

LIVE. LEARN. LEAD.

- A. The Sick Leave Bank will only be used for catastrophic, serious illness that happens to an employee or *requires* the employee to care for a family member who lives in their home.
- B. Each request will go to the Labor Management Team and must be approved by two (2) votes (Each side, Labor and Management, has one vote). The decision of the Labor Management Team in these matters is not subject to a grievance process. Requests must be made within 30 days of time being needed or used.
- C. Applicants for use of the Sick Leave Bank must meet *all* of the following requirements:
 - 1. Be permanent employees
 - 2. Have completed one year of employment in an OSEA position in district
 - 3. Be OSEA members (signed membership application)
 - 4. Have contributed a minimum of one workday (based on employee's FTE) to the Sick Leave Bank in the previous 5 years
- D. Use of the Sick Leave Bank is to be seen as short-term help for employees in transition because of serious or catastrophic illness.
- E. The *maximum* number of days used by any individual during their employment with Medford School District is:
 - 1. 40 days in one fiscal year
 - 2. 80 days lifetime maximum
- F. Employees must have exhausted their sick leave, vacation leave, personal leave, and compensatory time *prior to* receiving donated sick leave pool hours.
- G. Employees agreeing to donate sick/personal/vacation leave will have the hours deducted from their leave accrued balance at the time the donation is added to the bank.
- H. Employees may donate two (2) sick leave days and/or (2) vacation or personal leave days each year. The maximum number of days in the sick leave pool is capped at 100 days or 800 hours. In the event that employees donate beyond the annual maximum hours allowed, the following criteria will be used to accrue the hours into the leave bank.
 - 1. For school years *ending with an even number* we will begin deducting one day per donating employee beginning with the letter A. (i.e., 2013/2014)
 - 2. For school years *ending with an odd number* we will begin deducting one day per donating employee beginning with the letter Z and working backwards. (i.e., 2014/2015)
- I. Sick leave days will not apply when an employee is off due to a Workers' Comp claim or is on long-term disability.



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**OSEA Member Only Benefit
Sick Leave Bank Request Form**

Name (print) _____ Home/Cell Phone _____

Address _____ City _____ Zip _____

Position _____ Worksite _____ Hrs. worked per day _____

Email address _____

First date of absence _____ Anticipated date of return to work (If known) _____

Number of *days* requested _____ Total Number of *hours* requested _____
(See guidelines)

1. I understand I must first use:
 - a) All my individual accumulated paid leaves. (Paid leaves shall be defined as sick leave, personal leave, and vacation leave.)
 - b) All my individual accumulated compensatory time
2. I am not currently receiving:
 - a) Workers Compensation
 - b) Long Term Disability (LTD)
 - c) PERS Disability
3. I understand that any unused sick leave hours will be returned to the Sick Leave Bank.
4. I affirm that the information I have provided is accurate to the best of my knowledge.
5. I authorize the Sick Leave Bank Committee to verify my date of employment, paid leave balances, compensatory time balance, and status of compensation, Long Term Disability, and PERS Disability.
6. I understand that I am not eligible to receive Sick Leave Bank hours while receiving compensation under Workers' Compensation, Long Term Disability, or PERS Disability, and if an overlap occurs I will be required to reimburse the Sick Leave Bank an amount equal to the cost of salary paid out for that time period (e.g., back payment for LTD benefits) that exceeds one hundred percent (100%) of the compensation I would have received had I been working.
7. I understand that I am only eligible to receive Sick Leave Bank hours if there have been no documented instances of leave abuse in the district.
8. I understand and adhere to the guidelines, and affirm that I qualify to request Sick Leave hours based on the Operational Guidelines A. through I. and the Sick Leave Request form 1. through 7.

Employee Signature _____ Date _____

Please return signed form to OSEA Vice President

Date Received _____ Approved _____ Denied _____

Date Approved/Denied _____ OSEA President Signature _____