

Guidelines for Sick Leave Bank Loans

PLEASE CAREFULLY READ THE FOLLOWING GUIDELINES REGARDING SICK LEAVE BANK LOANS.

1. Any full-time employee of the Jefferson County Board of Education possessing five (5) days of earned and accumulated sick leave shall be eligible to participate in the Jefferson County Sick Leave Bank.
2. In order to participate, an employee must first enroll in the Bank on the application form developed by the committee. A new employee may enroll by applying within thirty (30) days of the effective date of employment. Current employees who are not members of the Sick Leave Bank may enroll during open enrollment. The open enrollment period will be held for thirty (30) days from the first teachers' workday of the year. (See *Jefferson County Board of Education Sick Leave Bank Committee Rules and Regulations* for complete guidelines.)
3. **Please note that you are not required to submit this form if you have a positive balance in the Sick Leave Bank and you wish to borrow from the five days you initially deposited. Furthermore, you are not required to submit this form if you have a negative balance and are only requesting up to one day in the payroll months that you earn one sick day. The payroll staff accountant will advance these days as they are needed.**
4. A member of the Sick Leave Bank who wishes to borrow sick days from the Bank shall complete a loan application form and shall submit the completed form to Karen Copeland in the Human Resources Department. An employee may accrue a negative balance of 10 sick days without receiving a reduction in pay. Negative balances beyond 10 days will result in the value of the days being deducted from the employee's monthly paycheck. The value of each sick day owed is calculated by using the daily rate of pay appropriate for the participating employee. All requests to borrow days will be subject to review by the Sick Leave Bank Committee.
5. **Sick Leave Bank Loan applications must be submitted on or before the payroll service report due date of the applicable pay period. If the form is not submitted to Human Resources by the stated deadline, your pay will be docked for each day requested at your daily rate of pay and cannot be reversed without approval from the Sick Leave Committee.**
6. **In order to receive donated days from other members of the sick bank, you must be approved for a catastrophic leave as defined in the Jefferson County Board of Education Sick Leave Bank Committee Rules and Regulations.**
7. If a participating employee is incapacitated, an application for a loan from the Sick Leave Bank may be submitted on his or her behalf by the agent or a member of the immediate family of such employee.
8. Any participating employee who resigns, who is terminated, or who is otherwise separated from employment with an outstanding loan from the Sick Leave Bank shall reimburse the Bank for the outstanding loan. In order to reimburse the Bank, the employee shall automatically have the value of said loan deducted from the employee's final paycheck. Upon reimbursement, an equivalent number of sick leave days will be restored to the Bank. The value of each sick day owed and deducted from the employee's last pay check shall be calculated by using the prevailing daily rate of pay appropriate for participating employee.
9. Outstanding loans of sick leave days shall be repaid by borrowing employees as sick leave days are accrued, except in case of an employee's resignation or other separation of employment addressed elsewhere in these rules and regulations. Sick days may only be repaid through accumulation or through financial reimbursement as outlined in state law, Board policy and elsewhere in these rules and regulations.

JEFFERSON COUNTY BOARD OF EDUCATION
SICK LEAVE BANK
APPLICATION FOR LOAN

Employee's Name _____ Employee Number _____

School or Office Work Site _____ Date _____

Number of Days Requested from Sick Leave Bank _____

Effective Date of Request:
Beginning Date _____ Ending Date _____

Reason for Leave Request (Brief) _____

I have reviewed the Guidelines for Sick Leave Bank Loans on the reverse side of this form.

Signature _____

For Use by Sick Leave Bank Committee (Do Not Write in this Area)	
_____ Original Request	_____ Number of Days Awarded by SLB

*Signature of SLB Committee Chairperson (or Designee)	Date _____
_____ Copy Sent to Human Resources Department	
_____ Copy Sent to Payroll Department	_____ Copy Sent to Applicant
*Approved pending verification of available days. As a member of the Sick Leave Bank, it is your responsibility to be fully aware of your sick leave balance.	

Send this Application to: Human Resources
Jefferson County Board of Education
2100 18th Street South
Birmingham, AL 35209

Attention: Karen Copeland

FAX # - 205-379-2255

THIS FORM MUST BE COMPLETED TO BORROW DAYS FROM THE SICK LEAVE BANK.