



Longview Independent School District



# Sick Bank Leave

On August 8, 2022, the LISD School Board approved a Sick Bank Leave Bank (SBL). Effective October 1, 2022, all full-time employees (not temporary or seasonal or substitute) may opt into participation. The donation of one (1) state personal day, local leave day, or sick leave day each school year will grant an employee participation in the Bank.

The following information is very important to all employees of the LISD.

- Periodic changes may be made in this Bank. Please read the guideline and information carefully before applying.
- When applying for Sick Bank Leave usage, please fill out forms carefully and completely. The LISD Sick Bank Leave Committee cannot be responsible for improperly filled out forms.
- Only the physician should fill out the Physician’s Statement. It must be filled out completely. “Physician” is defined as a doctor of medicine or osteopathy who is authorized to practice medicine or surgery (as appropriate) by the State in which the doctor practices. Any person requesting days gives permission for the Leave Specialist to talk with their doctor and/or office staff concerning their accident or illness, and also gives permission for their doctor and/or office staff to release information to the Leave Specialist and SBL Committee.
- Forms not completely filled out by applicant and/or doctor will be returned to applicant, delaying the process.
- The LISD Sick Bank Leave is not responsible for late or undelivered applications.
- The committee cannot be responsible for an employee’s lack of knowledge of the Bank as a reasonable effort is made each time an employee requests information on or application of the Sick Bank Leave. The Guideline is also available online for review.

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## SICK BANK LEAVE INTRODUCTION

In order to qualify for usage of the Bank, a full time employee must donate one (1) or more state, local or sick days.

This Sick Bank Leave is a pool of local and state days contributed by participating school district employees and separating employees to be used by full-time employees (no part time, seasonal, temporary employees, or substitutes) who suffer a qualifying incapacitating personal illness, accident, or qualifying family member's illness. The purpose of the Sick Bank Leave is to potentially help alleviate hardship caused to an eligible employee if a personal illness or injury forces the employee to exhaust all earned leave (state, local, personal, and vacation days). Employees cannot donate days to specific individuals.

Membership in the Bank is on a year-by-year basis.

In order to qualify for benefits of the Bank, an illness or injury must result in the employee's temporary incapacity to perform his/her job function for an extended period or time. A qualifying illness or accident is a condition defined as life threatening, sudden injury, or prolonged care, that requires the employee to be incapacitated over an extended period of time. The injury or illness requires treatment by a licensed physician, hospitalization, emergency room treatment or outpatient treatment at a hospital. The illness need not necessarily be incurable or permanent. Examples of illnesses which may qualify for the benefits of the Sick Bank Leave include, but are not limited to: surgery, cancer, severely broken bones causing incapacity, heart disease, multiple sclerosis, stroke, organ transplants, and muscular dystrophy.

An illness or injury that may qualify need not be catastrophic in nature, but must go beyond the normal recovery time because of complications and calls for hospitalization, emergency room treatment, or out-patient treatment at a hospital and treatment by a physician (please see p. 3, #6).

Family member illnesses are limited to the spouse, child, sibling, and grandparent. For purposes of the Sick Bank Leave, "family member" refers to biological, adopted, legal ward, foster child, or a child for whom the employee stands in loco parentis. This benefit is limited to one employee in a family and only when there is no other family member at home or able to care for the ill person.

Questions regarding the Bank and completed forms should be directed to the person indicated below. Response to any questions will come from the Leave Specialist or the SBL Committee. The Leave Specialist will make a recommendation to the SBL Committee based on the application, the bylaws and his/her discussion with the applicant's doctor and/or office staff.

