

Taylor Federation of Teachers Central Sick Bank Guidelines

Central Sick Bank (CSB) is addressed under Article XIII, Section B1a, of the T.F.T. Contract. The CSB has been established for the purpose of supplementing the accumulated and available sick days of Taylor's teachers who have either through illness or accident exhausted all sick days in his or her personal bank. **The Bank is not to provide automatic sick days for every teacher who exhausts his/her personal bank.** The Bank is to be used only under the specific conditions outlined herein. The Central Sick Bank Board shall approve applications for CSB days only under the following conditions:

1. Application:

- a. An application must be completed by each applicant.
- b. Applications may be obtained from the TFT office.
- c. Application must be filed within 60 days of the last personal sick day used.
- d. Applicant must be in a position such that the member would regularly donate a sick day to fulfill the cap of the CSB.

2. Applicant must:

- a. Be out of work as a result of personal illness or injury for a minimum of ten consecutive days.
- b. Have exhausted all personal accumulated and available sick days.

3. Only catastrophic cases shall be eligible for sick bank use; e.g. heart attack, stroke, accident involving lengthy hospital internment, cancer, emergency surgery, reasonable convalescence, etc.

- a. Catastrophic: an illness or accident which could result in permanent impairment or death.
- b. Mental Illness: Withdrawal from CSB may be allowed if the following verified criteria exists: hospitalization or out treatment for illness in question and if, upon release, is seen a minimum of twice a week by a licensed mental health care provider. Maximum withdrawal may be up to forty days. A request for an extension beyond forty days will be considered in cases where the circumstances warrant such an extension.

c. Elective surgery shall not be eligible.

- d. A member may withdraw up to 100 days during his/her lifetime from the Central Sick Bank without reimbursement. Withdrawal from the CSB for a single event is limited to 100 days. "Event" means an injury, illness or sequel. A member may apply for additional withdrawal which may be granted if:

1. the member has previously withdrawn 100 unreimbursed days from the CSB,
2. is otherwise eligible, and
3. the request is not based on the same event for which days were ever previously withdrawn.
4. Members withdrawing additional days must agree to repay 25% of the days withdrawn. Payment is made by crediting five (5) days per year from the member's personal sick leave bank to the CSB until paid. Withdrawal of additional days is limited to 100 days per event.

5. Cases of chemical dependency treatment shall be eligible for use of the CSB during the period of verified continued involvement in a treatment

6. Verification for b and c above shall consist of dates and times scheduled attendance at scheduled sessions, prognosis of treatment and necessary evidence for continued treatment. All verification shall come from the professional involved and be sent directly to the TFT office.

5. CSB Board shall:

- a. Be established and composed of at least five TFT members. The president shall solicit members in the same manner other committees are formed.
- b. Meet within five days of receipt of an application to review said application.
- c. Demand such information as is necessary to assure the validity of any claim.
- d. Evaluate each application upon its own merit.
- e. Investigate all information relative to improper use of the bank.
- f. Reject any fraudulent, improper or otherwise defective claim. The recommendation for the CSB Board to the Superintendent shall include the initial application, the attending physicians' statements and a promissory note stating in the event the applicant is found to have been gainfully employed, full or part-time, he/she shall reimburse any monies paid out of CSB during that employment. The district shall then reimburse the CSB the said number of days. The applicant's seniority will be adjusted according to the number of days worked in the other employment.
- g. Represent claimant in any dispute which may arise as a result of Superintendent rejection of a claim.

6. Solicit from the American Medical Association and/or various insurance companies, the normal convalescence periods which would cover the various requests for use of the sick bank. In cases where an extension of time beyond these periods is requested, the teacher shall be asked to submit a second opinion of need from a doctor or clinic chosen by the TFT at the teacher's expense.

7. A member may appeal to the CSB Board the legitimacy of a member's use of the Sick Bank.

Taylor Federation of Teachers Central Sick Bank Application

TFT = Taylor Federation of Teachers, AFT Local 1085, AFL-CIO

CBA= Current Bargaining Agreement

TSD=Taylor School District/Designee

Name of Applicant: _____

HIPAA Privacy Authorization Form

****Authorization for Use or Disclosure of Protected Health Information (Required by the Health Insurance Portability and Accountability Act, 45 C.F.R. Parts 160 and 164)** ****

1. Authorization** I authorize Taylor Federation of Teachers to use and disclose the protected health information described in the TFT Central Sick Bank Application and Guidelines to the Taylor School District **

2. I understand that the TFT is not my employer but will be sharing possible Protected Health Information with my employer, The Taylor School District for the purpose of my TFT Central Sick Bank Application.

