

WLEA Sick Leave Bank Guidelines

Please refer to Article XIX of the Master Agreement for all leave provisions. Item M contains information specific to the Sick Leave Bank. Within that item, it is stated that the Association will establish a Sick Leave Bank Committee that will “be organized and operated in accordance with rules and guidelines established by the Association.” Those rules and guidelines for the Sick Leave Bank are as follows:

1. Sick leave days will only be granted in the event that there are sick leave days in the bank.
2. Procedure for Applying for Sick Leave Bank days
 - a. All teachers who donate ½ day each year to the WLEA sick leave bank shall be eligible to apply for sick leave days from the bank during that year.
 - b. A contributing member must first use all accumulated leave days before requesting days from the sick leave bank.
 - c. The contributing member must then request an advancement of five sick days from WLSL. These days are to be paid back to WLSL as soon as the member has accumulated them. Days borrowed from the sick bank may not be used to pay back WLSL.
 - d. The contributing member may then request sick leave days from the bank in increments of five (5). This request should be in the form of an application submitted electronically to the sick leave bank chair at the same time as the application for borrowed days from the WLSL BOE.
 - e. A contributing member may request and use up to 15 days per academic school year from the sick leave bank. The requested 15 days may not be used to extend leave beyond the allotted time designated in the Family Medical Leave Act which is twelve weeks.
3. If, at the end of the school year, days remain in the bank, they will be distributed, one day at a time, to pay back borrowed days until all borrowed days are repaid to the BOE.
4. In the event of a confirmed catastrophic medical condition, refer to Article 19 N of the negotiated contract.

WLEA Sick Leave Bank Application

WLEA Member Name _____ Building _____

Date of Request _____

Number of Days Requested _____

Anticipated Date(s) of Absence _____

Reason for the Request

Have you used all of your accumulated personal and sick leave? Y N

Date that you requested 5 days from WLS D _____

WLEA Member Signature Requesting Days/ Date

WLEA Sick Leave Bank Chair Signature/ Date

WLEA Treasurer's Office Signature/ Date

**** Please return this form to the WLEA Sick Leave Bank Chair via email at the same time of application to the WLS D BOE for borrowed days.**

Approved _____ Date _____ for _____ Days

Not Approved _____ Date _____ Reason _____