



Mobile County  
PUBLIC SCHOOLS

**SICK LEAVE BANK**  
**APPLICATION FOR LOAN**  
**and/or**  
**DONATED DAYS**

Please Print

\_\_\_\_\_  
Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
School/Department

\_\_\_\_\_  
Employee Number

\_\_\_\_\_  
Designated Agent

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Phone Number

(Family or friend to discuss and sign on your behalf, if needed)

I am applying to the Sick Leave Bank (SLB) for a loan of \_\_\_\_\_ days (maximum of 15 in addition to deposit balance) from the bank. I have no sick leave days remaining in my personal account although I retain my deposited days in my SLB account. I understand that these loaned days will need to be repaid from my future accumulations of sick leave days as per the printed guidelines. If I leave the system before repaying this loan, I understand that a deduction will be made from my paycheck in the amount of the number of days owed times my daily rate of pay.

BRIEF DESCRIPTION OF REASON FOR APPLICATION:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE RETURN via FAX, EMAIL or MAIL TO:**

Fax: (251) 221-6237

(Employee Last Name A-L or Central Office) Mia Ward: imward@mcpss.com or (251) 221-4542

(Employee Last Name M-Z or Transportation) Marsha Allen: mallen1@mcpss.com or (251) 221-4528

MCPSS-Human Resources, Employee Relations, P. O. Box 180069, Mobile, AL 36618

---

**FOR CENTRAL OFFICE USE ONLY**

**SLB COMMITTEE ACTION:** \_\_\_\_\_ **Days Approved**    **Signed** \_\_\_\_\_

SLB Committee Chairperson

**P/R Code:** \_\_\_\_\_



Mobile County  
PUBLIC SCHOOLS

**SICK LEAVE BANK  
APPLICANT STATEMENT**

NAME \_\_\_\_\_ DATE \_\_\_\_\_

SCHOOL \_\_\_\_\_ POSITION \_\_\_\_\_

1. REASON FOR APPLICATION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. CIRCUMSTANCES OF ILLNESS: \_\_\_\_\_

\_\_\_\_\_

3. YEARS OF SERVICE IN THE SYSTEM: \_\_\_\_\_

4. COMMENTS: \_\_\_\_\_

\_\_\_\_\_

5. DATES OF ILLNESS: \_\_\_\_\_

a) Number of days you will be off work due to illness \_\_\_\_\_

b) Accumulated sick days in your account \_\_\_\_\_

c) Number of sick days you wish to borrow (max allowed: 15) \_\_\_\_\_

d) Do you want to use catastrophic days to repay loan? ☐ YES ☐ NO If so, how many? \_\_\_\_\_

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

-----PLEASE RETURN via FAX, EMAIL or MAIL TO:-----

Fax: (251) 221-6237

(Employee Last Name A-L or Central Office) Mia Ward: imward@mcpss.com or (251) 221-4542

(Employee Last Name M-Z or Transportation) Marsha Allen: mallen1@mcpss.com or (251) 221-4528

MCPSS-Human Resources, Employee Relations, P. O. Box 180069, Mobile, AL 36618



Mobile County  
PUBLIC SCHOOLS

## SICK LEAVE BANK CERTIFICATION OF PHYSICIAN OR PRACTITIONER

Employee Name: \_\_\_\_\_

\*Patient's Name (if other than Employee): \_\_\_\_\_

Diagnosis: \_\_\_\_\_  
(If maternity leave, please list estimated due date)

First date of absence from work for this condition: \_\_\_\_\_

Probable Duration/Return to work: \_\_\_\_\_

Additional Comments:

---

---

---

---

\_\_\_\_\_  
**Signature of Physician or Practitioner**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Professional Organization**

\_\_\_\_\_  
**Phone Number**

**Return to:**  
**MCPSS- Human Resources**  
**Employee Relations**  
**P. O. Box 180069**  
**Mobile, AL 36618**

**FAX: (251) 221-6237**

**For questions, please contact:**  
**(Employee Last Name A-L or Central Office)**  
Mia Ward: (251) 221-4542  
imward@mcpss.com

**(Employee Last Name M-Z or Transportation)**  
Marsha Allen: (251) 221-4528  
mallen1@mcpss.com

## CATASTROPHIC SICK LEAVE TRANSFER AUTHORIZATION

### EMPLOYEE WHO IS GIVING DAYS TO PERSON NAMED IN NUMBER 2 BELOW

1. Employee Name: \_\_\_\_\_  
Employee Number: \_\_\_\_\_  
Employee Address: \_\_\_\_\_  
Employee Telephone(s): \_\_\_\_\_  
Employer: \_\_\_\_\_ School/Dept: \_\_\_\_\_

DAYS TO BE GIVEN TO RECEIVING EMPLOYEE NAMED IN NUMBER 2 (not to exceed 30 days) Please spell AND write number of WHOLE days to be donated: \_\_\_\_\_ / \_\_\_\_\_

I certify that I hereby donate the above number of my sick leave days to the beneficiary employee listed below. My employer has my permission to transfer the indicated number of sick leave days to the employer of the beneficiary for his/her use due to a catastrophic illness/injury as defined by Act 93-753. I understand that my sick leave balance will be reduced by the specified number of days hereon and that the donated days will not be returned to me, unless not used.

