

**Harlingen Consolidated Independent School District**

# **SICK LEAVE BANK HANDBOOK**



**2024-2025**

**Dr. M. Veronica Kortan, Superintendent**

*Harlingen Consolidated Independent School District does not discriminate on the basis of race, color, national origin, age, religion, sex, disability, or any other legally protected status in employment or provision of services, programs, or activities.*

*El distrito escolar de Harlingen no discrimina en base a raza, color, origen de nacionalidad, edad, religión, sexo, discapacidad, o cualquier otro estado legalmente protegido en el empleo o en la prestación de servicios, programas o actividades.*

# SICK LEAVE BANK HANDBOOK

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# **SICK LEAVE BANK HANDBOOK**

## **Harlingen Consolidated Independent School District**

### **Guidelines for Administration of Sick Leave Bank**

## **SECTION I**

### **Purpose**

The purpose of the Sick Leave Bank (SLB) is to provide additional paid sick leave days to members of the bank in the event of a catastrophic illness or injury which render the member unable to perform the duties of his or her position and causes a substantial loss of income.

## **SECTION II**

### **Eligibility**

All Harlingen Consolidated Independent School District, full-time, regular employees whose work calendar is ten, eleven or twelve months shall be eligible for SLB membership. (This includes employees who works twenty (20) hours or more per week in a full-time position.)

### **Procedures for Joining**

- Any eligible employee may join the Sick Leave Bank (SLB) by contributing three (3) days of **available** local sick leave.
- The enrollment period will be August 1<sup>st</sup> through September 30<sup>th</sup> of each school year.
- Employees desiring to join the SLB must complete the membership application form and submit it to the Human Services Office for verification of employment eligibility and approval for processing by payroll.

## **SECTION III**

### **Regulations on Contribution of Days**

- An employee must contribute three (3) days of available local sick leave. These three days will be subtracted from the employee's local sick leave record.
- The three days donated by each employee becomes the property of Harlingen CISD Sick Leave Bank. No donations will be returned.
- For the purposes of the Sick Leave Bank, the calendar year will be September 1<sup>st</sup> through August 31<sup>st</sup>.

- Members who use three or more days from the SLB during the SLB calendar year, will be required to donate an additional three (3) days of anticipated earned sick leave days the following school year in order to have continuing membership in the SLB. Members who use fewer than three (3) days from the SLB, must donate the number of days actually used to continue SLB membership. Refusal to donate (pay back) days used from the SLB will result in permanent loss of SLB membership.
  - If on September 30<sup>th</sup> the SLB balance decreases to: two times (2X) below the number of participants, for continuing membership, each member must donate one (1) day; if it decreases to one time (1X) below the number of participants, for continuing membership, each member must donate two (2) days. New members must donate three (3) days during the enrollment period with no additional contributions.
- A member who retires may donate up to five (5) days of his/her accrued local sick leave days to the SLB.

### **Cancellation of Membership**

If a member cancels membership in the SLB, he/she will forfeit utilization of SLB and the three donated days will remain the property of HCISD's Sick Leave Bank. If an employee chooses to regain membership, the employee may do so by donating three (3) days during the enrollment period.

## **SECTION IV**

### **Granting Days from Sick Leave Bank**

- Sick leave days from the bank are available only in the event of catastrophic illness/injury which will render the member unable to perform the duties of his/her position.
- A member or family designee may request days from the Sick Leave Bank only after member has exhausted all available state leave, local leave, extended leave, vacation days or any other accumulated compensation days; and after 5 consecutive days or longer of the catastrophic illness or injury.
- SLB days will be granted for absences from working days only (no holidays, vacation days or any other such days).
- The maximum number of SLB days that may be granted to a member during the September 1<sup>st</sup> through August 31<sup>st</sup> year will be sixty (60) days.
- If a member that has been granted less than sixty (60) SLB days returns to work and has the same or a different catastrophic illness or injury, the member may apply for SLB additional days which under no circumstances can exceed the sixty (60) SLB days per year.
- A member shall be reimbursed for the amount actually docked. Reimbursement will be made **ONLY** in the member's regular payroll check after the SLB Committee has approved the requested days.
- Sick leave days will not be granted when a member is receiving monies from the Workers' Compensation Act.
- Unused sick leave bank days at the end of August 31<sup>st</sup> shall be carried over to the next SLB year (September 1<sup>st</sup> through August 31<sup>st</sup>).

