



Fort Worth  
INDEPENDENT SCHOOL DISTRICT

FORT WORTH ISD  
*Sick Leave  
Bank*

2013-2014 SCHOOL YEAR

**TO: ALL EMPLOYEES WHO QUALIFY FOR SICK LEAVE BENEFITS**

**FROM: FWISD SICK LEAVE PROGRAM**

On October 22, 1985, the FWISD School Board approved a Sick Leave Program (SLP). Effective September 1, 1996, all full-time employees (not temporary or regular substitute) are members. No fee or days are required.

The following information is very important to all employees of the FWISD.

- Periodic changes may be made in this program. Please read the information carefully before applying.
- When applying for Sick Leave Program grants, please fill out forms carefully. The FWISD Sick Leave Program Executive Committee cannot be responsible for improperly filled out forms.
- Only the physician should fill out the Physician’s Statement. It must be filled out completely. “Physician” is defined as a doctor of medicine or osteopathy who is authorized to practice medicine or surgery (as appropriate) by the State in which the doctor practices. Any person requesting days gives permission for the Health Services Department to talk with their doctor and/or office staff concerning their accident or illness and also gives permission for their doctor and/or office staff to release information to the Health Services Department.
- Forms not completely filled out by applicant and/or doctor will be returned to applicant, delaying the process.
- The FWISD Sick Leave Program cannot be responsible for late or undelivered applications.
- The committee cannot be responsible for an employee’s lack of knowledge of the Program as a reasonable effort is made each year to notify employees of the benefit.

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## SICK LEAVE PROGRAM INTRODUCTION

This Sick Leave Program is a pool of local sick leave days contributed by the school district and separating employees to be used by full-time employees (not temporary or regular substitutes) who suffer a qualifying incapacitating personal illness, accident, or qualifying family member's terminal illness. The purpose of the Sick Leave Program is to alleviate hardship caused to an eligible employee if a personal catastrophic illness or injury forces the employee to exhaust all earned leave (sick, personal, and vacation days). Employees cannot donate days to specific individuals.

Membership in the program is automatic.

In order to qualify for benefits of the program, a catastrophic illness or injury must result in the employee's temporary incapacity to perform his/her job function for an extended period. A catastrophic illness or accident is a condition defined as life threatening, not a mere passing disorder or ailment. The illness requires treatment by a physician, hospitalization, emergency room treatment or outpatient treatment at a hospital. Although some degree of permanency is usually involved, the illness need not necessarily be incurable or permanent. Examples of illnesses which may qualify for the benefits of the catastrophic program include, but are not limited to: cancer, heart disease, multiple sclerosis, stroke, organ transplants, and muscular dystrophy.

A lesser illness that may qualify need not be catastrophic in nature, but must go beyond the normal recovery time because of complications and calls for hospitalization, emergency room treatment, or out-patient treatment at a hospital and treatment by a physician (please see p. 4, #6).

Family member terminal illness is limited to the spouse and dependent children under eighteen (18) years of age. For purposes of the Sick Leave Program, "child" refers to a son or daughter, including a biological, adopted, or foster child, a legal ward, or a child for whom the employee stands *in loco parentis*. This benefit is limited to one employee in a family and only when there is no other family member at home to care for the terminally ill person.

Questions regarding the program and completed forms should be directed to the person indicated below. Response to any questions will come from the Executive Committee or their designee, usually the executive director. The health services director will make a recommendation to the Executive Committee based on the application, the bylaws and his/her discussion with the applicant's doctor and/or office staff.

Health Services Director  
100 North University Drive, Suite NW 100  
Fort Worth, Texas 76107-1360

