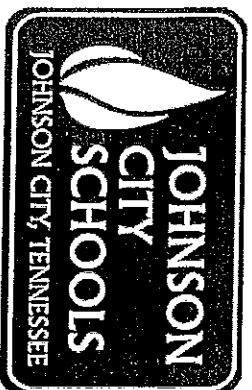


SICK LEAVE BANK HIGHLIGHTS

- ⚡ According to state law, a sick bank may be established by any local school system.
- ⚡ Only one bank is allowed per system.
- ⚡ Only certified personnel are eligible under the provisions of the law.
- ⚡ Twenty (20) certified employees must petition to form a sick leave bank.
- ⚡ The Board of Education must approve the establishments of a sick leave bank.
- ⚡ The Board of Education and the employee organization select the trustees.
- ⚡ The trustees will notify all teachers that they are eligible to participate.
- ⚡ Teachers may sign up during the months of August, September, and October.
- ⚡ An initial donation of three (3) days is required.
- ⚡ A member's personal and sick leave must be exhausted before he/she will be granted days.
- ⚡ Members may withdraw, resulting in the loss of all days contributed.



Johnson City Schools
P.O. Box 1517
Johnson City, TN 37605



SICK LEAVE BANK APPLICATION

Johnson City Schools
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Johnson City Schools
Sick Leave Bank

A Sick Leave Bank is an entity which provides for the sharing of sick leave days among the certified participants according to regulations established by the Board of Trustees of the Sick Leave Bank.

All certified employees participating in the Johnson City Schools Sick Leave Bank will be subject to the provisions and guidelines established by the Board of Trustees of the Johnson City Schools Sick Leave Bank as well as to the regulations listed in the Tennessee Code Annotated (TCA), Items 49-5-801 through 49-5-810.

Eligibility requirements are identified in TCA 49-5-710.

The Board of Trustees of the Johnson City Schools Sick Leave Bank has established the following guidelines to govern the functions of the Sick Leave Bank:

1. A minimum of twenty (20) participants are required to establish the bank.
2. to be eligible to request days from the bank, a participant must have
 - exhausted personal sick leave days, and
 - exhausted all personal days.
3. Participants may request days from the bank in units up to twenty (20) days. However, participants requesting days from the bank for an illness/injury which existed at the time of sign-up may request days in units up to ten (10) days.
4. Participants requesting days from the bank are required to submit a medical doctor's statement to verify their condition. The Board of Trustees may require a second opinion.
5. Participants requesting days from the bank must provide a minimum of ten (10) days advance notice, although exceptions may be made in emergency situations.
6. No "retroactive" days may be requested from the bank.
7. Days not used will be returned to the bank.
8. Trustee meetings will be called by the chair of the Board of trustees of the Johnson City Schools Sick Leave Bank.



Johnson City Schools
Application for Participating in the
Johnson City Schools Sick Leave Bank



I hereby request membership in the Johnson City Schools Sick Leave Bank based upon the following conditions:

1. I agree that an initial contribution from my accumulated sick leave of three (3) sick leave days be deposited in the Johnson City Schools Sick Leave Bank.
2. I agree that the trustees of the Johnson City Schools Sick Leave Bank may assess additional sick leave days from my personal sick leave accumulations
 - When the balance in the bank drops below twenty (20) days.*
 - When the balance in the bank drops below one (1) day per member.*
 - When the trustees deem it advisable to make additional assessments.*Failure to honor such assessments will result in termination of membership.
3. I agree that after my personal sick leave and personal leave are exhausted, I will have an opportunity to request sick days from the Sick Leave Bank subject to
 - the rules and regulations established for operating the bank, and*
 - Tennessee state law, Tennessee Code Annotated (TCA) 49-5-801 through TCA 49-5-810.*
4. I understand that I have the right to withdraw any membership with forfeiture of all sick leave days contributed if I request by June 30 of any year that my withdrawal be effective for the ensuing year.
5. I understand that my membership in the Johnson City Schools Sick Leave Bank will
 - cease upon my retirement,*
 - cease upon termination of my employment from the Johnson City Schools, or*
 - cease during periods of my approved leave - with exception of personal illness and disability leave.*

Signature of Applicant: _____

Social Security Number: _____

Date: _____