## **Loss of Right to Utilize Sick Leave Bank Days**

A member will lose the right to utilize SLB days by: 1) separation of employment with the Harlingen CISD, 2) suspension from employment at Harlingen CISD, 3) cancellation of membership, and 4) choosing not to donate (pay back) the required days after utilizing the SLB.

## **SECTION V**

### **Requesting Sick Leave Bank Days**

A SLB member must request use of Sick Leave Bank Days by completing the request form and attending physician's statement form provided by the district. In the event that the member is incapacitated, a family member or designee may make the request

### **Submittal of Attending Physician's Statement**

As part of the request for SLB days, the member must submit the attending physician's statement on the official Sick Leave Bank Physician Statement form provided by the HCISD.

### **Appropriate Forms**

REQUEST FOR DAYS FROM SICK LEAVE BANK form and the SICK LEAVE BANK PHYSICIAN'S STATEMENT form are available from the campus or department administrator or Human Resources office. The application must be completed in its entirety to be considered by the SLB Committee.

### **Refusal of Request**

The SLB Committee will refuse to consider a request that is not on forms provided by the district and that does not contain ALL the required information.

## **SECTION VI**

### **Name of Administration Committee**

The administration committee of the Sick Leave Bank will be called Sick Leave Bank Committee.

### **Composition of Membership of the Sick Leave Bank Committee**

- The Sick Leave Bank (SLB) Committee shall be administered by a nine-member committee elected from the SLB membership.
- The nine member SLB Committee will be composed of:
  - **four** teacher representatives: 2 elementary school teachers, 1 middle school teacher and 1 high school teacher
  - **one** representative from secretarial/clerical and paraprofessional personnel

- **two** representatives from District Operations personnel (child nutrition, maintenance, custodial, transportation)
- **one** representative from non-instructional professional personnel
- **one** representative from administration (central or campus)
- The Assistant Superintendent for Human Resources shall serve as a non-voting Executive Officer.

### **Term of Office of the Sick Leave Bank Committee Members**

- The School Board will review the Sick Leave implementation on an annual basis and approve the continuation of the SLB.
- Following the annual SLB enrollment period, August 1<sup>st</sup> through September 30<sup>th</sup> of each year, an election will be held on the third Monday of October by secret ballot, which will be mailed to all eligible SLB members.
- Current SLB Committee members in good standing shall be allowed to be nominees on the ballot if they wish to continue as a committee member.
- When a nominee is needed from one of the representative areas, nominations will be sought from that representative group. The consent of each nominee must be obtained before the person's name may appear on the ballot.
- SLB Committee members shall serve two years staggered terms. After the first election, Committee members shall vote for staggered terms by representative areas.
- If a nominee is unopposed on the ballot, the nominee shall be accepted by acclamation by the SLB Committee.
- If a vacancy occurs among the SLB Committee members during the year, Committee members shall appoint SLB members within the representative areas to fill the unexpired term until the next election.
- Members elected to the SLB Committee will be notified in writing of the election results.

### **Duties and Responsibilities of the Sick Leave Bank Committee**

- At the first meeting of the year for the newly appointed SLB Committee members, the SLB Committee shall select from its group a chairperson, vice-chairperson, and secretary. The secretary shall record accurate minutes.
- All applications for SLB days shall be reviewed individually by the Committee in a called meeting.

