



## JUDSON INDEPENDENT SCHOOL DISTRICT SICK LEAVE BANK

### Purpose:

The purpose of the Sick Leave Bank is to provide additional sick leave days to members of the Bank who have exhausted all of their accumulated state and local sick leave. Days may be requested in the event of a member's catastrophic (life-threatening) illness or injury.

### Definition of Catastrophic Illness:

An illness of a life-threatening nature, not a mere passing disorder or temporary ailment requiring treatment by a physician and hospital admittance. Although some degree of permanence is usually involved, the disease need not necessarily be incurable or permanent. Examples of illness which qualify for benefits of the program include, but are not limited to: Cancer, Heart Disease, Multiple Sclerosis, Stroke and Muscular Dystrophy.

### Definition of Non-Catastrophic Illness:

Pregnancy and delivery will not be considered a catastrophic illness covered under this Sick Leave Bank except when unusual complications occur.

### Eligibility:

All Judson ISD employees who work a minimum of (20) twenty hours per week and who earn sick leave are eligible for Sick Leave Bank Membership.

### Enrollment:

Contribute one day (8 hours), of your local sick leave.

### Enrollment Period:

The enrollment period for current employees shall be during Benefits Open Enrollment to take effect January 1st. New personnel may join within 30 days of employment.

### Applying for Sick Days:

If you are a member, and you have an unexpected critical illness or injury, you may submit a request for days from the Bank. Forms may be obtained from the Employee Services Office and should be submitted prior to exhausting state and local leave.

### Limitations:

- No more than (20) twenty sick days per year may be granted.
- The illness or injury must necessitate an absence from work of (5) five consecutive days or longer.
- The condition which necessitated the request for days from the Bank must have been unknown to the employee at the time the employee applied for membership to the Bank.

### Granting Sick Leave Days:

The governing Committee meets to review a submitted request for days from the Bank. If approved, the Committee determines the number of days granted, and the Chairperson of the Committee processes the application and forwards it to Payroll.

The employee is notified within (15) fifteen working days after the Committee receives the request.

If the request is denied, the member may file a written appeal within (10) ten working days of receiving the Committee's decision, requesting to appear in person before the Governing Committee.

***For questions concerning the Sick Leave Bank, please contact Employee Services at 945-5620.***

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8012 Shin Oak Drive • Live Oak, Texas 78233-2457 • (210) 945-5100 • [www.judsonisd.org](http://www.judsonisd.org)

It is the policy of Judson Independent School District not to discriminate on the basis of age, race, religion, color, national origin, sex, marital or veteran status, disability (or relationship or association with an individual with a disability), genetic information or other legally protected status in its programs, services or activities as required by Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; and Section 504 of the Rehabilitation Act of 1973, as amended. In addition, the District also provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding non-discrimination on the basis of disability: Director of Guidance and Counseling. The following person has been designated to handle inquiries regarding compliance with Title IX and all other non-discrimination policies: Executive Director of Human Resources.  
8012 Shin Oak, Live Oak, TX. 78233. (210) 945-5101.



JUDSON INDEPENDENT SCHOOL DISTRICT

Employee Services Department

## JUDSON INDEPENDENT SCHOOL DISTRICT SICK LEAVE BANK MEMBERSHIP FORM

(Please type or print)

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

Employee Name: \_\_\_\_\_  
Last Name First Name Middle Initial

Employee ID: \_\_\_\_\_ Campus/Department: \_\_\_\_\_

Date of Employment: \_\_\_\_\_ Position: \_\_\_\_\_

(Check One)

**Request for Membership:**

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I am requesting membership in the Judson Independent School District Sick Leave Bank. In so doing, I authorize the contribution of one of my local sick leave days to the Sick Leave Bank. I am a full time employee (20 hours or more per week and who earns sick leave) and am therefore eligible to join. An employee desiring to join for the current school year must be able to earn at least one day of local sick leave from the time of his/her employment until the completion of his/her total number of days of work at the end of the school year.

**Decline Membership:**

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I decline membership in the Judson Independent School District Sick Leave Bank. I understand that by declining I am ineligible to use days from the Bank.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Enrollment Period – Date Effective

The enrollment period for current employees shall be during Benefits Open Enrollment to take effect January 1st. New employees may join within 30 days of employment with effective date beginning with their first day of work.