



# Howard County Education Association

## HCEA Education Support Personnel Sick Leave Bank Policies and Procedures for the 2018-2019 School Year

*Effective September 18, 2018*

### **Purpose:**

Educational Support Personnel on active duty in Howard County are eligible to contribute to a sick leave bank. Contributors will be permitted to apply for leave from the bank to cover regularly scheduled duty days for periods of personal illness, injury, or quarantine which are not only prolonged but are also catastrophic and incapacitating and which are not likely to permanently disable the employee but leaves the employee unable to perform the duties of his/her position on regularly scheduled duty days. Sick Leave Bank may not be used by the contributor to remain away from his/her position to assist a member of his/her family who is ill.

New members of the sick leave bank may not access the bank until upon completion of the required probationary period (six months). Probationary employee in this context does not include an employee who is serving a new reevaluation period due to promotion.

Approved procedures shall be posted on the HCPSS website annually no later than October 1.

The existence of the Sick Leave Bank and participation by a member in the Sick Leave Bank does not negate or eliminate any other sick leave policies of the Howard County Public School System.

### **Enrollment Period:**

The annual enrollment period for membership in the Sick Leave Bank shall be from September 1 through October 31. Any former Sick Leave Bank member returning from extended leave of absence and any new employee will be permitted to join the Sick Leave Bank upon filing the appropriate forms and contributing the assessment for the current year within thirty (30) calendar days after reassignment or completion of their probationary period.

### **Contribution Rate:**

Sick Leave may be contributed to the Sick Leave Bank; annual and personal leave may not be contributed. Members of the Sick Leave Bank must use all accumulated sick leave and personal leave before application may be made to the Sick Leave Bank.

The number of days to be contributed shall be determined by the **Sick Leave Bank Approval Committee** and shall be certified to the Board of Education prior to July 1 of each year. The annual rate of contribution will be one (1) day per year unless otherwise determined. The rate of contribution will not exceed a maximum of two days per year per employee in half day increments.

New sick leave bank members will be assessed a minimum of one (1) day. 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.

The contribution on the appropriate form will be authorized by the employee and continued from year to year until canceled in writing by the member. Sick leave properly authorized for contribution to the bank will not be returned

if the member effects cancellation. All unused sick leave in the Sick Leave Bank at the end of the fiscal year shall be carried over to the next fiscal year to be utilized by Sick Leave Bank members.

### **Approval Committee:**

A four-member approval committee, comprised of three (3) members appointed by the president of the Association, and one member appointed by the superintendent, shall have the responsibility of reviewing requests, recommending approval or denial of the requests, and communicating its decision to the employee and the Superintendent/designee. The committee shall develop rules and procedures and shall give wide distribution to said rules upon approval of the Board of Directors of HCEA and the Board of Education.

The Committee will review and recommend to the business office any approved request to draw upon the Sick Leave Bank within 15 duty days after such request is received. Any recommendation for approval to draw from the Sick Leave Bank must have the support of at least three (3) members of the four (4) member Committee. If the decision is two (2) for the request and two (2) for denial, the request will automatically move to the Appeal committee. The decision of the Appeal committee is final.

### **Appeal Committee:**

A four-member appeal committee, comprised of two (2) members appointed by the president of the Association, and two (2) members appointed by the superintendent, shall have the responsibility of reviewing an appeal, recommending approval or denial of the appeal, and communicating its decision to the employee and the Superintendent/designee.

### **Rules & Procedures:**

1. During the appropriate enrollment period, employees desiring to join the Sick Leave Bank will fill out the appropriate form and make their contribution to the Sick Leave Bank on the approved form. Their membership in the Sick Leave Bank shall be continued from year to year until canceled in writing by the member.

To cancel membership in the Sick Leave Bank, in time to avoid a contribution for the next year, a member must notify the HCEA office in writing no later than October 31 and forward a copy of the letter to the payroll department at the Board of Education. 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.

Sick Leave Bank request forms can be accessed through the HCEA website or office.

- **Submitting Prior to qualifying event:** All requests to draw from the Sick Leave Bank must be made on the approved form and submitted to the HCEA office no more than 30 calendar days of the first date bank usage is requested. The 30 days will be calculated from the first day the member will lose pay due to the lack of sick leave.
- **Submitting After qualifying event:** In reviewing requests for Bank leave, the Committee will count back 30 calendar days from the date the request is received at the HCEA Office and rule ineligible any days requested prior to that date.

Any member submitting his/her request to draw from the Sick Leave Bank must have made his/her proper contributions for the fiscal year in which the request was made. Applicants must be on an HCPSS approved FMLA leave status to apply for, and receive, Sick Leave Bank grants.

2. All requests to draw from the Sick Leave Bank must be on the required HCEA/HCPSS request form which the Committee and HCEA shall handle in a confidential manner. The physician's statement, confirming the incapacitating and catastrophic personal illness and inability to perform regular duties, must be made on the Sick Leave Bank application, and signed by the treating physician.