- If appropriate, an applicant may be requested to appear before the committee to substantiate his/her case.
- The SLB Committee shall determine the number of days approved up to sixty (60) days and reserves the right to approve, disapprove, or modify the days requested.
- An applicant may appeal the decision of the Committee in writing to the Executive Officer requesting to appear in person before the SLB Committee.
- The decision of the SLB Committee is final.
- The Assistant Superintendent for Human Resources shall serve as the Executive Officer of the SLB Committee and process all approved SLB days for members to the appropriate department(s).

## SECTION VII

### **Procedures for Questions Not Addressed in the Sick Leave Bank Handbook**

Any questions concerning membership, regulations, applications, or pertinent to the Sick leave Bank that may arise because they are not specifically covered in the Sick Leave Bank Handbook, shall be submitted to the SLB Committee who will make a recommendation to the Superintendent of schools for a final decision.

# **Forms/Additional Information**



Harlingen Consolidated Independent School District  
**MEMBERSHIP APPLICATION FOR SICK LEAVE BANK**  
**2022-2023**

**(TO BE COMPLETED BY HCISD EMPLOYEES NOT CURRENTLY  
MEMBERS OF THE SICK LEAVE BANK)**

Employee's Name: \_\_\_\_\_  
(Type or Print FULL Name)

Employee ID #: \_\_\_\_\_

Campus/Department: \_\_\_\_\_ Position: \_\_\_\_\_

**I have read the guidelines for the administration of the Sick Leave Bank for Harlingen Consolidated Independent School District and agree to abide by them.**

**INTERESTED IN PARTICIPATION:**

\_\_\_\_\_ I wish to participate in the Sick Leave Bank by donating three (3) days of my **available** local sick leave. I understand that all donations to the Sick Leave Bank become the property of the Bank and cannot be returned even upon cancellation.

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

\_\_\_\_\_  
Date

**PLEASE RETURN COMPLETED APPLICATION TO YOUR IMMEDIATE SUPERVISOR WHO WILL FORWARD IT TO THE EMPLOYEE BENEFITS OFFICE.**

*(PLEASE KEEP A COPY FOR YOUR PERSONAL FILE)*

*Revised July 2021*



## REQUEST FOR SICK LEAVE BANK DAYS

Please complete this form and return to Employee Benefits at the Harlingen C.I.S.D. Administration Building. An official Sick Leave Bank Attending Physician's Statement must also be submitted before this request can be considered. Sick Leave Bank days shall be used only for the catastrophic illness or injury of the employee. Please refer to District policy DEC for more information.

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

Employee Name: \_\_\_\_\_ Employee ID # \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Campus/Dept. \_\_\_\_\_ Position: \_\_\_\_\_

I am requesting leave: Begin: \_\_\_\_/\_\_\_\_/\_\_\_\_ End: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Sick Leave Bank Days requesting: \_\_\_\_\_

Nature of illness or injury\*: \_\_\_\_\_

Date illness began or accident occurred: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name, address, and phone number of attending physician: \_\_\_\_\_

**I certify that the information given on this request for sick leave bank days is accurate and true. I am a Sick Leave bank member. I am experiencing a catastrophic illness/injury and I am unable to return to work due to this condition. I have or will have used all my available state and local leave, as well as any compensatory time and vacation days, as applicable.**

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

If you are not the employee indicate your relationship to the employee: \_\_\_\_\_

*\* GINA NONDISCLOSURE NOTICE: The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information,' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.*

### SICK LEAVE BANK COMMITTEE DECISION:

\_\_\_\_ Approved Sick Leave Bank Days for \_\_\_\_\_ days.

\_\_\_\_ NOT Approved Reason: \_\_\_\_\_

\_\_\_\_ Other

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

(Committee Chairperson)

Date

Signature for Processing ONLY: \_\_\_\_\_

(Executive Officer)

Date



## Sick Leave Bank Attending Physician's Statement

### **EMPLOYEE INFORMATION (to be completed by the employee)**

Employee (Patient) Name: \_\_\_\_\_ Employee HCISD ID # \_\_\_\_\_

Campus/Dept.: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

### **MEDICAL CERTIFICATION (to be completed by the attending physician)**

Please complete the following information regarding the patient named above.

