

Step by Step Instructions Sick Leave Bank Madison City Schools

Below you will find a step by step set of instructions to the Sick Leave Bank. All forms are located on the intranet. The link is below:

https://www.madisoncity.k12.al.us/Page/2204

Once you click on the link, you will need to log in with your network log in. The sick leave information is on the left hand side of the page.

1. Make sure you are a member of the Sick Leave Bank.

An employee may only **join during open enrollment**, **July 1-September 10**. Complete the *Authorization for Sick Leave Participation* form and return to Daphne Jah, Personnel Department. **You do not have to join Sick Leave Bank every year. Once you have joined you are automatically members until you resign from the bank**.

W 🚽 🤊 - 🖸 🖛	_	Authorization for Sick Leave Bank Part	icipation [Compatibility Mod	de] - Microsoft Word			- 0 - X -
File Home Insert Page Layout	References Mailings	Review View					۵ (3)
Paste → Format Painter → 20 B I U → abe		⊟・⊟・╦╴╪╪╵┪╵¶ ≣≣≣≣∣╪╵塗・⊞・	AaBbCcI AaBbC Emphasis Heading 1	1 Normal Strong	Subtitle Title	AaBbCcI	A Find ≠ a Replace Select ▼
Clipboard 🕞	Font 🕠	Paragraph 😪		Style	s	19	Editing
	Author	<u>Madison</u> ization for Sick Lea	<u>City Schools</u> ve Bank Par				- - - - - - - - - - - - - - - - - - -
			ve Dank I ar	incipation -			
	Name: Last	First	Middle				
	School:						
	Position:						
	××	I wish to become a member hereby authorize that three account be placed in the B	e (3) days from m	A CONTRACT OF CONTRACTOR OF CONTRACTOR	leave		
		I wish to become a member 3) days in my account to be	come a member.				* ±
Page: 1 of 2 Words: 106 🕉	next three	days earned to be placed in	the Bank			100%	÷
📀 ⋵ 🔚 🖸 (o 🕵 🖪					* 🐚 🗎	.ul () 1:50 PM 6/10/2014

2. For a short term illness, you may borrow up to 15 days from the Sick Leave Bank. You must complete the form, *Application for Leave from the Sick Leave Bank*, and return to Daphne Jah in the Personnel Department. It has to be approved by the committee and sent to payroll.

🔁 Appli	ication to Borrow Leave.pdf - Adobe Reader					
File Ec	dit View Window Help	×				
I	🔁 🕼 🏟 🗎 🖶 🖂 💿 🖲 1 /1 📼 🕂 1445 🔽 🔚 🔛 🔗 🕼 🖉	Tools Sign Comment				
C)	Madison City Schools Application for Leave from the Sick Leave B	ank				
	Name: Employee I.D. #					
	Position: Social Security #					
	School/Work Site:					
	Employee's Immediate Supervisor:					
	Amount of Leave Requested: (not to exceed 15 days)					
	Effective Date Leave is Needed:					
	Reason for Requesting Leave: (use second sheet of paper if necessary)					
1		▲ 🎼 🖬II (I) 1:54 PM				

3. If you have a long term illness, you may apply for catastrophic leave.

A. You must use all sick leave, personal leave and vacation accrued; then you must borrow 15 days from the Sick Leave Bank (complete the *Application for Leave from the Sick Leave Bank*).

B. Apply for catastrophic leave. You may obtain and complete the request for catastrophic leave as well as attach a statement from your doctor. ****IMPORTANT**** the doctor's statement must have specific dates you are requesting to be off as well as the reason. It is imperative that the statement have a beginning date and an ending date. The doctor may state that you need to be off from work, for example from Oct 10 and may return to work in 6-8 weeks or he/she may have a specific return date, both examples are acceptable. However, if there are no dates, the forms will not be sent for approval by the committee. They will be returned until a letter with the specified dates is received.



4. Once you are approved for catastrophic leave, employees within our system and outside our system are eligible to donate days to you. **They must be a member of the sick leave bank.** In order to donate days, the employee must complete the *Catastrophic Sick Leave Transfer Authorization* form.

time have highlight feleries	Catalogue SC Line Transfer & Monoral on Comparising Monor, Monoral Scott 1 Manager Research	100		
The line function for the state of the state	Andre S E E S B B B S Addre S Addre	ALTER -		
Distant	A Transform in the state of the	h) three		
	MADISON CITY SCHOOLS	1.0		
	CATASTROPHIC SICK LEAVE TRANSFER AUTHORIZATION You must be a member of the Sick Leave Bank to donate days.			
(Hease type on priori legisty)				
	BENEFICIARY NAME			
	PONTION:			
	SCROOL/WORK SITE_			
	DONOR NAME:			
	SCHOOL/WORK UTE:			
	I semoniae the transfer of sick leave days from my accumulated sick leave to the Disacter of Anyi Disacter of Anyi bracking manned show. Tundermand these days will not be reterned to use unless the beneficiary does not use them.			
	DONOR'S SIGNATURE DATE	-		
Per Luis Anna Lit 3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a - 1		
😰 e 🔚 🗉 🚳 🛙	2 P W	B -4 4 SOTINA		

5. You may resign from the sick leave bank at any time. Just complete the *Notice of Resignation from the Sick Leave Bank* form.

W 日 ラ・ゼ =	Resignation from Sick Leave Ban	k [Compatibility Mode] - Microsoft Word	
File Home Insert Page Layout	References Mailings Review View		۵ 🔞
Paste ▼		AaBbCcI AaBbCcI AaBbC AaBbC AaBbC AaBbC Normal % No Spaci Heading 1 Heading 2 Title Subtri Styles	cI AaBbCcI Change subtle Em 7 Styles to Editing
	Madison	City Schools	rija National de la constante de La constante de la constante de
	Notice of Resignation	from the Sick Leave Bank	
	Employee ID#	Date	
	Name		
	CityStateZip Co		8
	I hereby terminate my participation in the Madiso days on deposit in the SLB be returned to my pe	on City Schools Sick Leave Bank and request that rsonal sick leave account.	
	Signature	Date	
	Please note:		
	 One (1) copy of this form must be sent to the chairper Schools. 	son of the Sick Leave Bank Committee, Madison City	
	2) One (1) copy of this form must be sent to the Madison	City Schools Payroll Office.	
	3) One (1) copy should be retained for the employee's re	cords.	
			*
			0
Page: 1 of 1 Words: 126			¥ ■ □ □ 2 = 100% - ↓
	🦻 💽 💽	And the second second	▲ No. ● 2:39 PM 6/10/2014

If you have any questions, please do not hesitate to email or call Dr. Daphne Jah in the Personnel Department.

****IMPORTANT****All forms should be emailed or sent through interoffice mail to Dr. Daphne Jah; upon approval from the committee the paperwork will be sent to Central Office.