3. All sick leave bank requests forms must be in to the HCEA office three business days prior to the Committee's meeting in order to be considered for the next meeting. The Committee meeting schedules can be found on the HCEA Website.
4. In cases where a member of the Sick Leave Bank has been incapacitated, his/her application may be submitted to the Committee by his/her agent along with a doctor's letter indicating that the employee is incapacitated in a manner that would prevent his/her personal application.
5. Employees must use all accumulated sick leave and all accumulated personal leave before receiving leave from the bank.
6. Sick Leave Bank grants may be utilized by members to cover absence due to illness resulting from emergency surgery. Requests for days involving cosmetic and elective surgery or procedures will not be granted unless they are medically necessary as determined by the employee's health insurance plan. Days may not be granted for surgery that can reasonably be deferred to non-work days, per the doctor's certification.
7. Sick leave for psychological disabilities may be granted when:
  - the illness is certified by a licensed psychiatrist and has been determined to be life threatening, causes an unsafe condition and when the applicant is unable to function in their job, and
  - the applicant is enrolled in a rehabilitative program of at least two (2) or more visits per week, or
  - while the member is enrolled in an inpatient program at a hospital or mental treatment facility accepted by the applicant's health insurance.
8. Sick leave for alcohol/drug related illness may be granted when:
  - certified by a licensed physician, and
  - an applicant is enrolled in a rehabilitative program accepted by the applicant's health insurance.
9. Up to a maximum of 30 days, extending over a period of no more than six (6) weeks may be granted for a normal child birth delivery, effective from the date of delivery; up to a maximum of 40 days, extending over a period of no more than eight (8) weeks may be granted by delivery by C-section, effective from the date of delivery. Days will only be granted for the dates the licensed obstetrician indicates are medically necessary on the sick leave bank request form.
10. The Committee will review all requests to draw upon the Sick Leave Bank within 15 working days after receiving requests in the HCEA office. An anticipated date of return to work must be included on the sick leave bank request form by the treating physician or the form will be returned.

The Committee will:

- A. Approve leave grants from the Sick Leave Bank in units of no more than twenty (20) consecutive duty days during the first year of membership, and no more than forty (40) consecutive days each year thereafter, upon each request of the individual applicant; and/or
- B. 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) at the member's expense, with said licensed medical doctor's report to be sent directly to the Committee; and/or
- C. Require the applicant to submit a medical treatment plan from applicant's treating physician upon making a second request for the same illness; and/or
- D. Request additional information; and/or
- E. Disapprove the application for use of the Sick Leave Bank. Any disapproval may be appealed to a balanced joint Committee of HCEA and HCPSS by submitting a letter to the HCEA office within 15 calendar days after the date on the letter of notification of the Sick Leave Bank Approval Committee's decision to disapprove the request. The Appeal Committee will notify the member of its decision in writing.

11. A member of the Sick Leave Bank may utilize a maximum of:
  - A. Twenty (20) Sick Leave Bank days per school year during the first year of membership
  - B. Forty (40) Sick Leave Bank days per school year during the second year, and subsequent years, of membership.

In addition to the annual limit, the maximum number of days per illness shall be 120 days. Sick Leave Bank members returning from leave will be reinstated at the same level of eligibility held when going onto leave.

12. The maximum number of sick days that can be granted in any one fiscal year will be the remaining number of duty days an employee is scheduled to work. In no case will the granting of leave from the bank cause an employee to receive more than his/her annual earnings.
13. A Bank member shall be required to satisfy a five (5)-consecutive compensable-day waiting period no more than once each fiscal year for the illness, injury or disability and a two-compensable-day waiting period for subsequent non-related illnesses, injuries or disabilities.

Explanation: The waiting period will be covered by the member's own sick and/or personal leave account; or if the member has no personal and/or sick leave, it will mean a loss of up to five (5) days without pay, depending upon the member's personal sick and/or personal leave balance. For example, if a member is ill and disabled for eleven (11) days but only has two (2) days of leave, the member would lose three (3) days of pay during the five (5) day waiting period; and the Bank would cover the remaining six (6) days, for a total of eleven (11) days.

Additional requests to the Sick Leave Bank for a related illness, injury, or disability within the same fiscal year will not require any further waiting period. Nor will be subject to an additional waiting period on July 1 if the employee is out on a continuous leave of absence through July 1 for the same medical condition.

The waiting period is satisfied only when the member uses one or more days of Bank leave.

