



Step by Step Instructions

Sick Leave Bank

Madison City Schools

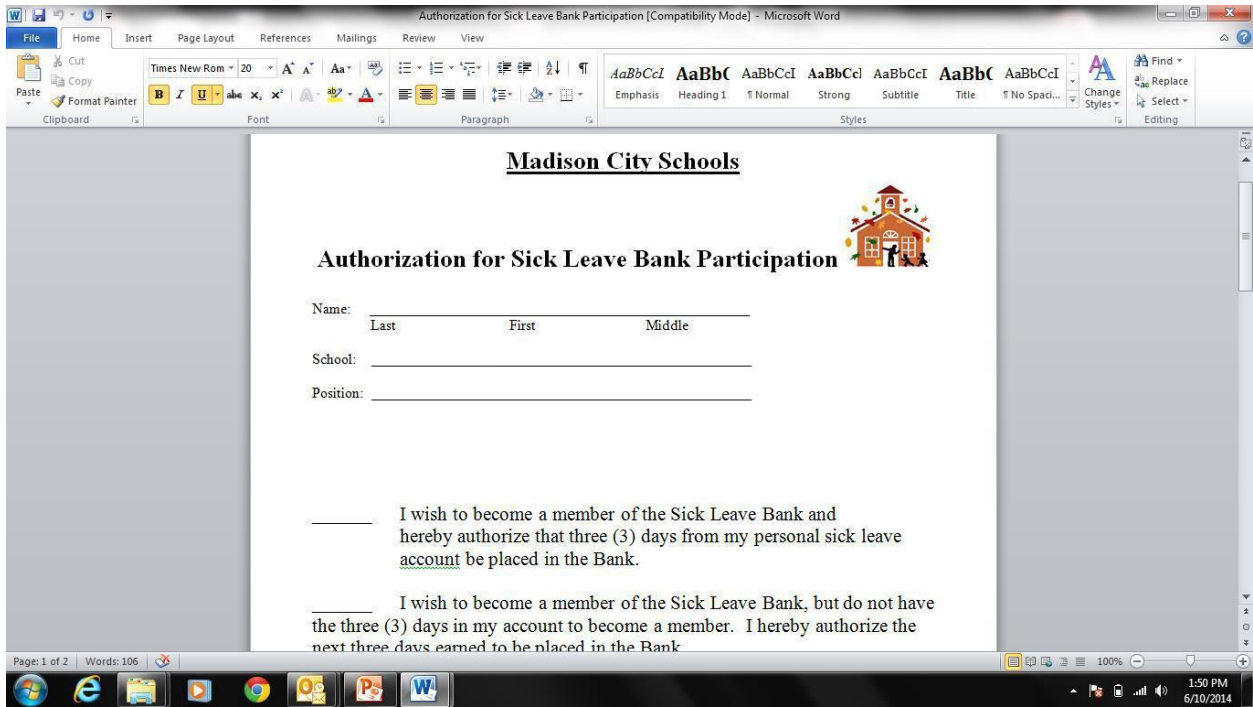
Below you will find a step by step set of instructions to the Sick Leave Bank. All forms are located on the intranet. The link is below:

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

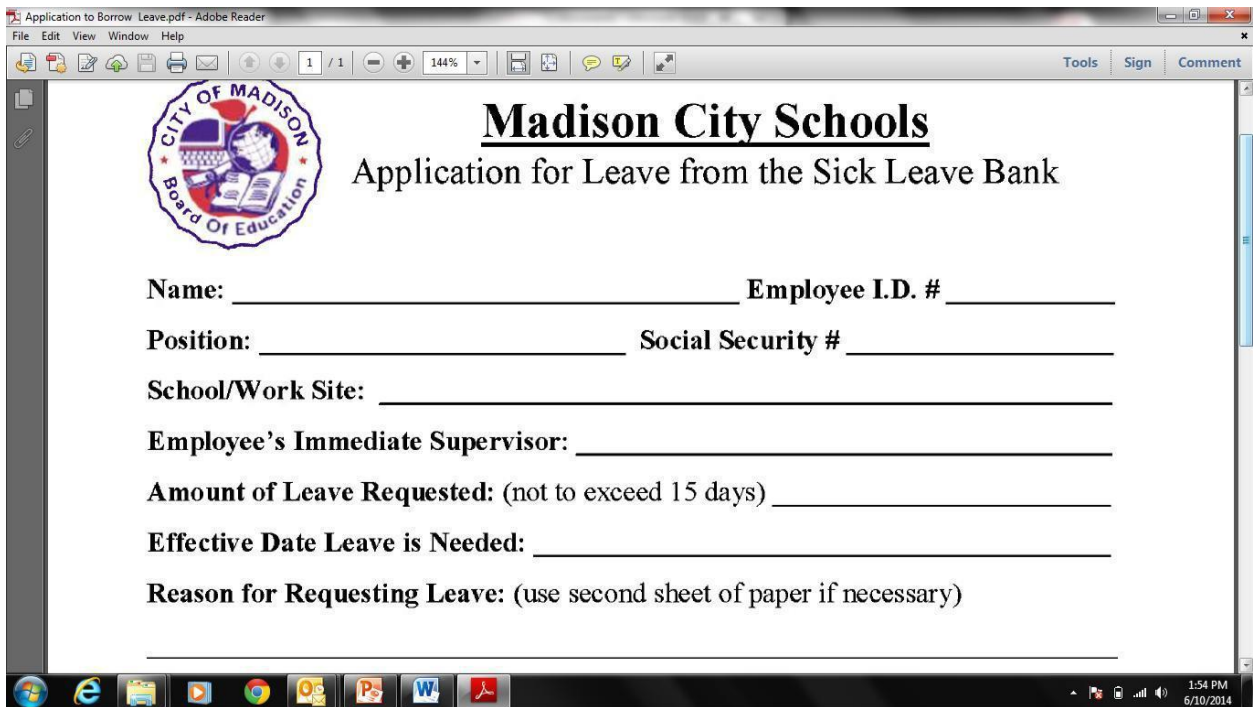
Once you click on the link, you will need to log in with your network log in. The sick leave information is on the left hand side of the page.

