

CATASTROPHIC SICK LEAVE BANK ENROLLMENT FORM

PURPOSE:

The purpose of the Catastrophic Sick Leave Bank ("Bank") is to provide additional sick leave days to members of the Bank in the event of an unexpected, extended, critical illness; surgery; or a temporary disability due to an injury. Days may be requested from the Bank only after the member has exhausted all accumulated state and local leave days. Employees with vacation days must also exhaust all those days.

ELIGIBILITY:

Membership in the Bank is available to full-time 10, 11, and 12 month personnel. Employees who work less than full-time shall be eligible only if they receive local sick leave benefits. You may contact the Payroll and Benefits Office at 947-3838 x788 for verification of eligibility.

DEFINITION OF CATASTROPHIC SICK LEAVE DAYS FOR MEMBERS:

Catastrophic sick leave days from the Bank are those granted to a member who, through an unexpected, extended, critical illness; surgery; injury or other temporary disability due to injury, is unable to perform the duties of his/her position. In special cases catastrophic sick leave days may be granted for use with the illness of a family member. (See Section VII of the Catastrophic Sick Leave Bank Handbook at <http://www.saisd.org/Employment/LeaveInfo.asp>)

OPEN ENROLLMENT:

The open enrollment period for membership in the Bank is July 1 through September 30 of each year.

If you are not currently a member of the Bank and are eligible and wish to enroll, the three local sick leave days you must contribute for membership will be deducted at the end of October from your accrued leave, or leave to be earned this year. Upon receipt of your application, a confirmation of your membership and a handbook will be emailed to you.

MEMBERSHIP:

NAME: _____ ID# _____

I wish to enroll in the Catastrophic Sick Leave Bank.

I understand the Bank rules and benefits, and desire to participate by donating three of my accrued, or to be earned this year, local sick leave days to the Bank.

I understand after I enroll I will donate additional days only if the Bank days fall below two times the number of participating members or if I apply for and use granted days from the Bank.

I understand my donated days will be subtracted from my accrued, or to be earned this year, local sick leave days. I understand that donating three local sick days will reduce my local attendance incentive balance by three days. I also understand that if I leave employment with San Angelo ISD my membership in the Bank is canceled.

I do not wish to enroll in the Catastrophic Sick Leave Bank.

For Payroll & Benefits Office Use Only

Date Processed:

Authorization: