

Appendix H - UESF Sick Leave Bank

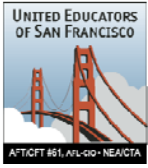
PURPOSE: The catastrophic Sick Leave Bank (hereafter referred to as the "Bank") is a resource to provide relief to those classified employees represented by UESF who have suffered catastrophic illness or injury that has created a financial hardship. All entitled sick leave and extended sick leave and/or any other paid time needs to be exhausted prior to application for sick leave from the Bank. A catastrophic illness or injury is one which is certified by the attending physician (1) to be life threatening, (2) which will last for at least 30 days, and (3) which prevents the unit members from properly performing his/her District duties. Participation in the Bank is on a voluntary basis.

ELIGIBILITY FOR PARTICIPATION:

1. All classified members of the bargaining unit represented by UESF shall be eligible to be donors or recipients governed by the conditions listed below. Unit members who do not contribute during such open enrollment period may not participate in the Bank, and may not contribute until the next open enrollment period.
2. **Donors:**
 - a. The classified donor must have a minimum of 40 hours in his/her sick leave account after the donation is made.
 - b. The donor shall either (1) designate that the donation is deposited in the common account to be used as determined by the Committee or (2) specify the recipient of the donation.
 - c. The open enrollment period will be from the first day of school through the 10th of October and February 14th through March 15th.
 - d. A donation from a Bank participant to an individual may be made as the need arises.
 - e. In order to join, a unit member must donate at least five (5) sick leave hours to the Bank. A donation to a specific individual can only be made by those unit members who are members of the Bank. Any unused specific individual donations revert to the Bank.
3. **Recipient:**
 - a. The recipient must have exhausted all paid leave to participate in the Bank.
 - b. The recipient must complete an application for Bank participation. Such application shall include medical reports certifying the nature of the illness/injury.
 - c. A classified recipient may receive no more than the number of regularly scheduled hours worked daily times 100 from this Bank in any school year.
 - d. Upon receipt of completed applications, processing should be done within 10 business days.
4. **Governing Committee:**
 - a. The catastrophic Sick Leave Bank Committee (hereafter referred to as the "Committee") shall be established. It shall be made up of no more than 4 members (certificated and classified representatives) appointed by UESF and 1 member appointed by the District.
 - b. The District representative shall be responsible for processing completed applications and presenting them to the Committee.
 - c. The Committee shall determine which employees of those medically certified to have a catastrophic illness or injury shall be entitled to receive leave from the Bank. The District representative shall vote only in the case of ties.
 - d. The decision of the Committee may be appealed within 10 days of notification of denial. The appeal shall be to the Executive Board of the UESF which will consider a decision on the appeal at their next regularly scheduled meeting.
 - e. The District and UESF shall share in the cost of printing appropriate application and donation forms. Also, the District and UESF agree to review and evaluate the operation of the Bank at the end of each school year to assess the feasibility of its continued operation.
 - f. The District and UESF shall instruct their appointees to the Committee to make a good faith effort to maintain confidentiality regarding donations and utilization of the sick leave contemplated herein. However, there shall be no liability or recourse if said confidentiality is not maintained.
 - g. The members receiving Workers' Compensation benefits for industrial illness or injury shall not be entitled to Bank benefits, as described herein.
 - h. The Committee may request that an applicant for Bank apply for permanent disability retirement in lieu of the leave provisions described herein.
5. **Establishment of the Bank:**

The Bank shall be considered operational when all of the conditions listed below have been satisfied:

- a. The Committee has been appointed.
- b. Members of the bargaining unit have notified by UESF of the Bank policies and procedures.
- c. The Bank is in receipt of 1020 hours of donated classified sick leave to establish the common account in the Bank. The Bank must maintain a 486 hours reserve to be considered operational.



**SAN FRANCISCO UNIFIED
SCHOOL DISTRICT**
Classified
Donor's Sick Leave Transfer Form



DONOR CONDITIONS:

- Donor must retain at least 40 hours of sick leave after the donation is made.

TRANSFER CONDITIONS:

- Marital Status Declaration or Spousal/Domestic Partner Consent must be completed below.
- All donations are irrevocable.
- Donations are subject to the UESF/SFUSD Paraprofessionals Contract.

1. I have read and do understand the above conditions

- I wish to become a member of the Sick Leave Bank and donate _____ sick leave hours to the SFUSD/UESF classified Sick Leave Bank.
- I am already a member and wish to donate _____ additional sick leave hours to the SFUSD/UESF classified Sick Leave Bank.
- I am already a member and wish to donate _____ sick leave hours to _____.

Individual's Name

2. I declare under penalty of perjury that I have not and will not solicit or accept any compensation, directly or indirectly, for sick leave hours that I am transferring. I further declare that I am transferring the sick leave hours of my own free will and not under threat or coercion by any individual.

Donor's Name (Print Name) Donor's Signature Date

Donor's Employee Identification Number Donor's Work Location

3. **SPOUSAL/DOMESTIC PARTNERSHIP/CONSENT OR MARITAL STATUS/DOMESTIC PARTNERSHIP/DECLARATION**

I, _____, declare under penalty of perjury that:
Print Name

I am the legal spouse/registered domestic partner of _____.
Print Donor's Name

I have been informed of my spouse's/domestic partner's transfer of sick leave as an irrevocable donation to a Sick Leave Bank for use by catastrophically ill classified employees of the SFUSD and I hereby consent to this transfer by my spouse.

Spouse/Domestic Partner Signature Date

-OR-

I, _____, declare under penalty of perjury that:
Print Name

- I am not married and do not have a registered domestic partner.
- I do not know, and I have taken all reasonable steps to determine, the whereabouts of my current spouse or domestic partner.
- I and my current spouse or domestic partner have executed an agreement which makes my earnings my separate property.

Donor's Signature Date

Donor: Please keep a copy for your records and send the original directly to the attention of the Labor Relations, SFUSD, 555 Franklin Street, 3rd Floor, San Francisco, CA 94102.