

Catastrophic Sick Leave Bank

Enrollment

The catastrophic sick leave bank (CSLB) is a pool of local sick leave days established on a voluntary basis by full-time District staff members and those employed specifically for half-time positions to be used by any member of the bank who has exhausted all paid leave benefits including vacation time and non-duty days. Sick leave bank days may be used by a member for their own catastrophic illness or injury or for the catastrophic illness or injury of a member of that employee's immediate family.

Eligibility

All full-time staff members of the District who have five days, and half-time staff members who have 2.5 days, of accumulated local sick leave as of the first day of their employment for the current year, are eligible for initial membership in the CSLB. Full-time status requires that a person work a minimum of 30 hours per week (120 hours per month).

Membership

To be a member of the CSLB for one school year, a staff member will contribute one day of local sick leave.

An eligible staff member will annually renew membership in the CSLB by making a one-day contribution on the appropriate form during the annual open enrollment period.

Eligible staff members may join the CSLB during the first 31 days following their date of employment.

Catastrophic Illness

A catastrophic illness or injury is a severe condition or combination of conditions affecting the mental or physical health of the employee that requires the services of a licensed practitioner for a prolonged period of time and that forces the employee to exhaust all leave time earned by the employee and to lose compensation from the District. Such conditions typically require prolonged hospitalization or recovery or are expected to result in disability or death. Complications resulting from pregnancy shall be treated the same as any other condition.

Application Process

Request

Applications for use of the CSLB will be made on the required form and submitted to the CSLBC through the human resources division.

All requests to draw upon the CSLB must be accompanied by the physician's statement on the form provided by the CSLBC confirming the cause of illness, injury, or confinement and certifying the existence of a disability to perform assigned duties. The physician must personally sign the form. The CSLBC will not honor any physician's statement unless it is on the official physician's statement form provided by the CSLBC.

Each separate application for a grant from the CSLB must include a new physician's statement on the appropriate CSLB form.

All requests to draw upon the CSLB will be made within 90 days of the staff member's use of his or her last sick leave day.

An applicant may submit a request for an extension of a CSLB leave grant before the original grant expires by using the regular CSLB Request Form accompanied by the newly signed physician's statement.

Committee for CSLB

The CSLB will be administered by a catastrophic sick leave bank committee (CSLBC) representing Administrative, Professional Support, and Child Nutrition Staff.

The CSLBC will have the responsibility of approving membership, receiving requests for use of the CSLB, verifying the validity of requests, recommending approval or denial of the requests, and communicating its decision to the member and to the Payroll Department.

The Superintendent, with the advice of principals/department heads, will appoint the CSLBC.

A simple majority vote will be required for a request to be approved by the CSLBC.

Appeal

An employee may appeal a decision regarding the sick leave bank in accordance with DGBA(LOCAL), beginning with the Superintendent or appropriate administrator.

CLSB Form

[Catastrophic Leave Request Form_23-24](#)

