**BESPA-CA Sick Bank**

The Sick Leave Bank was established to grant additional sick leave days for employees suffering a personal disabling injury or illness. A disabling injury or illness is one which results in a continuous condition under the care of a physician. A physician's statement as to the nature of the disabling injury or illness and an estimate of the duration of the absence shall be submitted with a request to use the Sick Leave Bank.

Use of the Sick Leave Bank shall be administered according to the following provisions:

1. Days granted to an individual will come from a pool established by participating employees.

2. A participating employee becomes eligible only after s/he receives a full allotment of sick days at the beginning of the fiscal year.

3. An open enrollment period shall be established annually from June 1st to June 30th each year.

a. Each employee will donate two (2) days at the beginning of the fiscal year to become initially enrolled in the Sick Leave Bank. Thereafter the employee’s initial enrollment year employees shall donate one (1) day per year.

b. Employees shall remain a member of the sick bank until such time as a written notice is received from the employee indicating that they wish to remove themselves from participation in the sick bank.

c. Days donated to the bank become the property of the bank.

4. Upon request to use days from the Sick Leave Bank, the employee must furnish to the trustees of the bank, satisfactory medical evidence of his/her need for the days. The bank will then match one for one, up to the total accumulated sick and personal days accumulated by the employee at the start of his/her fiscal year.

5. The employee must exhaust all of his/her sick and personal days and all but five (5) vacation days prior to any Sick Bank days being used.

6. The maximum number of days any individual will be granted from the bank, in one fiscal year, is fifty (50)

days.

7. The maximum number of days allowed to accumulate in the bank shall not exceed four (4) times the total number of participating employees enrolled. If maximum is achieved at the beginning of the fiscal year, contributions will be postponed until the bank trustees deem it necessary.

8. If the pool of days diminishes to less than one half of the total number of bank members, the trustees of the bank can request an additional day be donated from the participating members.

9. There shall be three Trustees of the bank, two chosen by the Association President, and the third being the

Director of Personnel and Human Resources from BOCES or his/her designee.

10. BOCES will keep all records of employee days contributed, deducted and Sick Leave Bank totals through the Business Office. The liaison person will be the Association President.

11. The Sick Leave Bank shall not be available for use for elective surgery or maternity leaves unless unforeseeable complications arise.

**BESPA-C/A SICK LEAVE BANK ENROLLMENT FORM**

Employee’s Name:

Position: Location:

Supervisory Area:

I hereby apply for membership in the BESPA-CA Sick Leave Bank.

I agree to abide by all stipulations as set forth in the Sick Leave Bank Rules and Regulations (see reverse - Article

11, Section 2 of the BESPA Agreement).

I understand my initial contribution and subsequent assessments are non-refundable and non-transferable.

I understand that I will remain a sick bank member until such time as I cancel this authorization by written notice to the Sick Bank Board of Trustees to be effective on the following June 30.

I have read and understand the following rules and regulations of this policy:

• Eligibility - must be employed one (1) full year prior to open enrollment period.

• Open Enrollment - June 1-30 for participation effective July 1st of current year.

• Donation of Days - two (2) days at the beginning of the fiscal year (July 1st) for initial enrollment; and one (1)

day each year on July 1st thereafter.

• Donated Days - all days donated to the bank become the property of the bank.

• Cancel Membership - until employee submits written notice requesting to be removed from sick bank participation.

• Use of Sick Bank - Employee must exhaust all of their sick and personal days and all but five (5) vacation days prior to any sick bank days being used.

• Match Days - Sick Bank will match 1:1 days up to the total accumulated sick and personal days of the employee as of the first day of their current fiscal year.

• Medical Necessity - To protect employee privacy, medical verification need only be provided to the Human

Resources Committee representative who will verify medical necessity to the Sick Bank Committee.

• Maximum Days - Member will be granted a maximum of fifty (50) sick bank days in one (1) fiscal year.

**I hereby authorize deposit of two (2) days into the Sick Leave Bank the first year of enrollment, and one (1)day each year on July 1st thereafter.**

Signature Date

**BESPA-C/A SICK LEAVE BANK APPLICATION FORM**

Employee’s Name: Position:

Location**/**Supervisory Area:

Number of sick and personal days accumulated by the employee at the start of his/her fiscal year: (This number the Sick Bank will match, up to a maximum of 50 sick and personal days)

Date which your accumulated sick/personal/vacation days [all but five (5) vacation days] will expire: If necessary would you like your last five (5) vacation days included in these days? Yes No\_\_\_\_\_\_\_ Anticipated Return to work date: Number of days requested: \_\_ \_\_\_\_\_

Medical verification (for example, FMLA papers from your Certified Health Care Provider) must accompany this form for your request to be considered. *(To protect employee privacy, medical verification will only be provided to the Human Resources Trustee who will verify medical necessity to the Trustees of the Sick Bank.)*

Employee’s Signature **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Fax - 716-376-8452 or mail completed application and medical verification (FMLA papers) to*: *BESPA-CA Sick Bank Committee c/o Jennifer Bouldin***

***1825 Windfall Rd., Olean, New York 14760***

***The Trustees of the Sick Bank will convene on your behalf, and you will be notified of the outcome.***

**Following Section to be completed by Human Resources Trustees**

Medical verification submitted to Human Resources Trustees on (date): Request for Sick Bank Days is for a legitimate medical condition of the employee: Yes No

**Signature of Trustee: Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Following Section to be completed by Sick Bank Trustee**

Date Application Received: Application: Approved Denied \_\_\_\_\_\_

\_\_

Number of Days Approved: Start Date: End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Signature of Trustee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Trustee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**