14. Sick Leave Bank grants to individual members will not be automatically carried over from one fiscal year to another unless the member is a 12-month employee and is currently receiving a sick leave bank grant. All Sick Leave Bank grants will end as of June 30 or the last duty day of the school year for that employee and must be renewed through the Approval Committee after request on the appropriate form for the next successive school year.
15. If a member does not use all of the days granted from the Sick Leave Bank the unused sick leave days will be returned to the Sick Leave Bank.
16. The Payroll Department shall verify sick leave and personal leave is exhausted. Upon notification of approval by the Committee, Payroll shall credit the affected employee with the number of days granted. 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.
17.
  - A. A contributor will lose the right to utilize the benefits of the Sick Leave Bank upon:
    - Termination or suspension from employment from the Howard County Public School System.
    - Cancellation of participation in the Sick Leave Bank by the member in writing.
    - Being on an approved leave of absence.
    - Abuse of the Sick Leave Bank.

If in the judgment of the Committee, any abuse of the Sick Leave Bank has occurred, such abuse will result in forfeiture of the days granted. The person will be informed in writing of suspected abuse of the Sick Leave Bank and informed of the right to appeal. An appeal may be made to the Appeals Committee by submitting a letter to the HCEA office within 15 calendar days after the date on the letter of notification of abuse.

- B. In cases of incapacitating work-related injury, the member:
- May receive full salary and benefits for up to ninety (90) days from the Board of Education under the Master Agreement, Article 8, Section 8.1.
  - Once the ninety days are exhausted, may follow options available under the Master Agreement, Article 8, Section 8.1 A and B.
  - 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 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:

18. When the Committee reasonably believes an applicant has a potentially permanent incapacitating disability, and may be eligible for disability retirement, the member requesting a grant of sick leave shall be required to initiate, within 15 calendar days, action through the Maryland State Retirement System. Members remain eligible for Bank leave during the time when they are applying for retirement, provided that a member complies with all requests for information in a timely fashion from the State Retirement System. Submission of the application for disability retirement and the necessary supporting medical documents to the HCPSS Department of Human Resources must be made within 15 calendar days from the date of the issuance of the request by the Approval Committee in order for the member to continue to be eligible for Sick Leave Bank grant.

If disability retirement is approved, the member must pursue the earliest possible retirement date or sick leave benefits will not be continued beyond the earliest eligible date of retirement. If the Board of Trustees of the Maryland State Retirement and Pension System determines the employee is not disabled and is therefore able to return to his/her regular duties, the member is no longer eligible for a Sick Leave Bank grant.

No payment for a Sick Leave Bank grant will extend beyond the date on which disability retirement is approved to begin by the Board of Trustees of the Maryland State Retirement and Pension Systems or the Social Security Administration. Any remaining days will be returned to the Sick Leave Bank.

Wherein section 18, above, covers specific disability circumstances, nothing therein supersedes annual and lifetime maximum sick leave bank days granted.

19. The HCEA shall maintain the records of all applications, record of all member contributions, withdrawals, and the status of the Bank. These records shall be maintained in a confidential manner.
20. 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.
21. The Howard County Public School System payroll department will provide to the Committee any data maintained in its files with regard to an individual members' use of, or investment in the Sick Leave Bank.

Controlling Document: Master Agreement Between the Board of Education of Howard County and the Howard County Education Association Educational Support Professionals, Art. 13.

Revised: 1/31/97, BOD Approved 2/4/97; Retyped 8/02 jb; Revised: 9/09; 9/14: Revised: 9/18/2018

# 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  Certified

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 or hours requested from the bank \_\_\_\_\_ (20 days maximum 1<sup>st</sup> year, 40 days maximum thereafter. See SLB Policies)

Specific dates of days required \_\_\_\_\_ \*Dates must fall within what your treating physician indicates. You are responsible for knowing when your regular sick and personal days have been exhausted. *HCEA will not calculate these dates for you.*

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

### FOR SICK LEAVE BANK COMMITTEE USE ONLY

SLB Committee Approval?  Yes  No  On Hold # of days approved: \_\_\_\_\_ Dates Approved: \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Chairperson Signature \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

# 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 TREATING PHYSICIAN**

**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. Both Physician Statement pages need to be completed.

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 If yes, date known \_\_\_\_\_

Was surgery performed or is it scheduled to be performed?  Yes  No

If yes, the following 3 items **must** be completed:

- Surgery date \_\_\_\_\_
- Is/Was the surgery: Check one (v)  Elective **or**  Non-Elective
- Is/Was the surgery: Check one (v)  Medically necessary at this time **or**  Able to wait until school is not in session/system break

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

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

**CONFIDENTIAL**

**THIS PAGE TO BE COMPLETED BY *TREATING* PHYSICIAN**

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 \_\_\_\_\_ Date treating physician last examined this patient \_\_\_\_\_

**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 anticipated to return to work.\* \_\_\_\_\_ (Must be completed) \*The committee understands this may be adjusted.

\_\_\_\_\_  
Licensed Medical Doctor's Signature (Please include M.D., D.O., etc.)

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

***Both Physician Statement Forms must be completed and signed by the licensed treating physician.***

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

Physician's Telephone: