



NORTH CENTRAL OHIO EDUCATION SERVICE CENTER
928 W MARKET STREET, SUITE A
TIFFIN, OHIO 44883

Sick Leave Bank Program Effective October 1, 2009

1. Sick Leave Advances

In emergency situations that arise after all accumulated leave has been exhausted (i.e. sick, personal, vacation, etc.), an employee may request from the Superintendent an advance of sick leave days, not to exceed five (5) days. This advance may be granted at the Superintendent's discretion. However, any actions made by the Superintendent would not set precedent for future requests or advances. In the event an employee who has received an advance leaves NCOESC prior to the start of the ensuing school year, the advance will be deducted per diem from the final pay.

2. Sick Leave Bank and Purpose

Employees that work for the NCOESC may donate sick leave to the bank for a fellow employee who is otherwise eligible to accrue and use sick leave pursuant to the provision of section 124.391 of the Ohio Revised Code. The intent of this sick leave bank is to allow employees to voluntarily provide assistance to their co-workers who are in need of leave due to the serious illness of an employee or a member of an employee's immediate family.

For definition purposes, the NCOESC staff member's immediate family is defined as a member of the immediate family of the staff member residing in the home of said staff member and the staff member's parents, brother, sister, son or daughter, stepchild, and a family member for whom the staff member has primary care, if not residing with the staff member.

On an as-needed basis, the Superintendent may convene a Sick Leave Bank committee comprised of the Superintendent, Treasurer and Assistant Treasurer to discuss any discretionary mitigating circumstances for other family members (i.e. father-in-law, mother-in-law, or grandchild) and/or mitigating situation whereby the assistance for an employee is required.

Employees who have exhausted their accumulated sick leave including any advances, may petition through written application to the Superintendent a request for use of sick leave days that are "banked". The Superintendent will then review and consider allowing the use of sick leave days donated to the bank from other employees.

Employees using donated leave shall be considered in active pay status and shall accrue any other benefits to which they would otherwise be entitled. Leave that is accrued by an employee while using donated sick leave shall be used, if necessary in the following pay period before additional donated leave can be used. Donated leave shall be considered sick leave, but shall never be converted into a cash benefit.

3. Implementation

Each NCOESC employee who has a minimum of thirty (30) accumulated sick days may donate up to a maximum of five (5) days per calendar year to the Sick Leave Bank by completing the Sick Leave Bank Donation Form (Exhibit A) and sending this form to the Superintendent.

- a. Donated days will accumulate in the Sick Leave Bank
- b. Donated days will remain in the Sick Leave Bank until used
- c. Donated days cannot be stipulated or earmarked for any single individual by the donor.

NCOESC employees may receive donated leave if he/she has met all of the following criteria.

- a. All of his/her accumulated leave has been exhausted
- b. Beginning January 1, 2010, he/she has contributed at least one (1) day of his/her own sick leave to the Sick Leave Bank
- c. His/her absence is due to a catastrophic illness or accident of the employee or a member of their immediate family
- d. The employee has completed the Sick Leave Benefit Request Form (Exhibit B)
- e. Has applied for any Worker's Compensation, disability retirement, or private disability insurance program for which the employee is eligible

NCOESC employees are NOT eligible for the use of the Sick Leave Donation Program if:

- a. They have not donated to the Sick Leave Bank (Effective January 1, 2010)
- b. The surgery and/or procedure is elective
- c. The leave is for maternity or the birth of a child (unless related to a serious health condition of the mother or child)
- d. The specific injury or illness does not exceed twenty (20) calendar days or intermittent days as approved by the Superintendent
- e. The employee is eligible for Worker's Compensation, STRS Disability or a personally purchased disability plan, when applicable
- f. They have been employed with the NCOESC for less than three (3) academic years
- g. They have abused their accrued sick leave, based upon the understanding and discretion of the Superintendent and/or Sick Leave Bank committee

In the case of an employee who has been approved to participate in the Sick Leave Bank, days shall be granted in five (5) day increments up to twenty (20) days based upon approval of the Superintendent. After the initial twenty (20) days have been used the employee may re-apply for additional days.



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Exhibit A

Sick Leave Bank Donation Form

(Please Print)

Employee Name: _____

Assignment: _____

Building Assigned: _____

- Total number of years working for the NCOESC: _____
- Total number of sick days accumulated (refer to your most recent pay stub for verification and you must have a minimum of 30 days to participate):

- Number of days you will to donate (circle one): 1 2 3 4 5

By signing at the bottom of this form, you are acknowledging that this donation is permanent, and cannot be “refunded” to you at any time after the donation has been made. However, by making a donation to the **North Central Ohio Educational Service Center Sick Leave Bank**, does qualify you for participation in the use of the benefits of the **Sick Leave Bank** in the event of a catastrophic event or illness to you or a member of your immediate family.

Signed: _____

Date: _____

Received: _____
Superintendent

Date: _____



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Exhibit B

Sick Leave Bank Benefit Request Form

(Please Print)

Employee Name: _____

Assignment: _____

Building Assigned: _____

- Total number of years working for the NCOESC: _____
- Have you previously donated to the Sick Leave Bank?
Check One: _____ Yes _____ No
- If so, please indicate when and how many days you donated:

Please outline the events which led to your use of all accumulated sick leave, and why it is that you are requesting assistance from the Sick Leave Bank (all information will remain strictly confidential). (Use back side of paper if necessary.)

- How many days are you requesting? _____
(***Sick Leave Bank Benefits are awarded in increments of five (5) days***)

Signed: _____ Date: _____

***Submit to Superintendent in envelope and mark "Confidential"**