Donating Employee's Signature (Required): \_\_\_\_\_ Date: \_\_\_\_\_  
Witness (Required): \_\_\_\_\_ Date: \_\_\_\_\_

### EMPLOYEE WHO IS RECEIVING DAYS FROM PERSON NAMED IN NUMBER 1 ABOVE

2. Receiving Employee Name: \_\_\_\_\_  
Employee Number: \_\_\_\_\_  
Employer: \_\_\_\_\_ School/Dept: \_\_\_\_\_

### EMPLOYER OF DONATING EMPLOYEE - CERTIFICATION (ADMINISTRATOR/PAYROLL)

3. I hereby certify that the donating employee's information listed in numbers 1 above is correct to the best of my knowledge.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_

### EMPLOYER OF RECEIVING EMPLOYEE - RECEIPT OF DONATION (ADMINISTRATOR/PAYROLL)

4. The above noted number of sick leave days have been credited to the sick leave account of the beneficiary employee. (Please give a copy of this form to the beneficiary employee.)

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Title: \_\_\_\_\_

### INSTRUCTIONS FOR COMPLETING FORM:

1. The **DONATING EMPLOYEE** originates the form and completes items 1 and 2 and gives to his/her employer.
2. It is suggested that the donating employer contact the beneficiary employer by telephone to verify the following:
  - a. beneficiary employer has a sick leave bank
  - b. beneficiary employer has on file a certified statement from the licensed physician stating that the beneficiary employee has a catastrophic illness/injury.
3. The **DONATING EMPLOYER** completes **Item 3** and forwards to **BENEFICIARY EMPLOYER**.
4. The **BENEFICIARY EMPLOYER** completes **Item 4** and forwards a copy to the following:
  - a. donating employee
  - b. beneficiary employee
  - c. donating employer

-----PLEASE RETURN VIA FAX, EMAIL OR MAIL TO:-----

Fax: (251) 221-6237, MCPSS-Human Resources, Employee Relations, P. O. Box 180069, Mobile, AL 36618  
(Employee Last Name A-L or Central Office) Mia Ward: imward@mcpss.com, (251) 221-4542  
(Employee Last Name M-Z or Transportation) Marsha Allen: mallen1@mcpss.com, (251) 221-4528

# **SICK LEAVE BANK PROCEDURES**

## **Mobile County Public School System**

The purpose of the Sick Leave Bank (SLB) shall be to provide a loan of sick leave days up to the maximum allowed by law for participants in the SLB after their accumulated sick leave days have been exhausted. The SLB shall also manage sick leave days donated to a member for catastrophic illnesses or injuries. All operations of the SLB shall conform to Alabama Code, Section 16-22-9 and 16-1-18.1. Should any of these procedures conflict with state or federal law, then the applicable law will take precedence over the conflicting provision of the SLB procedures.

### **GENERAL LOAN GUIDELINES**

- A) Any full-time or part-time employee of the Board of School Commissioners (BOARD) who receives accumulated sick days as a benefit is eligible to join the SLB. Participation shall be on a voluntary basis. Employees must join or withdraw at the beginning of the school year no later than the last business day in September otherwise they will not be eligible to participate until the following school year. New employees may join the SLB within the first four (4) weeks following their employment date.
- B) Forms to join the SLB will be available from the Division of Human Resources and the office at each school site. To join the SLB, the employee shall complete and sign the authorization form to contribute two (2) sick leave days OR to commit two (2) sick leave days for deposit in the SLB. Pledged days shall be deposited from the first two (2) sick leave days earned by the employee. To avoid any per diem salary deduction during this time frame, the participant may apply to the Committee for a loan should the participant need sick leave.
- C) The Business Division/Payroll Office and Division of Human Resources will maintain accurate records of contributors eligible to participate in the SLB.
- D) The membership shall not be allowed to borrow or owe in excess of fifteen (15) days, unless 50% or more of the SLB members vote to extend this limit.
- E) To be eligible for a loan from the SLB, a participating member must have exhausted all accumulated sick leave in his/her personal account. Also, the applicant must have missed at least three (3) days due to the same illness (not a recurring illness such as headache or sinus infection) before applying for a loan from the SLB. Any sick leave drawn from the SLB by a participating employee shall be used in accordance with the definition of sick leave as set forth in state statutes and BOARD policies/procedures.
- F) The SLB Committee shall determine the number of days loaned to an applicant. Factors to be considered in making this decision shall include but are not limited to: (1) the applicant's need; (2) the circumstances of the illness; (3) years of service in the system and (4) the availability of days currently on deposit.
- G) The SLB Committee shall require a statement from the applicant's attending doctor certifying the nature of the illness and disability as a prerequisite for awarding a loan.
- H) The days placed in the SLB will be counted toward the maximum allowed by law (225 days). The central administration will maintain records of deposits and withdrawals as well as the overall accounting data of the SLB. Reports shall be provided semi-annually and at the request of the SLB Committee or the BOARD.
- I) In cases where the applicant is incapacitated, the employee may authorize a designee to apply to the SLB on the contributor's behalf.
- J) An individual cannot leave the school system without repaying any outstanding debt of leave days from the SLB. If the employee has no sick leave days remaining in his/her record, then his/her final pay check shall be reduced in an amount equal to the number of days of debt times the employee's daily rate of pay. Such moneys collected shall be converted to equivalent sick leave days and re-deposited in the SLB.
- K) Any member who is retiring from the school system may withdraw his/her contributed days.
- L) Sick leave days owed to the SLB shall be paid back at a rate of one per month beginning with the next available earned sick leave day and continuing in this manner until the entire debt has been repaid. To avoid any per diem salary deduction during this repayment time should the participant need sick leave, the participant may apply to the Committee for a loan.

## **CATASTROPHIC PROVISIONS**

- A) In accordance with state law, an employee must be a member of the SLB to receive or donate days for catastrophic illnesses or injuries.
- B) A Catastrophic Illness is defined as "any illness or injury so certified by a licensed physician which causes the employee to be absent from work for an extended period of time." The "extended period of time" will be determined on a case-by-case basis by the SLB Committee in the system where the beneficiary employee works.
- C) In accordance with state law, before sick leave days for a catastrophic illness may be donated, the employee who is to receive such days shall have no sick leave days or personal leave remaining in his/her personal account. Also, a participating member must borrow and utilize days from the SLB up to the maximum number of days allowed from the SLB (currently 15 days). Any donated days may be used to repay the loan days borrowed. No employee may donate more than thirty (30) sick leave days to a single employee. However, no limit is established on the number of days a beneficiary employee may receive from donors. Donated days will be at the donor's discretion.
- D) The applicant must have missed at least three (3) days due to the same illness (not a recurring illness such as headache or sinus infection) before applying for a catastrophic donation from the SLB. Sick leave days may be donated to a beneficiary employee to be used for the same reasons covered in the Sick Leave Policy of the BOARD.
- E) The SLB Committee is required to forward sick leave days donated by participants to another SLB for use by a particular employee who is suffering a catastrophic illness.
- F) A beneficiary employee may earn regular sick leave while on catastrophic leave donated by other employees; however, the beneficiary employee must use the day earned each month as it is earned.
- G) An employee who donates sick leave days for catastrophic illness purposes may still accumulate the maximum number of days allowed by law. (Example: Employee has 225 sick leave days, donates 20 days for catastrophic illness, leaving 205 days; the employee may build back or accumulate to the 225 days in the same manner as sick leave is normally accumulated).
- H) Donated days not used by the beneficiary employee shall revert to employees who donated the days on a prorated basis. Odd days shall be distributed by random selection. After the beneficiary employee returns to work, unused days are returned to the donors after thirty (30) days.
- I) A signed statement is required from the beneficiary employee or the chairperson of the SLB Committee stating that the beneficiary agrees to use the donated days.
- J) To donate or receive catastrophic sick leave days, the donating employee and the beneficiary employee must complete the transfer authorization form required by the committee.

## **ESTABLISHMENT OF THE COMMITTEE**

- A) The SLB Committee shall be composed of five (5) members. Four members are elected by secret ballot of SLB participants. The superintendent, with the approval of the BOARD, appoints one member to the committee. The four elected members of the committee shall be comprised of two certified employees and two classified employees.
- B) Members of SLB Committee are elected for a term of one (1) year. Persons may not serve for a term longer than five (5) years.
- C) The SLB Committee is charged with the responsibilities as dictated by state law, federal law and BOARD policy for the administration and operation of the SLB. Decisions and actions of the SLB may only occur by a majority vote. The attendance of at least three persons is required to constitute a quorum.
- D) The duties of the Sick Leave Bank Committee shall consist of:
- 1) The SLB Committee will elect by majority vote one of its own as chairperson. Elections for this position shall occur on the first meeting of the new committee. The chairperson may succeed him/herself in this position.
  - 2) Meetings of the Committee shall be set by the Committee on a schedule to convene at least once a month. Additional meetings may be called by the chairperson or by the request of at least two members of the Committee. A representative from Employee Relations shall attend as an ex officio participant.
  - 3) The Committee shall investigate any alleged abuse of the SLB. All Due Process rights shall be afforded the employee. A finding of abuse shall require the violator to repay all sick leave credits to the SLB. The Superintendent or BOARD may impose additional disciplinary actions.
  - 4) The committee shall develop guidelines, procedures and forms for the operation of the SLB. The guidelines shall be approved by the membership by secret ballot. Any changes to these guidelines and procedures shall be either recommended by the committee or brought to the committee by a petition of 5% of the membership. These changes will then be presented to the membership for approval by secret ballot. No recommended changes shall be submitted for a vote that conflict with state or federal law.