Name of Attending Physician: \_\_\_\_\_

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

Describe illness or injury in lay terms: \_\_\_\_\_

\_\_\_\_\_

Date of diagnosis: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### **Check all that apply:**

The patient's illness, injury, or condition: ☐ is life threatening, ☐ requires in-patient hospitalization, and/or ☐ is expected to result in disability or death.

Explain the short-term prognosis: \_\_\_\_\_

\_\_\_\_\_

Explain the long-term prognosis: \_\_\_\_\_

\_\_\_\_\_

Dates of treatment: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ End: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Is patient still under your care? ☐ Yes ☐ No

When can the patient be expected to return to work: \_\_\_\_\_

Can the patient return to work in any capacity? Please specify: (i.e. light duty) \_\_\_\_\_

\_\_\_\_\_

### **Hospitalization:**

Name and address of hospital: \_\_\_\_\_

\_\_\_\_\_

Date admitted: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date discharged: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**I certify that the information given on this Attending Physician's Statement is accurate and true.**

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please do not use a rubber stamp for signature

**\* GINA NONDISCLOSURE NOTICE:** The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. 'Genetic information,' as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

Revised August 2016

The information below is an outline of the sick leave bank administration. Please refer to DEC (Local) policy and HCISD Employee Leave Regulations at [www.hcisd.org](http://www.hcisd.org) for additional detailed information. You can also contact the Employee Benefits office at 956.430.9766 for guidance.

**SICK LEAVE BANK** The purpose of the sick leave bank (the bank) is to provide additional paid sick leave to employees who are members of the bank. A member shall be granted such leave only in the event of a catastrophic illness or injury that results in the member's inability to perform basic job functions.

**MEMBERSHIP** All full-time employees of the District may join the bank by contributing three days of available local leave.

A contribution of three available local leave days shall be required during the enrollment period between August 1 and September 30.

All donated local sick leave days shall become the property of the bank. Eligible employees who elect not to join the bank during the enrollment period shall be required to wait until the following year's enrollment period.

**ADMINISTRATION** The bank shall be administered by a nine-member sick leave bank committee (the committee). The committee shall be composed of the following:

1. Four teachers;
2. One representative from among the secretarial, clerical, or paraprofessional personnel
3. Two representatives from operation personnel;
4. One representative from noninstructional professional personnel; and
5. One representative from the administration.

The Board shall review sick leave implementation on an annual basis and approve the continuation of the sick leave bank. Following the annual sick leave bank enrollment period from August 1 to September 30 of each year, an election shall be held on the third Monday of October according to the guidelines found in the sick leave bank handbook approved by the Board.

The members of the committee shall be elected from among the members of the bank by the members of the bank.

The committee shall meet only as the need arises. The committee shall be responsible for the following:

1. Receiving requests for use of the bank;
2. Verifying the validity of requests;
3. Recommending approval or denial of requests; and
4. Communicating the committee's decision to the applicant and the executive officer defined in the sick leave bank handbook.

An approved applicant shall be compensated at the employee's regular rate of pay. Individual members shall not be compensated in excess of 60 working days annually with a calendar year that runs from September 1 to August 31. Members shall not be compensated if the bank has been depleted.

#### REQUEST FOR USE

A member may request leave from the bank only when his or her accumulated state leave, local leave, vacation days, extended sick leave, or any other accumulated leave has been exhausted. To qualify for leave from the bank, the member making the request shall provide all the information required by the sick leave bank handbook approved by the Board. All information provided to the committee shall be kept confidential.

The bank shall be administered according to the guidelines found in the sick leave bank handbook approved by the Board.

#### APPEAL

All decisions regarding the bank may be appealed in accordance with DGBA(LOCAL), beginning with the Superintendent or designee.