

# HCEA Sick Leave Bank Request

Howard County Education Association (HCEA)  
5082 Dorsey Hall Drive • Suite 102 • Ellicott City, Maryland 21042  
Telephone 410-997-3440 • Fax 410-997-3443

**INSTRUCTIONS:** Attach Sick Leave Bank Physician's statement (2 pages) and forward all copies to HCEA.

## **CONFIDENTIAL**

Check one (v):  ESP  Certificated

Please **PRINT** all information

Check one (v):  Mr.  Mrs.  Ms.  Dr.

Employee ID Number \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Non-Work Email \_\_\_\_\_

School/Department \_\_\_\_\_ School Phone \_\_\_\_\_

Position \_\_\_\_\_

Employment Status: Check one (v):  10-month  11-month  12-month

Check one (v):  Full-time  Part-time If Part-time, hours worked per day \_\_\_\_\_ days per week \_\_\_\_\_

Reason for this sick leave bank request \_\_\_\_\_

Type of Grant:  Initial Grant Request  Grant Extension Request Was this illness/injury work related?  Yes  No

At this time have you applied for Disability from the State Retirement System for this condition?  Yes  No

If yes, date and status of application \_\_\_\_\_

Number of days requested from the bank \_\_\_\_\_ (20 days maximum per request). \*The Committee reserves the right to waive the days maximum in case of prolonged illness, in conjunction with BOD review/approval.

Specific dates of days required \_\_\_\_\_

\*You are responsible for knowing when your regular sick and personal days have been exhausted.

Have you received previous sick leave bank grants?  Yes  No If yes, how many? \_\_\_\_\_ Dates \_\_\_\_\_

If any portion of my application is falsified, it may result in disqualification for Sick Leave Bank grants and/or disciplinary action by my employer. By submitting this form I certify that I have reviewed and that I am in compliance with all policies and procedures for Sick Leave Bank including disclosure of any secondary employment. Applicant should feel free to attach any relevant and/or necessary explanations to this application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

SLB Committee Approval?  Yes  No Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Number of days approved: \_\_\_\_\_

Comments \_\_\_\_\_

Chairperson Signature \_\_\_\_\_

# HCEA Sick Leave Bank Request

Howard County Education Association (HCEA)  
Dorsey Hall Professional Park  
5082 Dorsey Hall Drive • Suite 102 • Ellicott City, Maryland 21042  
Telephone 410-997-3440 • Fax 410-997-3443

## CONFIDENTIAL

Physician's Statement Form • Page 1

### THIS SECTION TO BE COMPLETED BY PATIENT

Patient's Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**AUTHORIZATION TO RELEASE INFORMATION:** I hereby authorize the undersigned licensed medical doctor to release any information acquired in the course of my treatment or examination. If clarification is necessary I understand that it may be necessary to submit more medical statements at the Committee's request or I hereby authorize the Sick Leave Bank Administrator to speak directly to the doctor's office. I agree to provide the job analysis found at HCEANEA.ORG to the physician completing this form.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

### THIS SECTION TO BE COMPLETED BY LICENSED MEDICAL DOCTOR

**NOTE TO PHYSICIAN:** The purpose of this application is to provide sick leave to the above mentioned member of the HCEA-HCPSS Sick Leave Bank in case of a prolonged, incapacitating and catastrophic personal illness. This information is necessary to allow the committee to render a fair and reasonable decision whether or not this medical condition meets the criteria of the Sick Leave Bank.

Patient (name) \_\_\_\_\_ was under my care and unable to work from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ through \_\_\_\_ / \_\_\_\_ / \_\_\_\_ . **(Dates must be completed)**

Is this patient's condition a permanent disability?  Yes  No

Was surgery performed or does it need to be performed?  Yes  No If yes, date \_\_\_\_\_

If yes, was the surgery: Check one (v)  Scheduled  Emergency

If scheduled, was the surgery: Check one (v)

Elective  Medically necessary at this time  Can wait until school is not in session

# CONFIDENTIAL

Physician's Statement Form • Page 2

## THIS PAGE TO BE COMPLETED BY LICENSED MEDICAL DOCTOR

Please provide a complete statement of the medical diagnosis confirming the catastrophic and incapacitating nature of the condition. If it appears likely that this patient will not be able to return to this type of employment please indicate below.