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, West Madison Elementary. **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.**



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 West Madison. It has to be approved by the committee and sent to payroll.



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.

The image shows a screenshot of a PDF document titled "catastrophic leave form.pdf - Adobe Reader". The document is a form for "Madison City Schools Catastrophic Sick Leave Request". At the top, it says "(THIS FORM MUST BE TYPED)". The form includes the following instructions:

With This Request You MUST provide the Following:

- A statement from a licensed physician stating:**
 - you have an illness or injury which causes you to be absent from work for an extended period of time, and
 - the expected period of time the physician expects that you will be unable to work
- A Catastrophic Sick Leave Transfer Authorization form(s) with the following sections completed: (One form must be completed on each donor)**
 - donor information
 - beneficiary information
 - donor's employer authorization - payroll

Below the instructions, there are fields for "Name:" (Last, First, Middle) and "Home Address:" (Home Address, Home Phone#). The form is displayed in a window with a toolbar and a status bar at the bottom.

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.

The image shows a screenshot of a Microsoft Word document titled "Catastrophic Sick Leave Transfer Authorization (Competency Work)". The document is from Madison City Schools and contains a form for transferring sick leave days. The form includes fields for beneficiary name, position, school/worksite, donor name, employee number, and position. It also has a section for the donor's signature and date.

MADISON CITY SCHOOLS
CATASTROPHIC SICK LEAVE TRANSFER AUTHORIZATION
You must be a member of the Sick Leave Bank to donate days.

(Please type or print legibly)

BENEFICIARY NAME: _____
POSITION: _____
SCHOOL/WORK SITE: _____

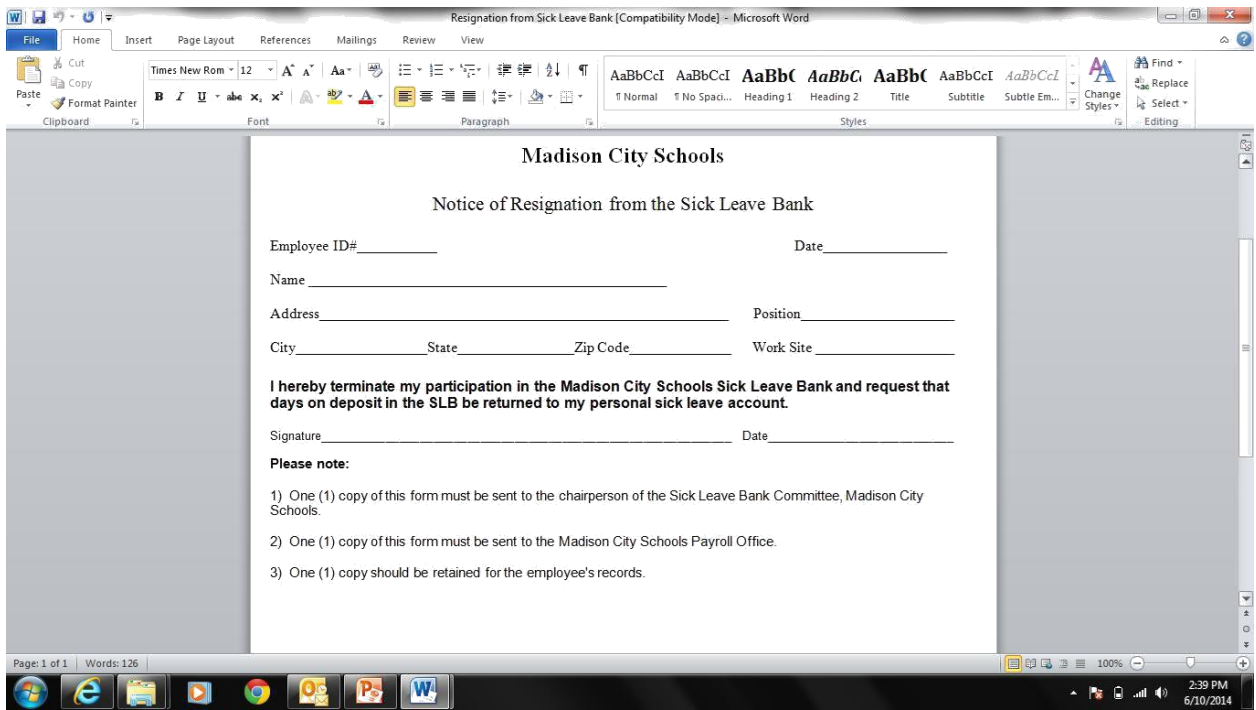
DONOR NAME: _____
EMPLOYEE NUMBER: _____ POSITION: _____
SCHOOL/WORK SITE: _____

I authorize the transfer of _____ sick leave days from my accumulated sick leave to the beneficiary named above. I understand these days will not be returned to me unless the beneficiary does not use them.

DONOR'S SIGNATURE

DATE

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



If you have any questions, please do not hesitate to email or call Dr. Daphne Jah West Madison Elementary.

****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.