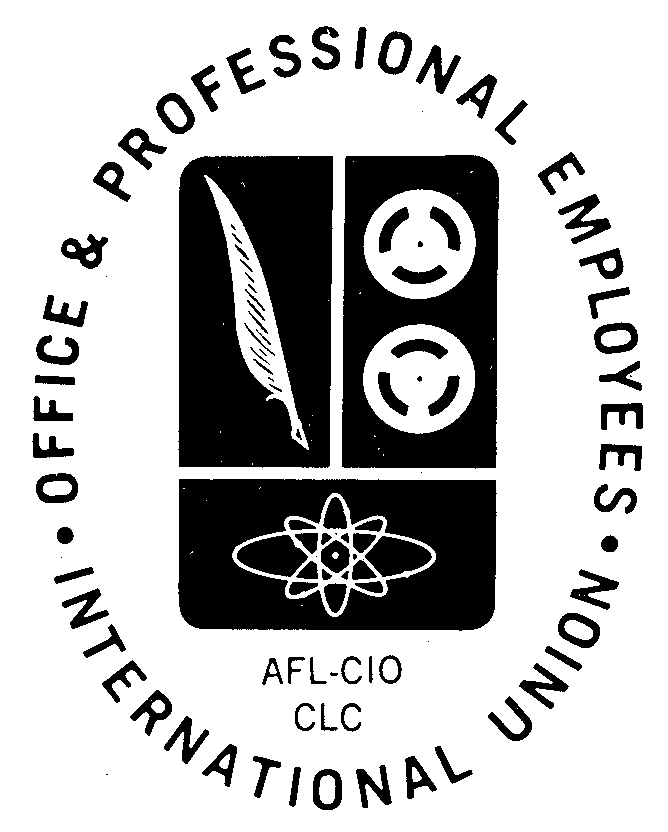
 Sick Leave Bank Application

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| --- | --- | --- |
| Section I: Applicant’s information | | |
| Name: | | Date: / / |
| School: | | Normal % of employment (FTE): |
| Email: | Phone: | |
| This is your (circle one) **first** **second** request for this absence. | Consecutive days absent to date: | |
| First day of absence: / / | Expected return-to-work date: / / | |
| Accumulated sick leave at the start of this year\*: | Sick leave days you have left as of this date\*: | |
| \*It may be helpful to contact Janet Lopez in Human Resources to request this information. | | |
| **Number of sick leave bank days requested (maximum per request is 20):** | | |
| Please write a short statement about your need for days from the Sick Leave Bank (you may attach a separate note): | | |
| Section II: Physician’s information | | |
| Physician’s Name &  Address:      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_ Zip \_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Please attach a separate signed note from your physician which specifies how much recovery time is needed. The physician’s note must be on the physician’s letterhead. | | |

**I give permission for the BUSD Personnel Office to verify any sick leave records or days of absence that the Governing Board of the Sick Leave Bank may require to process this application.**

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

Please sign and return this form with your original signature to the BFT by district mail or US mail. Please contact BFT with any questions or problems.



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Sick Leave Bank Agreement and Regulations

PROCEDURES: Applications for Sick Leave Bank donations will be considered on a first-come, first-served basis. Applications must include medical verification. Sick Leave Bank days will not be usable until personal sick leave days are exhausted.

• The maximum allocation per person on initial application shall be twenty (20) days.

• The Governing Board shall have the right to ask for periodic verification of days already granted; days may be granted provisionally, with proof of need at any given point within the twenty (20) days required. Days may be reclaimed if need cannot be verified. The Board may require verification of need for sick leave days beyond a doctor's certification, (e.g. a letter explaining that the applicant was indeed home sick or following a legitimate regime outlined by a doctor). The Governing Board shall have the authority to accept evidence from other sources that the individual did not require sick leave days and reclaim days granted if need is not satisfactorily verified.

• Extensions may be granted upon a note of reapplication. There must be at least fifty (50) days in the bank for an extension to be granted. A maximum of forty (40) days per person shall be allowed.

• The bank must have at least twenty (20) days on account at the beginning of the second semester of the school year and at least ten (10) days at the end of the school year.

• The Governing Board shall notify the BFT office and the BFT office shall notify the applicant and the BUSD Personnel Office of all allocations within three (3) working days of the decision.

• If more than one first-time applicant is being considered at the same time and there are not enough days to fill each request, the available days will be divided equally or proportionately, as is consistent with the requests, between or among the applicants.

• Any person using days from this bank must agree to repay the days at the rate of two (2) days per school year upon their return to work and, when they have accumulated twenty-two (22), days, at the rate of ten (10) days per year. If, upon retirement or resignation, a recipient has accumulated sick leave, they must repay the bank whatever days that accumulated leave will cover.

• Any one time exception to these regulations and agreements must be approved by the Governing Board and then approved by a majority vote of the Sick Leave Bank donors. The vote will be conducted through the school mails.

All participants must sign the application (see reverse side) which will be considered an acknowledgment that they have read and accepted all the rules and regulations set forth in this packet and the right of the Governing Board to interpret and administer them.