LISD Leave Specialist  
Kristie Womack  
1301 E. Young St.  
Longview, TX 75602  
kwomack@lisd.org

1. All full-time (20 hours or more per week) employees (not temporary or regular substitute) of LISD who donate one (1) or more state, local or sick day within the yearly enrollment period of August 1 to August 31 of each school year qualify for Sick Bank Leave (SBL) use. Membership in the Sick Bank is voluntary and requires enrollment every school year.
  - a. All new employees, whether hired before or after the enrollment period, who want to enroll are eligible after ninety (90) calendar days of continuous employment.
  - b. All current contractual and non-contractual employees who join within the enrollment period are eligible for membership beginning with the first official day of work per their contract
2. Only eligible employees will be permitted to use the SBL for qualifying incapacitating personal illness or injury or for qualifying family member terminal illness during regularly scheduled work days within the current school year. The applicant must have worked within the current school year in which the request for days is made.
3. The SBL will be administered by a nine (9) member Sick Bank Leave Committee. SBL Committee will consist of a panel of randomly picked employees out of submissions presented to the Leave Specialist by school principals or directors each school year. The head of the committee will be a non-voting member. An employee can only participate two times, nonconsecutively, on the Sick Bank Leave Committee even if the employee leaves the district and then becomes reemployed with the district. The Leave Specialist will be responsible for receiving applications, verifying participation in the SBL, providing information, advising the committee, and providing other assistance to the committee as requested. The SBL Committee shall have the responsibility of reviewing qualifying applications, verifying the validity, and approving or denying applications presented to them. The Leave Specialist shall have the responsibility of communicating its decisions to the members and to the Payroll Department. The bylaws cannot be set aside and must be followed in approving or denying an application.
4. The Sick Bank Leave Committee will meet on the first Thursday of each month to review all current sick bank applications, unless district obligations require the Committee meeting to be rescheduled. There must be a quorum of five (5) members present of the eight (8) on the committee to act on applications. Voting may take place in person. Unless required by law, an employee's identity will never be revealed to the eight (8) member committee.
5. All applicants will be anonymous to the committee, and decisions will be based solely on:
  - a. The number of available Sick Bank days.
  - b. The number of days the applicant is requesting.
  - c. The information submitted in the employee's application.
6. The maximum number of Sick Bank Leave days granted in for an employee illness or illness of an immediate family member will be thirty (30) days per calendar year or fifteen (15) days per school year. The lifetime maximum number of Sick Bank Leave days that can be granted to any member shall be ninety (90), and all ninety (90) days will be at full pay. All illnesses or accidents require a licensed doctor's care, hospitalization, emergency room treatment or out-patient treatment at a hospital.
  - a. Ten (10) days may be granted for a less serious illness that extends beyond normal recovery time because of complications.
  - b. Depression and mental illness diagnosed as severe will be limited to ten (10) days.
  - c. Family illnesses will be limited to ten (10) days. Qualifying family illness is limited to one employee in the family and only when there is no other family member to care for the ill family member at home. The illness must be certified by letter from the attending physician. The letter must include the physicians' physical address, phone number, and signature.
  - d. Catastrophic Leave approved ailments will be limited to ten (10) days only.
  - e. Pregnancy complications (see # 14)
7. The SBL Committee may approve additional days for extenuating circumstances. A new SBL Request Form and a letter from the employee's family member's licensed physician will be required to extend an approved leave period. This documentation must be sent to the Leave Specialist prior to the current Sick Bank approved period.
8. The first request for days must be made within thirty (30) days from the date the employee goes from a paid to an unpaid leave of absence status.
9. In no case will the granting of Sick Bank Leave days cause a member to receive more than his/her annual salary.
10. Grants from the Sick Bank shall be in units not to exceed thirty (30) consecutive working days and will be paid in alignment with the District's payroll calendar. The first request for days must show when SBL days will begin. A member's first request for days must be made in the same school year as their illness.
11. Members must have exhausted all their available state days, local leave, personal leave, and vacation time, if any, before receiving days from the Sick Bank.
12. All requests to draw upon the Sick Bank must be made upon a Sick Bank Leave Request Form. All requests must be accompanied by the Physician's Statement confirming the cause of illness or confinement and certifying the existence of a disability to perform assigned duties, or by a letter certifying an illness in a qualifying family member. The form must be legible, personally signed by the physician, and dated. The SBL Committee will not honor any Sick Bank Leave Request Form or supporting documentation that is copied or faxed. It must be the original or a certified copy. Incomplete forms will not be processed until all information is received. Any employee requesting SBL days gives permission for the Leave Specialist and/or the SBL Committee to talk with their doctor and/or office staff concerning their illness or injury and to release said information.
13. If a member does not use all of the days granted from the Bank, the unused days will be returned to the Sick Bank Leave.

