

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.

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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 _____

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Dorsey Hall Professional Park
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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

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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.

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.

Date physician diagnosed condition _____

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

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.


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:



Howard County Education Association

HCEA Paraprofessional Sick Leave Bank Policies and Procedures

Statement of Intent

The purpose of the Sick Leave Bank is to provide sick leave to members of the Sick Leave Bank in cases of incapacitating, catastrophic, personal illness after their accumulated sick and personal leave has been exhausted.

Rules

1. The definition of sick leave shall be leave that is granted to a Sick Leave Bank member on active duty who, through personal illness (including emergency surgery), injury, or quarantine which is not only prolonged but is also catastrophic and incapacitating and which is not likely to permanently disable the employee, is unable to perform the duties of his/her position on regularly scheduled duty days.
2. All members of the bargaining unit on active duty in Howard County are eligible to contribute to the Sick Leave Bank. Contributors will be permitted to apply for leave from the Sick Leave Bank to cover regularly scheduled duty days for periods of qualifying personal illness upon completion of the required probationary period.
3. 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.
4. The Sick Leave Bank may be used only by the individual contributor for his/her qualifying personal illness and may not be used by the contributor to remain away from his/her position in order to assist a member of his/her family who is ill.
5. An employee must be a member of the Sick Leave Bank for a period of six (6) months before he/she can draw from the Sick Leave Bank.
6. 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.
7. The number of days to be contributed shall be determined by the **Sick Leave Bank Approval Committee (Committee)** and shall be certified to the Board of Education prior to September 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.
8. A. 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 8, Section 8.1.
 2. Once the ninety days are exhausted, may follow options available under the Master Agreement, Article 8, Section 8.1 A, B, C)

3. 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.
4. 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:
8. B. In cases of a potentially permanent incapacitating disability, the member requesting a grant of sick leave shall be required to initiate action through the Maryland State Retirement System, upon direction of the Committee in cases where the Committee believes the applicant may be eligible for disability retirement.
9. A member of the Sick Leave Bank may utilize a maximum of **forty (40) Sick Leave Bank** days per school year and will not be granted more than 120 days for the same illness in a lifetime.
10. A contributor will lose the right to utilize the benefits of the Sick Leave Bank upon:
 - A. Termination or suspension from employment from the Howard County Public School System.
 - B. Cancellation of participation in the Sick Leave Bank by the member in writing.
 - C. Being on an approved leave of absence.
 - D. Abuse of the Sick Leave Bank
 1. 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 HCEA Board of Directors by submitting a letter to the HCEA office within 15 calendar days after the date on the letter of notification of abuse.
 2. 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.)
 3. A member is obligated to inform the Committee of any and all other income earned or received during the period he/she is on Sick Leave Bank grant
11. 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.
12. 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.
13. Sick Leave Bank grants to individual members will not be automatically carried over from one fiscal year to another. 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.
14. 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.
15. A five member SLB Approval Committee (Committee), appointed by the President of HCEA, shall have the responsibility of receiving requests, verifying the validity of requests, recommending approval or denial of the request, and communicating its decision to the applicant and the appropriate division of the Board of Education. The committee shall develop rules and procedures and shall give wide distribution to said rules upon approval of the Board of Directors of HCEA. The business manager, the Board of Education or his/her designee shall be an ex officio member of the Sick Leave Bank Approval Committee.
16. Sick Leave Bank grants may be utilized by members to cover absence due to illness resulting from emergency surgery. For all other surgery, applications must be submitted to the Approval Committee for advance consideration to determine whether such would be covered by the Sick Leave Bank in order to utilize Sick Leave Bank benefits for such surgery.

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. In order to effect a cancellation of membership in the Sick Leave Bank in time to avoid a contribution for the next year, a member must notify the Sick Leave Bank Approval Committee in writing no later than October 31 and forward a copy of the letter to the payroll department at the Board of Education.
2. 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.
3. All requests to draw from the Sick Leave Bank must be made on the approved form and submitted to the Committee within 30 calendar days of the first date bank usage is requested.
4. 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.
5. The Committee will review all requests to draw upon the Sick Leave Bank within 15 working days after receiving requests in the HCEA office. The Committee will:
 - A. Approve leave grants from the Sick Leave Bank in units of no more than 20 consecutive duty days upon each request of the individual applicant; and/or
 - B. Require the applicant to undergo a 2nd 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 primary or treating physician upon making a second request for the same illness; and/or
 - D. Request an interview for clarification; 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 15 calendar days after the date on the letter of notification of the Sick Leave Bank Approval Committee decision to disapprove. The Committee will notify the member of its decision in writing.
6. All requests to draw from the Sick Leave Bank must be accompanied by a physician's statement which the Committee and HCEA shall handle in a confidential manner. The physician's statement, confirming the illness and inability to perform regular duties, must be made on the Sick Leave Bank application, and signed by the physician.
7. 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.
8. Any recommendation for approval to draw from the Sick Leave Bank must have the support of at least three (3) members of the five (5) member Committee.
9. Members may request all appropriate forms from the Chairperson of the Sick Leave Bank.
10. The Committee 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.

11. 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, 2007-10 (Art. 13)

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