

**(P) P.14.3. Sick Leave Bank**

Pursuant to the provisions of §18A-4-10 the Pendleton County Board of Education hereby establishes a Sick Leave Bank for professional and service personnel effective February 17,2005. This Sick Leave Bank shall provide Pendleton County employees the option of offering assistance to fellow employees on those occasions when addition sick leave days are needed.

**Sick Leave Benefits**

- ❖ Reasons for which sick leave days may be used include: Personal illness, illness or death in the immediate family, accidents, doctor's appointment, and other reasons approved by the Board.
- ❖ The immediate family is defined to include spouse, son, daughter, son-in-law, daughter-in-law, mother, mother-in-law, father, father-in-law, brother-in-law, sister-in-law, brother, sister, grandparent or grandchild. Additionally, any other person or persons living in the household of the claimant shall be considered as immediate family.

**Sick Leave Bank Membership**

All regular employees of the Pendleton County Board of Education are eligible for enrollment in the Sick Leave Bank on a voluntary basis. Temporary employees are not eligible to participate.

**The initial enrollment period will run from February 17, 2005 through March 15, 2005. Any person under contract with the Pendleton County Board of Education shall be eligible to enroll and receive benefits. Under contract is to be construed as meaning all employees currently assigned to work stations within the county and those employees who are recovering from an extended illness and who are currently utilizing their accumulated sick leave days. Members who are currently on a leave of absence without pay, approved by the Pendleton County Board of Education, may join the Sick Leave Bank, but they cannot (while on leave) receive days from the Sick Leave Bank.**

After the initial enrollment period established above, employees may join the Sick Leave Bank by signing a Sick Leave Bank Enrollment Form on or before September 30 of the school year they choose to join. Days will be deducted within 30 days of the contribution.

Participation in the program will be limited to those who donate days to the bank each plan year. An employee's membership will automatically continue from year to year unless the employee notifies the payroll department in writing by September 30 of the current school year or terminates their employment with the Pendleton County Board of Education. A member cannot retrieve days once they have been donated.

**Contribution of Sick Leave Days**

The first year of the establishment of the Sick Leave Bank, **all members shall contribute two days**. In every year thereafter, each member shall be assessed a donation of two days unless he/she notifies the payroll department he/she wishes to donate only one day. Such notice shall be given by September 30 the current school year.

The total of all days contributed from each professional and service member will comprise the Sick Leave Bank.

### **Surplus/Depletion of Bank**

In the event the bank becomes depleted below 100 days, all members shall be notified that they must donate additional days. However, no employee may contribute more than two sick leave days per year.

In the event the Board of Trustees determine that there is a sufficient number of days accumulated in the sick leave bank, it may announce to its members from the previous year that they will not be required to contribute days to maintain their membership for the next plan year. However, employees choosing to join the Sick Leave Bank during a year in which members are not required to donate days because of a surplus of days must donate two days to be bank to establish their membership in the bank.

By donating days to the leave bank, the employee relinquishes all claims to all personal days donated to the Sick Leave Bank.

### **Eligibility for Use of the Sick Leave Bank**

- ❖ Sick Leave Bank days shall only be used by members who have donated days in the current plan year.
- ❖ Sick Leave-Bank days may be used only by an active member who has less than five days remaining of accumulated sick leave or vacation days.
- ❖ A Sick Leave Bank Enrollment Form must be completed and submitted to the payroll department before any benefits can be awarded under this policy.

### **Board of Trustees**

**The Board of Trustees will be composed of the Superintendent or designee who will serve as chairperson of the Board, a Pendleton County Principal, two professional employees, and two service employees appointed by the Superintendent. No member can serve more than three consecutive years.**

### **Operation of the Sick Leave Bank**

- ❖ Employees who wish to utilize the Sick Leave Bank must submit a Sick Leave Bank Withdrawal Form to the payroll department of Pendleton County Schools.
- ❖ A medical doctor's statement, which includes a diagnostic code and expected date of return to work, must accompany the Sick Leave Bank Withdrawal Form before the Board of Trustees can consider the request. A second opinion may be requested by the Board of Trustees at the employees' expense.
- ❖ The withdrawal request must be approved by the Board of Trustees. Upon approval by the Board of Trustees, a maximum of 20 days shall be deposited in the recipient's account. If extenuating circumstances merit additional days an extension may be granted upon submission of a reapplication of the request. The total number of withdrawal days may not exceed 100 days for any plan member. Once an employee has received 100 days of personal leave from the leave bank, that employee shall not be eligible to receive any additional days during the current school year (July 1 through June 30)

