

APTA Sick Leave Request for Usage

Employees who wish to apply for assistance from the sick leave bank shall complete and submit a Sick Leave Request for Usage form and submit to APTA. Sick Leave Bank Assistance Applications are available upon request from the APTA Board members, the WCSD Human Resources Department or on the APTA web site wcsdapta.org.

Must be a Sick Leave Bank member for at least thirty (30) days prior to use of the Sick Leave Bank.

The application must include a doctor's diagnosis/prognosis and explanation of inability to work, submitted from the treating physician on a monthly basis.

The APTA Sick Leave Bank Committee shall review the employee's sick leave bank application, physician's certification and sick leave account and usage.

The APTA Sick Leave Bank Committee shall forward its decision to the APTA Board. The decision of the APTA Board is final and is only subject to review through the internal structure of the APTA.

Any sick leave which an employee receives from the sick leave bank, which was not used at the time the illness or disability ceased to exist or upon resignation or termination of the employment of the employee, shall be returned to the sick leave bank.

The Maximum number of days that may be utilized by the APTA from the sick leave bank in one year is 225.

The maximum amount of days that may be withdrawn from the Bank by an individual is limited to seventy-five contract days in a school year. If an individual withdraws days from the bank for a serious illness or disability and subsequently suffers from another illness the Sick Leave Bank may consider another withdrawal even though the illness may not be considered a long-term or disability. The maximum allowance for additional day(s) without going into the long-term illness or disability will be five (5) days and the need for these days must occur within the same school year as the long-term or disability occurred.

In the event that requests collectively exceed the 225-day limit in a given year, an appeal for additional days may be made to the Superintendent by the Association.

No one member may receive more than 190 days lifetime total for the Sick Leave Bank.

An Employee who receives sick leave from the sick leave bank is entitled to payment for the leave at a rate no greater than his/her current daily rate of pay.

DEFINITIONS

The term "year" for purposes of the procedure shall be defined as the school year – July 1 through June 30 for year round employees and September 1 through August 31 for the remaining employees.

The term "day" for purposes of this procedure shall be defined as the contracted day of the employee. (i.e., a half day teacher would be entitled to receive 75 half days maximum.)

PURPOSE

The Association of Professional and Technical Administrators have understood and accepted that this Bank is to assist employees who have profound long term illness or disabilities and who have exhausted their sick leave, administrative leave, and vacation day's accumulation.

ELIGIBILITY

All employees covered by the Negotiated Agreement of the Association of Professional and Technical Administrators may become members of the Sick Leave Bank by voluntarily contributing one (1) sick leave day for the establishment and operation of the Bank.

Sick Leave Bank Enrollment forms can only be accepted during the open enrollment period of September 1st through October 5th. The exception is for new hires that shall have 30 days from their employment date in which to enroll.

An employee who withdraws from the Sick Leave Bank may not be reimbursed for the sick leave days already contributed.

Only individuals who have contributed to the bank are eligible to receive assistance from the sick leave bank.

If the total number of days in the Sick Leave Bank is less than 100, the Association will inform the Sick Leave Bank membership that a special assessment of one (1) sick leave day per member will be made in the month of July.

Any employee who retires from the District may elect to donate one (1) additional day at the time of his retirement from his remaining accumulated sick leave.

ASSISTANCE

Employees must have exhausted their sick leave, administrative leave, and vacation day's accumulation.

Employees who wish to apply for assistance from the sick leave bank shall complete and submit a Sick Leave Assistance Application to the APTA Board.

Responsibility for determining who shall receive days from the Sick Leave Bank rests exclusively with the Association. The Association holds the District harmless in the *event* of any action by an employee relative to use of the bank.

Those employees enrolled in the Bank will automatically continue their participation from year to year unless they notify the Association in writing of their intent to withdraw from the Bank. Such withdrawal from the Bank must occur during the enrollment period and will not result in re-instatement of the time contributed to the Bank.

At the end of each fiscal year, all days in the bank will be carried over to the next fiscal year.

For complete information pertinent to the Sick Leave Bank please see The Negotiated Agreement between the Association of Professional and Technical Administrators (APTA) and the Washoe County School District (WCSD). Article 12.5

[NOTE: The APTA and the Washoe County School Principals' Association (WSPA) have agreed to share and administer having equal access to the employees' Sick Leave Bank (See Appendix F)].

ASSOCIATION OF PROFESSIONAL-TECHNICAL ADMINISTRATOR'S
SICK LEAVE USAGE FORM

Your request to use the Sick Bank will be reviewed by the APTA / WSPA Sick Bank Committee for approval after all requirements are met as pertaining to Sick Leave use in the APTA Negotiated Agreement – ARTICLE 12.5.

Employee's Name: (Please type or print)

Last	First	MI
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Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Work Phone: _____

Email Address: _____

Position: _____ School/Site Location: _____

I acknowledge that I have exhausted all of my accumulated Paid Leave (Sick, Vacation, Admin., etc.) as of _____.

I am requesting a total of _____ Days, from the APTA / WSPA Sick Bank to begin _____.

A doctor's diagnosis/prognosis and explanation of inability to work, submitted from the treating physician is required on a monthly basis.

Signature	Date
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Please return signed form to: APTA SICK BANK COMMITTEE

For Committee Use Only:

Approved: _____ Date: _____ Not Approved: _____ Date: _____