



BAKERSFIELD CITY SCHOOL DISTRICT
EDUCATION CENTER - 1300 BAKER ST. - BAKERSFIELD, CA – 93305
FISCAL SERVICES – PAYROLL DIVISION

CATASTROPHIC ILLNESS SICK LEAVE BANK RECIPIENT APPLICATION FORM

Please type or print in ink.

Employee: _____ EIN: _____

I am requesting a withdrawal from the Catastrophic Illness Sick Leave Bank for the following time period:

From: _____ Through: _____

Reason for Request:

____ Catastrophic illness for employee

____ Catastrophic illness for eligible family member*

*Relationship of family member, if applicable: _____

Please attach a written verification, prepared and signed by a licensed physician of the State of California, certifying that the catastrophic illness or injury is one that incapacitates you for an extended period of time, or that incapacitates a member of your family and requires you to take time off from work to care for that family member. The written verification must include the anticipated duration of the leave. You may also attach any other documentation you wish the committee to consider. Please return this completed form and any additional information to the Bakersfield City School District Human Resources Department at 1300 Baker St. Bakersfield, CA 93305.

I understand the terms and conditions of the Catastrophic Illness Sick Leave Bank program. I further understand that I may be required to undergo an examination by a physician selected from a list supplied by the District, at the District's expense, to verify the catastrophic injury or illness.

(Employee Signature)

(Date)

For CLB Governing Committee Use Only

Approved: Yes _____ No _____ From: _____ Through: _____

Total number of days approved: _____

If no, reason _____

(1) _____ (2) _____

(3) _____ (4) _____

(5) _____ Date: _____ 8/23

5.17 DONATION OF SICK LEAVE FOR CATASTROPHIC ILLNESS

5.17.1 The District shall establish a catastrophic illness sick leave bank to which eligible unit members may donate earned and unused sick leave. This donation shall be irrevocable and shall be accomplished by the unit member completing a written form entitled "Catastrophic Illness Sick Leave Bank Donation Form." The form shall clearly state that the sick leave days being donated are irrevocably given to the Catastrophic Illness Leave Bank, and cannot be rescinded for any reason whatsoever. A donation to the Catastrophic Illness Leave Bank shall be a general donation and shall not be donated to a specific employee for their exclusive use.

5.17.2 "Catastrophic illness" or "injury" shall be defined as an illness or injury that is expected to incapacitate an employee for an extended period of time, or that incapacitates a member of the employee's family which incapacity requires the employee to take time off from work for an extended period of time to care for that family member, and taking extended time off work creates a financial hardship for the employee because they have exhausted all of their sick leave.

5.17.3 Governing Committee

5.17.3.1 The Governing Committee shall be composed of five members:

- 1.** Three permanent unit members chosen by BETA;
- 2.** Two administrators chosen by the District.

5.17.3.2 The duties of the Governing Committee shall include the following:

- 1.** To approve requests for withdrawal from the sick leave bank consistent with the terms and conditions set forth in this section;
- 2.** To make any additionally necessary governing decisions relative to the operation of the sick bank consistent with this section.

5.17.3.3 Governing decisions will be made by consensus, where possible. Where a consensus decision cannot be reached, the governing decisions will be made on the basis of four votes or more.

5.17.4 Qualifications to Make Donations

A unit member must meet the following qualifications in order to make an irrevocable donation to the catastrophic illness leave bank:

- 1.** The unit member must be a certificated employee of the District per Article 1.
- 2.** The unit member must have an accumulated sick leave balance of at least ten (10) days at the conclusion of the school year immediately preceding the school year in which the donation is to be made.

5.17.5 Amount of Donation

An eligible unit member wishing to participate in the Catastrophic Illness Leave Bank must donate a minimum of one (1) day of sick leave to the bank every three years. A unit member may not donate more than twenty-five percent (25%) of their accumulated sick leave in any one school year.

5.17.6 Maximum Number of Days in Sick Leave Bank

5.17.6.1 The maximum number of days which may be accumulated in the sick leave bank is two thousand (2,000) days.

5.17.6.2 Any days remaining in the sick leave bank at the end of the school year will be credited to the sick leave bank for the next school year not to exceed two thousand (2,000) days.

5.17.7 Qualifications of Recipient

1. Any unit member who meets the definition of catastrophic illness or injury provided in 5.17.2 above is eligible to apply for use of sick leave days in the Catastrophic Illness Leave Bank.

2. To be eligible for use of sick leave bank days the unit member must have exhausted all available accrued paid leave.

3. A unit member must use all paid leave credits that they continue to accrue on a yearly basis before receiving sick leave days which have been donated to the Catastrophic Illness Leave Bank.

4. The maximum number of days to be utilized by one unit member for a single catastrophic illness shall not exceed fifty (50) days or fifty percent (50%) of the total available leave bank, whichever is less.

5. Any unit member requesting use of sick leave days in the Catastrophic Illness Leave Bank must provide the Governing Committee with written verification of the catastrophic illness certifying they meet the definition of "catastrophic illness or injury" set forth in 5.17.2. Such verification must be prepared in writing by a licensed physician of the State of California. The Governing Committee may require the unit member who is incapacitated to undergo an examination by a physician selected from a list supplied by the District, at the District's expense, to verify the injury or illness, the degree of disability, and the anticipated length of disability.

5.17.8 Recipients of sick bank days shall receive those days in the form of their regular salary; the cost of a substitute, if employed, shall not be deducted from the sick leave. Leave granted under this provision shall not preclude the District from designating such leave as FMLA/CFRA qualifying or as otherwise permitted by law.

5.17.9 Procedure

1. Annual solicitation for the Catastrophic Illness Leave Bank shall be solicited by the BCSD/BETA during the months of September, October, and November of each school year. The Governing Committee shall develop all forms which are to be used by BCSD/BETA for purposes of solicitation. All donation forms must be received by the Payroll Office of the District no later than the last working day in December of each school year.

2. All requests for use of accumulated sick leave hours in the Catastrophic Illness Leave Bank shall be presented in writing to the District, which shall forward that request to the Governing Committee. The Governing Committee shall provide the unit member with a copy of this contract provision. It shall be the responsibility of the unit member to satisfy all conditions of eligibility.