grant Application (page 1)</i> should accompany this form.		
Authorization to release information: I hereby authorize the designated physician to release to the Sick Leave Bank Approval Committee of the Harford County Education Association pertinent information from my medical file gathered in the course of my examination or treatment. Signature of Patient: _____ Date: _____		
Name of Physician	Physician's Telephone	
Address of Physician (Street, City, State, Zip)		
ALL SECTIONS BELOW TO BE COMPLETED BY PHYSICIAN DESIGNATED ABOVE BY APPLICANT		
<i>This patient is requesting a grant of sick days provided through donations to the Sick Leave Bank by fellow employees. Please provide, in terms that will be understood by the screening committee, <u>a complete statement of medical diagnosis, treatments and expected prognosis.</u></i>		
Please confirm the CATASTROPHIC and INCAPACITATING nature of the patient's condition: <input type="checkbox"/> This patient's condition is <u>catastrophic</u> and <u>incapacitating</u> .	Date of Caesarian Section, Surgery or Hospitalization (If applicable) / /	Check below only if applicable: <input type="checkbox"/> This patient's condition is a <u>permanent disability.</u>
Is the patient's disabling condition psychological <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please complete the supplied psychological treatment plan form.	Patient is under my care: FROM: / / THROUGH: / /	Date patient should be able to return to work: / /
Physician's Name (Please Print)	Physician's Specialty	
Physician's Signature	Date: / /	Physician's Telephone #
Address (Street)	(City)	(State) (Zip)

PSYCHOLOGICAL TREATMENT PLAN

Employee's Name: _____ HCPS ID No.: _____

Treatment Plan Date: _____ Dates of Leave: _____

Reference Number	Date Identified	Diagnosis/Description	Date Resolved
1			
2			
3			

Reference Number	Type of Treatment (Medication, out/in-patient therapy, frequency, etc.) Please refer to corresponding <i>Problem Number(s)</i> above.	Date Initiated	Anticipated Completion Date	Showing Progress? "Yes" or "No"	Completion Date

Physician's Signature: _____	Date: _____ / /
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If additional space is needed, please use another treatment plan form.