Patient's Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

**TYPE OR PRINT LEGIBLY**

**Diagnosis:** The physician's diagnosis, **in layman terms**, must include and confirm the catastrophic and incapacitating nature of this patient's condition.

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Date physician diagnosed condition \_\_\_\_\_

**Treatment Plan:** Briefly explain the treatment plan, including any medication adjustments and frequency of appointments and/or therapy.

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**Inability to Work:** Please describe how this condition and its treatment inhibits the patient's ability to perform his/her professional duties. Use the HCPSS job analysis provided by patient from HCEANEA.ORG to complete this section.

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Date patient is expected to return to work.\* \_\_\_\_\_ (Must be completed) \*The committee understands this may be adjusted.

\_\_\_\_\_  
Licensed Medical Doctor's Signature

\_\_\_\_\_  
Licensed Medical Doctor's Name (type or print – **MUST** be legible)

Address of Physician (Street, City, State, Zip)

Physician's Telephone:



## **HCEA Teacher Sick Leave Bank Policies and Procedures**

### **Statement of Intent**

The purpose of the Sick Leave Bank is to provide sick leave to contributors to the Bank in cases of incapacitating personal illness after the member's accumulated sick leave has been exhausted.

### **Membership Eligibility**

All members of the bargaining unit on active duty in Howard County are eligible to contribute to the Sick Leave Bank.

### **Eligibility for Drawing Leave**

Contributors will be permitted to apply for leave from the Sick Leave Bank to cover:

- 1) **Illness or Injury.** Regularly scheduled duty days for periods of personal illness, injury, or quarantine which is not only prolonged by is also catastrophic and incapacitating and which is not likely to permanently disable the teacher. The Sick Leave 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.
- 2) **Emergency Surgery.** For all other surgery, applications must be submitted for advance consideration. A maximum of ten days will be provided for Cesarean surgeries deemed as essential.

### **Procedures for Joining and Withdrawing**

The contribution on the appropriate form will be authorized by the member and continued from year to year until canceled in writing by the member. Cancellation, on the proper form, may be elected at any time and the member shall not be eligible to use the Sick Leave Bank as of the effective cancellation date. Prior donated sick leave properly authorized for contribution to the Sick Leave Bank will not be returned if the member effects cancellation.

### **Contribution Procedures**

The regular annual enrollment period for the contribution shall be from July 1 through October 31 each year. During the enrollment period, employees will contribute the current assessment of earned sick leave. The current assessment for those who continue as members will be determined by the **Sick Leave Bank Committee (Committee)**. The current assessment for those who were not Sick Leave Bank members the previous year will be one (1) day. New employees will be assessed one (1) day. Members returning from extended leave and new employees may contribute within the first thirty (30) calendar days after reassignment or employment. Any former Sick Leave Bank member returning from extended leave will be permitted to rejoin the Sick Leave Bank upon contributing the assessment of the current year within thirty (30) days after reassignment on the approval of the Committee.

### **Benefits**

During the first year of membership, the maximum number of days a member may draw from the Bank will be limited to 20 days. During the second year of membership, the maximum number of days a member may draw from the Bank will be limited to 40 days. In the third and subsequent years, the maximum number of days a member may draw from the Bank will be limited to 120 days. In addition to the annual limit, the maximum number of days per illness shall be 120. Sick Leave Bank members returning from leave will be reinstated at the same level of eligibility held when going onto leave. (Members of the Sick Leave Bank as of June 1, 2000, shall be eligible for a maximum of 120 days.)