2. Effective Period**This authorization for release of information covers the period of healthcare from: a. ☐ _____ to _____. **OR** b. ☐ all past, present, and future periods.**

3. This medical information may be used by the Taylor Federation of Teachers Central Sick Bank Committee and I authorize The Taylor Federation of Teachers to dispense this information in conjunction with the terms as outlined in the TFT-TSD CBA and TFT Central Sick Bank Guidelines to the TFT Central Sick Bank Committee.

6. I understand that I have the right to revoke this authorization, in writing, at any time. I understand that a revocation is not effective to the extent that any person or entity has already acted in trust on my authorization or if my authorization was obtained as a condition of obtaining access to the TFT Central Sick Bank.

8. I understand that information used or disclosed pursuant to this authorization may be disclosed by the TFT with my employer The Taylor School District in conjunction with TFT Central Sick Bank Guidelines and TFT-TSD CBA. I also understand that the Taylor Federation of Teachers designee may discuss and dispense my protected health information with the Taylor School District Superintendent or his/her designee in electronic form, fax, in-person, or via telephone for the purpose of my TFT Central Sick Bank Application. ** **

9. I understand and authorize my employer The Taylor School District or their designee to discuss my TFT Central Sick Bank Application and all Protected Health Information as described in the TFT Central Sick Bank Application and provided by myself or my Health Care Provider with the TFT Central Sick Bank Committee designee. ** **

TFT Member Signature and Date

TFT Central Sick Bank Designee

Taylor Federation of Teachers Central Sick Leave Bank Application

Date: _____

Name: _____

Address: _____

Telephone Number: _____

School: _____

Reason for Absence: _____

Date Absence Began _____, 2 _____

Date of Anticipated Return _____, 2 _____

Date Sick Days were Exhausted _____, 2 _____

(You must be absent for a minimum of ten consecutive days after exhausting your sick days)

Have you applied to S.S.L.B. previously? Yes No

Name, address and telephone number of two (2) independent licensed health care professionals, at least one of whom shall be licensed to practice medicine, who will submit a completed C.S.L.B. Physician referral form:

1) Dr.'s Name _____ Phone _____

Address: _____

2) Dr.'s Name _____ Phone _____

Address: _____

Promissory Note: I agree that during the time I am a recipient of benefits from the Central Sick Leave Bank, I shall not be gainfully employed, full or part-time. Such employment would result in the reimbursement of the district of any monies paid out according to the number of days worked in the other employment. **Yes, I have read the C.S.B. criteria and agree to the guidelines.**

Signature of Applicant

Please complete this application and return to the Taylor Federation of Teachers, 22770 Northline Road, Taylor, Michigan 48180, accompanied by two (2) independent licensed health care professionals' statements.

For T.F.T. Use Only:	This application has been	Granted	Denied
_____ <i>Signature of C.S.L.B. Chairperson</i>		New	Renewal

Applicant's Name _____

Physician Referral Form
Taylor Federation of Teachers Central Sick Leave Bank

The purpose of the Central Sick Bank is to assist employees only in the event of catastrophic illness. Its intent has been to include occurrences such as: 1) massive heart attack, 2) cancer, 3) serious injury that is potentially permanently disabling, or 4) life threatening illness. Days are granted from the "Bank" only following use of all personal sick days. It is possible that an employee may exhaust his/her personal sick bank and be unable to work, yet not be eligible for withdrawal from the Central Sick Bank. Examples include: 1) flu, 2) pinkeye, 3) normal recovery following childbirth, or 4) elective surgery. The Central Sick Bank has never been intended to replace the employee's responsibility to use the personal sick bank prudently.

1. Describe illness or injury suffered: _____

2. Diagnosis: _____

3. Prognosis: _____
4. Treatment Plan: _____

5. Expected Convalescence: _____

6. Date of anticipated return to work _____ 20_____
7. Is this illness/injury life threatening or catastrophic? Does the patient meet the above guidelines? Why?

Date

Signature of Health Care Provider

Name, address and telephone number of licensed health care professional:

Please feel free to attach any pertinent information.

Applicant's Name _____

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