14. Pregnancy and delivery will not be considered as an illness covered under the Sick Bank Leave except when unusual and life-threatening complications occur. Bed rest and hypertension are not considered unusual complications. Any Sick Bank Leave days approved shall be considered under "lesser illness" and limited to a total of ten (10) days.
15. Earned local leave and state personal days may be contributed to the Bank by a separating employee.
16. Employees who have filed for Workers' Compensation benefits are not eligible for Sick Bank Leave.
17. Each application for a grant from the Sick Bank Leave must include a new, up-to-date Physician's Statement on the appropriate Bank form or letter. A member of the Sick Bank Leave will lose the right to use the benefits of the Bank by:
  - a. Termination of employment with the LISD;
  - b. Suspension without pay (no Sick Bank Leave benefits during the period of suspension);
  - c. Voluntary cancellation of his/her membership in the Sick Bank Leave (effective immediately);
  - d. Any abuse or misuse of the rules of the Sick Bank Leave as determined by the SBL Committee;
  - e. Failure to report immediately any job held for which the member receives remuneration during the period he/she is on leave days granted from the Bank.
18. The Committee Chairperson will forward to the LISD Payroll Department the Executive Committee's decision on all requests to draw on the Sick Bank Leave within five (5) working days after the committee issues its decisions.
19. An applicant or beneficiary of the Sick Bank Leave may be required to undergo a medical review by a second physician at the request of the SBL Committee at the Program's expense. When this is necessary, the director of health services will suggest no less than three nor more than five (5) physicians, from which the employee may select one. The Physician's Statement will be sent directly to the Executive Committee, which will not act upon the member's application for a grant or extension of a grant until it has received the report.
20. In case an employee's incapacity is of such a nature that he/she cannot personally apply for a grant, the application may be submitted in his/her behalf to the health services director by an authorized agent or member of his/her family.
21. All forms for participation in the Sick Bank Leave shall be available in the principal's office at each LISD school and at the Business Office. These forms shall be given or sent to any employee upon request.
22. After decisions are rendered, the Committee Chairperson shall write letters to the applicants advising them of the committee's decision. Denial due to insufficient information shall be specific as to what information is needed in order to make a decision.
  - a. The director shall maintain records regarding the Sick Bank Leave for three years.
23. The Committee Chairperson shall report the status of the Sick Bank Leave at any time upon the request of the Superintendent or the School Board.
24. The LISD Payroll Department shall provide information to the SBL Committee upon its request for any data maintained in their files regarding the use of the Sick Bank Leave.
25. An Annual Report will be submitted to the Superintendent in August of each school year, or as requested.
26. The Committee Chairperson shall call committee meetings, provide information and guidance, and shall serve as chair of the meetings. The Committee Chairperson shall be non-voting, but will vote only in order to break ties.
27. Changes in the Bank bylaws, other than editing or clarification, may be suggested by a majority vote of the SBL Committee with five (5) or more members voting aye at any meeting. Only with School Board's approval will the changes become effective.
28. Decisions by the SBL Committee to disapprove an application for use of the Sick Bank Leave, or an application for extension of such use, are final.

## FORMS

The following forms are required to participate in, or request the use of, LISD Sick Bank Leave.

- Sick Bank Leave Contribution Form
- Sick Bank Leave Request Form



# Longview Independent School District Sick Bank Leave Contribution Form

Employee Name: \_\_\_\_\_ Identification #: \_\_\_\_\_

Campus: \_\_\_\_\_ Position: \_\_\_\_\_

- New Employee  
or  
 Current Employee

I wish to donate at least one (1) day of my personal leave days to the Sick Bank.  
# of days donated: \_\_\_\_\_

I choose to have my donation taken from the following leave bank:

\_\_\_\_\_ State Personal Day

\_\_\_\_\_ Local Day

\_\_\_\_\_ State Sick Day

**(If no personal days off are available in chosen leave bank, no days will be donated and your Contribution request will be denied.)**

I do not wish to donate any of my personal leave at this time and opt out of the Sick Bank Leave participation. If I choose to participate at a future time, I know I will be required to wait until the next enrollment date.