## Drawing Sick Leave

The Sick Leave Bank member must have contributed the current assessment to the Sick Leave Bank. **New members of the Sick Leave Bank may not access the bank until a sixty (60) school day waiting period has been met.** All requests to draw upon the Sick Leave Bank must be made upon an HCEA Sick Leave Bank Request Form (obtainable at the HCEA office) and submitted to the HCEA Sick Leave Bank Committee within thirty (30) calendar days of the first date Sick Leave Bank usage is requested. (NOTE: In extreme and unusual cases, exceptions may be approved.) Each request from an applicant who is neither a member of HCEA nor a fee payer at the time of the request shall be accompanied by a non-refundable administrative fee of \$50.00.

All request forms must be completed, including signed statements by a licensed medical doctor, confirming the incapacitating personal illness. Contributors may request Sick Leave Bank forms by phone from the HCEA office. In the case that an applicant is incapacitated, the application for sick leave may be submitted to the Committee by his/her agent or family member, in the contributor's behalf. The Committee will review all requests to draw upon the Sick Leave Bank within fifteen (15) working days after receiving the request in the HCEA office. The Committee will:

1. Approve leave grants from the bank in units of no more than twenty (20) consecutive duty days upon request of the individual applicant; and/or
2. Require the applicant to undergo a 2<sup>nd</sup> medical review by a licensed medical doctor of the Committee's choice at any time (incl. physical, mental/psychological illnesses), and always if more than sixty (60) days are requested for the same illness, at the member's expense, with said licensed medical doctor's report to be sent directly to the Committee; and/or
3. Require the applicant to submit a medical treatment plan from applicant's primary or treating physician upon making a second request for the same illness; and/or
4. Request an interview for clarification; and/or
5. Disapprove the application for use of the Sick Leave Bank. This decision may be appealed to a balanced joint committee of HCEA and HCPSS, by submitting a letter to the HCEA within fifteen (15) calendar days after notification of the Committee's decision.

The Committee shall communicate its decision to the applicant and the HCPSS Personnel Department. The maximum number of days granted to any member will be 120 duty days per illness. The Joint Committee may waive this limitation on a case by case basis upon appeal.

In cases of incapacitating work-related injury, the member:

1. May receive full salary and benefits for up to ninety (90) days from the Board of Education under the Master Agreement; Article 10, Section B.
2. May obtain leave from the Sick Leave Bank for periods in excess of the leave granted under the Master Agreement, Article 10, Section B.
3. In cases where a member is eligible for Workmen's Compensation benefits, leave from the Sick Leave Bank will be adjusted to equal, but not to exceed, the member's regular salary:
4. The member requesting the sick leave shall initiate action through the Workmen's Compensation Commission in cases where a member may be eligible for Workers' Compensation benefits.

In cases of an incapacitating disability, the member requesting the sick leave shall initiate action through the Maryland State Retirement System, in cases where the Bank believes the applicant may be eligible for disability retirement.

**Any abuse of the Sick Leave Bank will result in forfeiture of the days granted.** The applicant will be informed in writing of suspected abuse of the Sick Leave Bank and informed of the right to appeal.

If an applicant is receiving a second income, (i.e. from a second job) that information must be disclosed to the Committee. (This will not automatically disqualify an applicant, but it will be weighed in.)

### **Accounting Procedures**

The Howard County Education Association shall maintain the records of contributions, applications for use of the Sick Leave Bank, and all cancellation forms, and forward copies to the Board of Education. The HCEA Sick Leave Bank Committee and the Howard County Public Schools Division of Payroll shall meet or confer at any time upon the reasonable request of either party to determine the status of HCEA Sick Leave Bank. The Division of Payroll will notify the Sick Leave Bank Committee of unused allocated leave.

Controlling Document: Master Agreement Between the Board of Education of Howard County and the Howard County Education Association, (Art. 23)

Revised 9/2016