## BYLAWS

1. All full-time ( 20 hours or more per week) employees (not temporary or regular substitute) of FWISD who qualify for sick leave benefits are automatically members of the Sick Leave Program (SLP).
2. Only eligible employees will be permitted to use the Program for qualifying incapacitating personal illness or injury or for qualifying family member terminal illness during regularly scheduled duty days. While membership in the Sick Leave Program is automatic without assessment of any sick leave days, participation is voluntary.
3. The SLP will be administered by the eight (8) member SLP Executive Committee. Three (3) representatives to be selected from the teacher organizations; one (1) each from FWEA, ATPE and UEA. There will be one (1) administrator, one (1) maintenance and operations employee, one (1) food services employee, one (1) paraprofessional, and one (1) secretarial/clerical employee. The eight (8) members of the Executive Committee may serve for no more than four (4) consecutive school years. The committee's executive director will be appointed by the superintendent. The health services director will be responsible for receiving applications, providing information, advising the committee, and providing other assistance to the committee as requested. The Executive Committee shall have the responsibility of reviewing applications, verifying the validity, and approving or denying the applications. With the agreement of the Executive Committee, voting may take place via confidential e-mail. The executive director shall have the responsibility of communicating its decisions to the members and to the Payroll and Employee Relations Departments. The bylaws cannot be set aside and must be followed in approving or denying an application.
4. Membership will be automatic and continue from year to year, except in the case of an employee who has used seventy-five (75) days from the Program.
5. No sick leave days will be assessed for membership. The district contributed one day for each employee in the 1996–97 school year and shall contribute one day for every new eligible person employed thereafter. The use of the Program will be limited to the number of days in the Program on October 1 of the current school year.
6. The Sick Leave Program may be used for the employee's own personal illness or injury. The lifetime maximum number of Sick Leave Program days that can be granted to any member shall be seventy-five (75). All seventy-five (75) days will be at full pay. Ten (10) days may be granted for a less serious illness that extends beyond normal recovery time because of complications. The Executive Committee may approve an additional twenty (20) days in ten (10) day increments for extenuating circumstances. Depression and mental illness diagnosed severe will be limited to five (5) days. The Executive Committee may approve an additional five (5) days for extenuating circumstances. Catastrophic back ailments will be limited to ten (10) days. All illnesses or accidents require doctor's care, hospitalization, emergency room treatment or out-patient treatment at a hospital. The first request for days must be made within thirty-one (31) days from the date the employee goes from a paid to an unpaid leave of absence status. Qualifying family terminal illness (spouse or dependent child under eighteen (18) years of age) will be limited to forty (40) days. This benefit is limited to one employee in the family and only when there is no other family member to care for the terminally ill person at home. The terminal illness must be certified by letter from the attending physician. In no case will the granting of sick leave days from the Program cause a member to receive more than his/her annual salary.
7. Grants from the Sick Leave Program shall be in units not to exceed twenty-five (25) consecutive working days and will be paid in alignment with the District's payroll calendar. The first request for days must show when grant days (SLP) will begin. A member's first request for days must be made in the same school year as their illness. An approved current grantee may ask to extend the sick leave grant before the current grant expires by submitting an additional Sick Leave Program Request Form accompanied by the new signed Physician's Statement or letter for a family member's terminal illness. The current grantee must indicate the continuity of the dates requested.
8. Members must use all their available sick leave, annual personal leave, and vacation time, if any, before receiving days from the Program.
9. All requests to draw upon the Sick Leave Program must be made upon a Sick Leave Program Request Form. All requests must be accompanied by the Sick Leave Program Physician's Statement confirming the cause of illness or confinement and certifying the existence of a disability to perform assigned duties or by a letter certifying terminal illness in a qualifying family member. The form must be legible, personally signed by the physician, dated and completed in lay language. The Executive Committee will not honor any physician's statement unless it is on the official Sick Leave Program Physician's Statement Form and is filled out completely. Incomplete forms will not be processed until all information is received. Any person requesting days gives permission for health services to talk with their doctor and/or office staff concerning their illness or accident and also gives permission for their doctor(s) and/or office staff to release information to the health services director of the FWISD. The applicant must have worked in the school year in which the request for days is made.
10. If a member does not use all of the days granted from the Program, the unused days will be returned to the Sick Leave Program.
11. Pregnancy and delivery will not be considered as a catastrophic illness covered under this Sick Leave Program except when unusual and life-threatening complications occur. Bed rest and hypertension are not considered unusual complications. Any Sick Leave Program days approved shall be considered under "lesser illness" and limited to a total of twenty (20) days.

12. Earned local sick leave may be contributed to the Program by a separating employee. State personal business days cannot be donated.
13. An eligible employee who has filed for Workers' Compensation benefits may be able to access days through the Sick Leave Program if their condition meets eligibility criteria. Such employees must have exhausted all of their own accumulated sick, personal leave, and vacation days. Any days awarded from the Sick Leave Program will be offset by any Workers' Compensation wage benefits received. Applicant's request must meet guidelines of the SLP.
14. Each application for a grant from the Sick Leave Program must include a new, up-to-date Physician's Statement on the appropriate Program form or letter.
15. A member of the Sick Leave Program will lose the right to use the benefits of the Program by:
  - a. Termination of employment with the FWISD;
  - b. Suspension without pay (no Sick Leave Program benefits during the period of suspension);
  - c. Voluntary cancellation of his/her membership in the Sick Leave Program (effective immediately);
  - d. Any abuse or misuse of the rules of the Sick Leave Program as determined by the Executive Committee;
  - e. Failure to report immediately any job held for which the member receives remuneration during the period he/she is on leave days granted from the Program.
16. The executive director will forward to the FWISD Payroll Department the Executive Committee's decision on all requests to draw on the Sick Leave Program within five (5) working days after the committee issues its decisions.
17. An applicant or beneficiary of the Sick Leave Program may be required to undergo a medical review by a second physician at the request of the Executive Committee at the Program's expense. When this is necessary, the director of health services will suggest no less than three nor more than five physicians, from which the employee may select one. The Physician's Statement will be sent directly to the Executive Committee, which will not act upon the member's application for a grant or extension of a grant until it has received the report.
18. In case an employee's incapacity is of such a nature that he/she cannot personally apply for a grant, the application may be submitted in his/her behalf to the health services director by an authorized agent or member of his/her family.
19. All forms for participation in the Sick Leave Program shall be available in the principal's office at each FWISD school, the Human Capital Management Department and the Health Services Department. These forms shall be given or sent to any employee upon request.
20. After decisions are rendered, the executive director shall write letters to the applicants advising them of the committee's decision. Denial due to insufficient information shall be specific as to what information is needed in order to make a decision.
21. The executive director shall maintain records regarding the Sick Leave Program for three years.
  - a. The executive director shall report the status of the Sick Leave Program at any time upon the request of the superintendent or the Board of Education.
  - b. The FWISD Payroll, Health Services, and Human Capital Management Departments shall provide information to the Executive Committee upon its request for any data maintained in their files regarding applicants using the Sick Leave Program.
  - c. An annual report will be submitted to the superintendent in August of each school year.
  - d. An annual report will be sent to each school to be posted in September of each school year.
  - e. The executive director shall call committee meetings, provide information and guidance, and shall serve as chair of the meetings. The executive director shall be non-voting, but will vote only in order to break ties.
22. Changes in the Program bylaws, other than editing or clarification, may be suggested by a majority vote of the Executive Committee with five or more members voting aye at any meeting. Only with Board of Education approval will the changes become effective.
23. Decisions by the Executive Committee to disapprove an application for use of the Sick Leave Program, or an application for extension of such use, are final with no rights of appeal, except as noted in item 20 above.
24. There must be a quorum of five (5) members present of the eight (8) on the committee to act on applications. Voting may take place in person or via confidential e-mail. Unless required by law, an employee's identity will never be revealed to the eight (8) member committee.

