

SICKLEAVE

FORT WORTH
SCHOOL YEAR

INDEPENDENT SCHOOL DISTRICT
2008-2009

TO: ALL EMPLOYEES WHO QUALIFY FOR SICK LEAVE BENEFITS

FROM: FWISD SICK LEAVE PROGRAM

On October 22, 1985, the FWISD Board of Education approved a Sick Leave Program (SLP). This is a limited fringe benefit for all employees who qualify for sick leave. Effective September 1, 1996, all full-time employees are members. No fee or days are required.

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

- Significant changes have been made in this program. Please read the information carefully before applying.
- No response is necessary.
- When applying for Sick Leave Program grants, please fill out forms carefully. The FWISD Sick Leave Program 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.
- 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 the schools, various departments, and the employees of the benefit.

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Produced by Sick Leave Program Office

SICK LEAVE PROGRAM INTRODUCTION

This Sick Leave Program is a pool of local sick leave days contributed by the school district to be used by full-time employees who suffer a qualifying incapacitating personal illness, accident, or qualifying family member's terminal illness that extends beyond their own accumulated sick, personal leave, and vacation days.

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 or permanency is usually involved, the disease 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, 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. 3, #7).

Family member terminal illness is limited to the spouse and dependent children under eighteen (18) year of age. 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.

This program's benefits are not available in the following circumstances: injuries resulting from employee intoxication or if employee is under the influence of any narcotic unless it has been administered on the advice of a physician, attempted suicides, venereal disease, alcoholism, some communicable diseases, bulimia, anorexia, or whiplash.

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 or office.

**Health Services Director
100 N. University Drive, Suite NW 100
Fort Worth, Texas 76107-1360**

BYLAWS

1. All full-time (more than 20 hours per week) employees of FWISD who qualify for sick leave benefits are automatically members of the Sick Leave Program (SLP).
2. Only full-time 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 nine (9) member SLP Executive Committee. Four (4) representatives to be selected from the teacher organizations; one (1) each from FWEA, ATPE and UEA. If the combined organizations are unable to agree to the fourth representative then each group shall be entitled to one (1) representative for a total of three (3). There will be one (1) administrator, one (1) maintenance and operations employee, one (1) food services employee, one (1) paraprofessional, and one (1) secretary from ESA. 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, approving or denying the applications and communicating its decisions to the members and to the Payroll Department. 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 in the previous school year for a catastrophic illness or accident, or forty (40) days for a qualifying family terminal illness. These persons will be accepted back into the Program only after working forty (40) consecutive days in the new school year. Each new school year begins September 1. If the seventy five (75) days are used in two consecutive school years, the following September 1 constitutes the new school year.
5. Eligible employees are automatically members of the Program when employed.
6. No sick leave days will be assessed for membership. The district shall contribute one day for each employee in the 1996-97 school year and for every new 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.
7. The maximum number of sick leave days that can be granted to any member shall be seventy-five (75) days for catastrophic illness or accident. All seventy-five (75) days will be at full pay. These days can be used in two consecutive school years, but cannot exceed the total of seventy-five (75) days. Ten (10) days may be granted for a less serious illness that extends beyond normal recovery time because of complications. These ten (10) days will be at no loss of pay. Depression and mental illness diagnosed severe will be limited to five (5) days, and catastrophic back ailments will be limited to ten (10) days in any one school year or to the days remaining in the school year, whichever is less. **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 one (1) week after leaving hospital care or sooner, even if applicant has personal days available but feels days may be needed after personal**

days run out. Qualifying family terminal illness (spouse or dependent child under eighteen (18) years of age) will be limited to forty (40) days at no loss of pay. 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 and will take place during the last two (2) months as verified by the 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.

8. Grants from the Sick Leave Program shall be in units of not more than twenty-five (25) consecutive working days for a catastrophic illness and ten (10) days for a lesser illness extended by complications. **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 user 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 user must indicate the continuity of the dates requested.**
9. **Members must use all their available sick leave, annual personal leave, and vacation time, if any, before receiving days from the Program.** In order to qualify, the Program member must have been out at least five (5) consecutive working days with current incapacitating illness. These five (5) days may be covered by the member's accumulated sick leave or leave without pay.
10. 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 dependent family member or spouse. 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. Any person requesting days gives permission for health services to talk with their doctor and/or office concerning their illness or accident. Any person requesting days gives permission for their doctor(s) to release information to the Health Services Director of the FWISD. The applicant must have worked during the school year in which the request for days is made.
11. 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.
12. The Sick Leave Program may be used for the employee's own personal illness or injury; it may also be used for a member to remain away from his/her position in order to assist a spouse or dependent child who is terminally ill or injured when there is no other family member to care for the terminally ill or injured person. A physician must verify terminal illness or injury in last two (2) months to the best of his/her ability.
13. Pregnancy and delivery will not be considered an illness covered under this Sick Leave Program except when unusual complications occur to mother after delivery. Bed rest and hypertension are not considered unusual complications.
14. Earned local sick leave may be contributed to the Program by a retiring employee.
15. Leave from the Program may not be used for disabilities which qualify the member for Workers'

Compensation benefits. SLP benefits may not be considered if Workers' Compensation is involved unless the applicant is turned down by Workers' Compensation. Applicant's request must meet guidelines of the SLP.

16. 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.
17. 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. While on approved leave of absence;
 - f. Failing to apply for disability or medical retirement when a physician has determined that the member will not likely return to work and will qualify for this retirement;
 - g. Failing 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.
18. The Executive Committee will review and forward to the FWISD Payroll Department its decision on all requests to draw on the Sick Leave Program within twenty-five (25) working days after such request is received by the Executive Director of the Program's Executive Committee, except in the months of June, July, and August.
19. 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 program director of Health Services will suggest no less than three nor more than five physicians, from which the employee may select one. This 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.
20. 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 on his/her behalf to the FWISD Health Services Director by an authorized agent or member of his/her family.
21. All forms for participation in the Sick Leave Program shall be available in the principal's office at each FWISD school, the Human Resources Office and the Health Services Office. These forms shall be given or sent to any employee upon request.
22. Copies of all Sick Leave Request Forms shall be marked for approval or denial by the Executive Committee. Following such action, the Executive Director shall write letters to the applicant and the Payroll Department as needed. Denial due to insufficient information shall be specific as to what information is needed in order to make a decision.
23. The Executive Director shall maintain records regarding the Sick Leave Program for three years.
 - a. The Executive Committee 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, and Human Resources Offices 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 serve as chair of the meetings. The Executive Director shall be non-voting, but will vote only in order to break ties.
24. 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.
25. 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 22 above.
26. There must be a quorum of five (5) members present of the eight (8) or nine (9) on the committee to act on applications, except for the months of June, July and August. During these months the executive director will conduct a telephone survey and determine approval or denial from those committee members who can be reached.

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
- Physician's Statement*

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

*Physician's Statement is not necessary when requesting days to care for terminally ill spouse or minor child under eighteen (18) years of age. Letter from 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:	
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:
<p>This request cannot be acted upon until the Physician's Statement is received.</p> <p>NOTE: Any person requesting days gives permission for the Health Services Dept. to talk with their doctor and/or office concerning their illness or accident.</p> <p>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.</p>	
Office Use Only	
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:	
Note: Any person requesting days gives permission for the Health Services Dept. to talk with their doctor and/or office concerning their illness or accident.	
Diagnosis or nature of illness or injury (Lay Language):	
Date of Consultation:	
Dates Hospitalized:	
Admitted:	Discharged:
Prognosis:	
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:	
<i>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.</i>	