### Reimbursement of Leave upon Retirement

*An employee who retires from the District shall be eligible for reimbursement for state leave under the following conditions: 1) the employee's retirement is voluntary, i.e., the employee is not being discharged or nonrenewed. 2) the employee provides advance written notice of intent to retire (90 days for contract employees and two weeks for non-contract employees), 3) the employee has at least five years of service with the District and 4) the employee has at least 50 days of available state leave. The employee shall be paid an amount equal to one-tenth of the annual salary and supplements earned by the employee the year prior to retirement. The employee may donate any remaining uncompensated leave to the District's sick leave bank. If the employee is re-employed with the District, days for which the employee received payment and days donated to the District sick leave bank shall not be available to the employee.*

Retirement Date: \_\_\_\_\_

I want to donate the remaining balance of my unused and/or unpaid state personal days to the Sick Bank.  
# of days donated: \_\_\_\_\_

**By signing below**, I hereby authorize the Leave Specialist to remove the specified number of day from my chosen personal leave bank(s); have read the policy regarding reimbursement of leave upon retirement and I understand the provisions outlined therein; I understand that if I leave LISD for any reason the specified number of days donated will not be reimbursed or given back to me.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Printed Name

#### (Office Use Only)

Leave Verified By: \_\_\_\_\_ Date: \_\_\_\_\_

Approved:  Yes  No

Day(s) removed from Employee bank:  Yes  No Date: \_\_\_\_\_

**\*\*Requests should be submitted to Kristie Womack, Leave Specialist/True Time Coordinator\*\***



# LONGVIEW INDEPENDENT SCHOOL DISTRICT SICK BANK LEAVE REQUEST APPLICATION

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

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

New       Extension

I understand that I must be a contributing member of the Longview ISD Sick Bank Leave at the time of this application for it to be considered by the committee. I also understand that I must have exhausted all other sick and personal leave in order to submit this application.

I would like to request \_\_\_\_\_ days from the Longview ISD Sick Bank Leave for the following reason:

\_\_\_\_\_  
\_\_\_\_\_

Request Beginning Date: \_\_\_\_\_ Request Ending Date: \_\_\_\_\_

By signing this application, I hereby authorize access by the Sick Bank Leave Committee to any medical or personnel records necessary for action on this application; I certify that I have carefully read the Sick Bank Leave Guidelines attached hereto, have received a copy thereof, and agree to comply therewith; I understand that this request may be denied for any reason deemed appropriate by the committee; I understand I may not be awarded any or all days requested.

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

\_\_\_\_\_  
Date of Application

### Physician's Statement

Patient Name, if other than employee: \_\_\_\_\_

Name of Facility: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Nature of illness/injury: \_\_\_\_\_

Date(s) of Treatment: \_\_\_\_\_

Date(s) Hospitalized, if any: \_\_\_\_\_

Hospital Name: \_\_\_\_\_

Was surgery scheduled?  yes  no      Was surgery performed:  yes  no  
If scheduled but not performed, please explain: \_\_\_\_\_

Were there complications?  yes  no : If yes, please explain: \_\_\_\_\_

How long will/was the patient be unable to perform their regular job duties: \_\_\_\_\_

Date patient can return to work: \_\_\_\_\_

Any restrictions?  yes  no : If yes, please explain: \_\_\_\_\_

Is the injury/illness catastrophic?  yes  no : If yes, explain: \_\_\_\_\_

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

#### Office Use Only:

Date Received: \_\_\_\_\_

Committee Response:  Approved  Denied

# of days approved from sick bank: \_\_\_\_\_

Notes: \_\_\_\_\_

Committee Chair Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\* All completed requests, including documentation, should be submitted to Kristie Womack\*\*