

ADDENDUM 2

EMPLOYEE LEAVE BANK

Kyrene School District

KESPA operates an employee leave bank. The bank will gather ACA hours from employees to be used by leave bank members who are ill and in need of ACA hours. There are two open enrollment opportunities each year from August 15 through September 15 and January 15 through February 15. At the time of enrollment, the employee must have at least 24 hours of ACA to participate in the employee leave bank.

- a) Employees who wish to participate must contribute eight (8) ACA leave hours to the employee leave bank.
 1. Beginning 7/1/2013, Education Support Professional's Leave Bank Members who have a break in employment (resignation, retirement, or termination) and are re-employed at any time, who wish to participate in the leave bank will need to rejoin the leave bank by contributing eight (8) hours during one of the open enrollment periods.
 2. **Beginning 7/1/2013, Education Support Professional's Leave Bank Members who have a break in employment due to Reduction in Force, Non-renewal, or Position Elimination** and are re-employed within twelve (12) months will have their leave bank membership reinstated.
 3. Beginning 7/1/2013, Education Support Professional's Leave Bank Members who have a break in employment due to Reduction in Force, Non-renewal, or Position Elimination and are re-employed after twelve (12) months, who wish to participate in the leave bank, will need to rejoin the leave bank by contributing eight (8) hours during one of the open enrollment periods.
- b) Leave bank members may contribute up to forty (40) hours during each open enrollment period thereafter. Employees who are retiring and have ACA hours remaining above the approved payout language will be allowed to donate up to forty (40) hours even if it is outside of a designated open enrollment period.
- c) The employee leave bank will be administered by an employee leave bank committee. The committee shall consist of three (3) employees appointed by the KESPA, who are leave bank members. Leave bank membership is not contingent upon KESPA membership.
- d) The leave bank committee will establish the guidelines and procedures for monitoring and granting leave bank hours.
- e) Only an eligible leave bank member/or designee may apply for up to eight (8) leave bank days from the Sick Leave Bank (SLB). Per Policy GCCC, leave hours (this includes ACA, compensatory time and vacation) must be exhausted.
- f) Eligible leave bank members may receive days from the SLB only for serious, extreme, or catastrophic circumstances to self or immediate family members as determined by the leave bank committee. SLB days will not be granted for maternity, except when complications arise from pregnancy. (Note: Immediate family is as defined in Meet and Confer in the Employee Bereavement Absences section).

- g) Eligible leave bank members may be granted one request per school year and may apply to the SLB committee for one (1) additional request of up to eight (8) leave bank days (prorated to employee's ACA eligible FTE) during the same school year. Additional days may be granted to an employee during extreme and catastrophic circumstances. The leave bank committee will determine the number of hours granted in conjunction with information from the employee and the Kyrene School District Employee Relations department.
- h) In order for the SLB committee to determine eligibility for SLB days, the eligible leave bank member must complete the SLB request form and must provide written explanation of need including all pertinent information necessary to determine eligibility for SLB days and submit to the SLB committee for review. Incomplete request, may delay committee review and approval which may result in a delay in receiving payment.
- i) All decisions are final.
- j) Unused leave bank hours shall be accumulated without limit and carried over into each consecutive year.

On an annual basis, the committee will review the balance of remaining hours to determine the need to request additional hours from the leave bank members during the open enrollment period in the fall. The review will be completed by May 31 of each year.

Kyrene Education Support Professional Employee Voluntary Sick Leave Bank Membership Form

NEW SICK LEAVE BANKMEMBERS

I, (print name) _____, (KSD employee ID#) _____, elect to donate 8 hours of ACA to the ESP Employee Sick Leave bank for my initial membership. I am aware that these hours will be deducted from my ACA balance on or before November 30th (for Fall enrollees) or on or before March 30th (for Spring enrollees). I understand that this donation is strictly voluntary and that I will not be able to revoke this donation at any time. I further understand that in order to join this Sick Leave Bank program, I must have a current ACA balance of at least 24 hours, and I must contribute 8 hours to the leave bank for my initial membership.

Fall Enrollment Window: 08/15 – 09/15 of each fiscal year
Spring Enrollment Window: 01/15 – 02/15 of each fiscal year

- *Please note that ESP members who leave the District due to retirement, resignation, or termination and are re-employed at any time and who wish to participate in the leave bank need to re-enroll into the sick leave bank by contributing 8 new ACA hours.*

CURRENT ESP SICK LEAVE BANK MEMBERS

Current ESP Sick Leave Bank members are NOT required to donate additional ACA hours each year; however, a current ESP Sick Leave Bank member may voluntarily donate additional hours (up to 40) during each enrollment window if they choose.

I, (print name) _____, (KSD employee ID#) _____, choose to **voluntarily** donate (indicate # of hours you wish to donate) _____ hours of ACA to the ESP Employee Sick Leave bank. These hours are above and beyond my initial membership.

CURRENT ESP SICK LEAVE BANK MEMBERS WHO ARE RETIRING FROM KYRENE

Current ESP Sick Leave Bank members who are retiring from the District and have ACA hours exceeding the maximum allowable for payout (per page 7 of M&C) may voluntarily donate up to 40 hours to ESP Sick Leave Bank upon retirement.

I, (print name) _____, (KSD employee ID#) _____, am retiring from the Kyrene District on (enter date) _____. I chose to **voluntarily** donate (indicate # of hours you wish to donate) _____ hours of ACA to the ESP Employee Sick Leave bank upon my retirement.

By signing below, I confirm my voluntary request as indicated above and set forth in the Meet and Confer Document for Education Support Professional Employees (pages 39-40).

Signature

Date

Kyrene ID#

Education Support Professional's Sick Leave Bank Request Form

Name: _____ Date: _____

Employee ID #: _____ School/Location: _____

Home Phone #: _____ Current Position/FTE(s): _____

First Request

Second Request

I am requesting _____ Sick Leave Bank Hours for the following dates: (up to eight (8) leave bank days, prorated to employee's current eligible FTE per request. See Meet & Confer for guidelines)

Dates Needed: _____

Yes (All ACA, comp time, etc. have been used)

No (All ACA, comp time will be exhausted by _____)

Please attached documentation (letter of request/explanation of medical need &/or doctor's statement verifying medically necessary leave. This information is necessary to assist the leave bank in determining your eligibility for leave bank hours)

Signature of Employee

Committee Review/Recommendation

Request granted for _____ Hours

_____ Date: _____

_____ Date: _____

_____ Date: _____

Request Denied

_____ Date: _____

_____ Date: _____

_____ Date: _____

Sick leave bank request denied for the following reason(s): _____