## **FORT WORTH ISD SICK LEAVE PROGRAM FORMS**

All forms for the Sick Leave Program are included on the following pages.

Those forms are:

- Sick Leave Days Request Form (completed by the employee)
- Physician's Statement\* (completed by the physician)

All forms presented must be completely filled out, or they will be returned to sender.

\*A Physician's Statement is not necessary when requesting days to care for a terminally ill spouse or minor child under eighteen (18) years of age. A letter from the attending physician certifying terminal illness should be sent instead.

DISCLAIMER: Your medical information, including days granted and other correspondence, will be kept confidential unless the law requires us to release it.

**Fort Worth ISD Sick Leave Program**  
**SICK LEAVE DAYS REQUEST FORM**  
(Must be filled out completely)

Name:	
Address:	
City & Zip:	
Home Phone:	Mobile Phone:
Date of Birth:	Sex: Male / Female (circle one)
Social Security Number (last 4 digits):	
I request _____ days from the Sick Leave Program [number of days requested must be in increments not to exceed twenty-five (25) for catastrophic illness or family member's terminal illness and ten (10) days for lesser illness extended by complications with hospital admittance].	
Date any days granted are to begin:	
First day absent with this illness or accident:	
This is my 1st, 2nd, 3rd, or _____ request (circle one). If 2nd, 3rd, etc., request, give date of last day previously granted: _____	
Additional days granted, if any, will follow in continuity with the last day previously granted.	
Signed/Date:	
Job Title:	Work Location & Phone:
Years of Service with FWISD:	Number of Contract Days:
This request cannot be acted upon until the Physician's Statement is received. Note: Any person requesting days gives permission for the Health Services Dept. to talk with their doctor and/or office staff concerning their illness or accident and also gives permission for their doctor and/or office staff to release information to the Health Services Department. This form completely filled out may be sent to the FWISD's Health Services Dept., Attn: SLP Executive Committee, 100 N. University Dr., Ste. NW 100, Fort Worth, Texas 76107-1360.	
<b>Office Use Only</b>	
Physician's Statement Received:	Date:
Request Approved:	Requested Denied:
Number of Days Approved:	
From:	Through:
Signed/Date:	

**Fort Worth ISD**  
**PHYSICIAN'S STATEMENT**  
(Must be filled out completely only by Physician)

Patient's Name:	
Address:	
City & Zip:	
Home Phone:	
Date of Birth:	Sex: Male / Female (circle one)
Social Security Number (last 4 digits):	
<b>Note: Any person requesting days gives permission for the Health Services Dept. to talk with their doctor and/or office staff concerning their illness or accident and also gives permission for their doctor and/or office staff to release information to the Health Services Department.</b>	
Diagnosis or nature of illness or injury (Lay Language):	
Date of Consultation:	
Dates Hospitalized:	
Admitted:	Discharged:
Prognosis:	
Is this illness catastrophic or life-threatening?	
Date patient will be able to return to work (if known):	
Total Disability:	
From:	Through (if known):
Partial Disability:	
From:	Through (if known):
Comments or Restrictions:	
Physician's Name:	
Address:	City & State:
Telephone:	
Signature of Examining Physician/Date:	
This form completely filled out may be sent to the FWISD's Health Services Dept., Attn: SLP Executive Committee, 100 N. University Dr., Ste. NW 100 Fort Worth, Texas 76107-1360.	