- notwithstanding any other provisions of these regulations.
- ❖ Unused bank days deposited in the recipient's account shall revert to the bank.
  - ❖ The member may appeal to the Board of Trustees in the event an initial request or a renewal request is denied. The appeal will be considered if sufficient new data is provided.
  - ❖ No member who is receiving payments from the West Virginia Worker's Compensation Fund shall be permitted to receive days from the Sick Leave Bank.
  - ❖ Members who request and receive a leave of absence without pay, approved by the Pendleton County Board of Education, cannot (while on leave) receive days from the Sick Leave Bank.
  - ❖ The Board of Trustees shall respond to a withdrawal request for days to be awarded to a member within five working days. All approved withdrawal requests for donations will then be forwarded to the payroll department.
  - ❖ If an employee should become incapacitated, his/her application may be submitted to the committee by the employee's spouse, or if no spouse exists, then a member of the family on their behalf.
  - ❖ The Board of Trustees reserves the right to request the Board of Education to investigate all alleged abuses of Sick Leave Bank privileges by a member of the Bank. Disciplinary actions shall remain the responsibility of the Superintendent and the Board.

### Limitations

- ❖ The use of Sick Leave Bank days with the extension of insurance coverage pursuant to West Virginia State Code (Section 12, Article 16, Chapter 5) is prohibited.
- ❖ Contribution to the Sick Leave Bank shall not reduce sick leave days without cause nor have any effect on incentive pay to which an employee is entitled.
- ❖ An employee is not required to reimburse the Bank for days they have used.
- ❖ Normal pregnancies shall not constitute any eligibility for Sick Leave Bank days.
- ❖ No employee may be compelled to enroll in the Sick Leave Bank.
- ❖ If the Board of Trustees determines by a majority vote that revisions to these procedures are necessary; the revised procedures to be submitted to the Superintendent of schools. If the Superintendent agrees with the change, he/she will submit the recommend changes to the Board of Education for its consideration. Stakeholders shall be given the normal access to comment on policy and procedural changes as defined in Board policy regarding such changes. Comments shall be shared with the Board of Trustees for review and a final recommendation from that body prior the Board's adoption of any recommended changes.

(WVC §18A-4-10)

Adopted: August 20, 2003  
Amended/Revised: February 17, 2005

**PENDLETON COUNTY SCHOOLS SICK LEAVE BANK  
REQUEST FOR DAYS**

As a contributing member of the Pendleton County Schools Sick Leave Bank you are entitled to request up to 20 days for recovery from a catastrophic illness or injury, provided that you have less than five days of personal leave or vacation remaining in your own account. If extenuating circumstances merit additional days another request form must be filed with the committee.

Employee Member's Name	Home Phone	
Street Address	Social Security Number	
City	State	Zip
# Days requested	Name of attending physician	
	Address of physician	

Please attach a statement from the physician that gives details as to why these additional personal leave days are necessary to allow recovery from a catastrophic illness or injury. The committee will not consider any request that does not have this physician's statement. An explanation of how accumulated sick and personal leave days have been used may also be helpful for the committee to make a decision.

I, the undersigned employee and member of the Sick Leave Bank, under penalty of law, state that the information provided on this form and its attachment is accurate, truthful, and complete to the best of my knowledge, and hold no person or group responsible if my request is denied.

\_\_\_\_\_  
Signature of Employee Member

---

FOR USE BY APPROVAL COMMITTEE

\_\_\_\_\_  
Date of Review

\_\_\_\_\_  
Approval Signature of Committee Chairperson

\_\_\_\_\_  
Denial Signature of Committee Chairperson

**PENDLETON COUNTY SCHOOLS SICK LEAVE BANK  
ENROLLMENT FORM**

\_\_\_\_\_  
Employee's Name

\_\_\_\_\_  
Position & Location

\_\_\_\_\_  
Address

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
City

State

Zip

I wish to become a member of the Pendleton County Schools Sick Leave Bank. I voluntarily contribute \_\_\_\_\_ days from my accumulated sick leave and relinquish all claims to said days. I agree to contribute additional days whenever the bank falls below 100 days, not to exceed two days per year as specified in WV code §18A-4-10, or my membership in this bank will be terminated.

I have read and understand the rules and regulations of this policy.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature