

**CESA ADVISORY COMMITTEE
SICK LEAVE BANK APPLICANT INFORMATION & INSTRUCTIONS**

Applicant's Name _____ Date _____

GUIDELINES

- The Advisory Committee meets the first Tuesday of each month. Sick Leave Bank Applications must be received by the Committee Chair a minimum of two (2) weeks in advance, allowing time for personnel information to be required from the District Office and reviewed by Committee members.
- All applicants—or a designed trustee—must be present at their review by the Committee.
- The Committee must have a quorum present to approve or deny any Sick Leave Bank application. A quorum of the Committee is a simple majority of the Committee members (50% + 1). A simple majority of the quorum is required to approve or deny any application.
- Each Committee member will utilize a Worksheet/Notes Form during the interview.
- When a decision has been made, it will be so noted on the reverse of one of the Worksheets.
- All Committee members will sign that Worksheet, indicating their presence and their approval/denial.
- If the application is approved, a designated Committee member will write a letter to the Carson City School Board of Trustees President, with a copy to the Superintendent, requesting this item be added to the agenda and considered at the next School Board of Trustees meeting.
- If the application is denied, a designated Committee member will write a letter to the applicant informing him/her of the Committee's decision.

DOCUMENTATION REQUIRED BY THE COMMITTEE

1. Completed and signed Sick Leave Bank Application.
2. Doctor's letter stating: a) date of illness/injury, b) nature of illness/injury, c) hospitalization required and dates (if applicable), d) prognosis, and e) limitations after returning to work (if applicable).
3. Printout of Personnel Records showing: a) date of permanent employment, b) history of sick/annual/personal leave, and c) demonstration of sick/annual/personal leave exhaustion.

Additional Comments and/or Questions:

Advisory Committee Member's Signature

Date

CESA ADVISORY COMMITTEE SICK LEAVE BANK APPLICATION

Please Note: The Advisory Committee meets on the 1st Tuesday of each month. This application must be submitted to the Committee Chair a minimum of two (2) weeks in advance, accompanied by all requested information.

Name (please type or print legibly) _____

Address _____

Home Phone _____ Work Phone _____

Work Site _____ Permanent Hire Date _____

Hours/Day _____ # Days/Year _____

I am requesting _____ Sick Leave Bank hours. I have been a Sick Leave Bank member for _____ years.

Will this become an SIIS claim? Yes No

Name of Your Physician _____

Date of 1st and Subsequent Doctor Visits _____

Limitations After Returning to Work _____

Nature of Illness/Injury (brief explanation) _____

The following information, provided by your doctor, MUST accompany this application:

1. Date of initial illness/injury.
2. Nature of illness/injury.
3. Hospitalization and date(s), if applicable.
4. Prognosis.
5. Date you may return to work and physical limitations, if applicable.

I, the undersigned, understand that the Advisory Committee has permission to review my sick/annual/ personal leave records. Should the Committee decide to grant my request, a Letter of Recommendation will be sent to the Carson City School District Board of Trustees requesting that this item be placed on their next meeting agenda for review and decision. The decision of the School Board Trustees is final.

I understand that if I do not use all the Sick Leave Bank hours, should they be granted to me, the hours will be returned to the Sick Leave Bank. I understand that I have the right to submit a new application for additional Sick Leave Bank hours based on a change in my "need status." The new application must be complete and specific, and my request for Sick Leave Bank hours cannot exceed sixty (60) days lifetime.

I understand that if my illness/injury results in an accepted SIIS claim, any unused Sick Leave Bank hours will be credited back to the Sick Leave Bank, commencing with the first day covered by SIIS compensation.

Applicant's Signature

Date