

Lansing Community College Educational Support Personnel Association Sick Leave Bank

The ESP Sick Leave Bank serves as a depository into which ESP bargaining unit members may donate accrued sick leave time for allocation to other ESP members. The donation of days is completely voluntary, and such donation may be kept confidential at the request of the donor. The purpose of this bank is to alleviate the hardship caused if catastrophic illness or injury forces the member to exhaust all sick leave and vacation time earned by that member resulting in a loss of compensation. The bank is not intended to be used for routine illnesses. The ESP Sick Leave Bank is established by the members of the ESP Association and may only be utilized by ESP members. Lansing Community College has no decision making authority over the ESP Sick Leave Bank. The only role/responsibility the College has is to maintain the ESP Sick Leave Bank and distribute hours as directed.

Donations:

Any bargaining unit member who wishes to transfer up to 12 hours per fiscal year (July 1 through June 30) of their sick leave time must sign the ESP Sick Leave Bank Donation form indicating the number of hours to be transferred. Donated hours are non-refundable.

When the balance of the bank falls below 40 hours, a special donation request period may be opened.

Application Procedure

Application may be made by a bargaining unit member or his/her designee indicating a request for the utilization of hours from the ESP Sick Leave Bank. The forms are available from any Sick Leave Bank Committee member or from the LCC-ESP website.

The following forms must be submitted before a request can be reviewed:

- Signed Application for Utilization of ESP Sick Leave Bank Hours
- Completed and signed Attending Physician's Statement.
- A signed Release of My Leave Information History

Eligibility & Limitations:

The Sick Leave Bank is available to those members who have completely exhausted all sick leave time and vacation time and have not yet qualified for long-term disability. The Sick Leave Bank is not available to members receiving temporary disability benefits under workers' compensation.

Sick Leave Bank hours may be requested for any catastrophic injury or illness of an ESP member. Catastrophic injury or illness is defined as a severe condition or combination of conditions affecting the mental or physical health of a member making it impossible for the member to work. The catastrophic illness or injury must require the continuing services of a physician, psychologist, or psychiatrist.

Withdrawals:

A member or his/her designee must request hours from the Sick Leave Bank in writing to the ESP President. Requests for hours are to be for the members' catastrophic illness or injury.

Each initial grant of hours shall be limited to 80 consecutively scheduled working hours for each illness or injury. After the initial grant, additional hours may be requested, if necessary.

The right to apply for the Bank terminates when any of the following occurs:

1. Member's employment terminates.
2. Member returns to work either on a full-time or part-time basis.
3. Member is approved to receive benefits from (a) disability retirement, (b) long term disability program (c) worker's compensation benefits or settlement, or (d) Social Security Disability.
4. Personal emergency terminates.
5. The time allotted by the Sick Leave Bank Committee has been reached.

The ESP Sick Leave Bank Committee may terminate previously granted benefits if:

1. The applicant fails to, or refuses to provide additional requested medical information.

2. The ESP Sick Leave Bank Committee determines that the applicant has obtained benefits through misrepresentation or fraud.
3. The applicant begins to receive other benefits.

Any hours granted to a member that are not used must be returned to the ESP Sick Leave Bank.

Benefits from the bank are not available retroactively unless the member was unable, due to incapacitation, to make a timely application.

Rollover of Hours

Unused Bank hours will be carried forward from year to year up to a maximum cap not to exceed 12 hours times the number of bargaining unit members at the end of the fiscal year. (For example, if there are 125 members -- $125 \times 12 = 1500$ hours.)

Approval Procedure

As soon as possible after an Application is received by the Chairperson of the Sick Leave Bank Committee, s/he shall convene the ESP Sick Leave Bank Committee to act on the Application. If the Application is approved based on the information contained therein along with the accompanying Attending Physician's Statement and Release of My Leave History forms, the Chairperson shall provide written notification to the ESP member and the Human Resources Office of that action. If the Application is not acted upon because of the need for additional information or clarification, the Chairperson shall provide written notification of that fact, along with a request for additional information/clarification, to the ESP member. As soon as possible after receipt of the needed information, the Committee will be reconvened to act upon the Application.

Denial Procedure

If the ESP Sick Leave Bank Committee determines that an illness or disability which warrants utilization of days from the ESP Sick Leave Bank does not exist, or if sufficient medical verification of such an illness or disability is not provided to the Committee, it may deny the application. The Chairperson shall immediately notify the ESP member. Any denial will include the specific rationale for the denial. The decision of the ESP Sick Leave Bank Committee is final and binding and not subject to the grievance procedure.

Disclosure of Information

Applicant's requesting utilization of days from the ESP Sick Leave Bank shall agree that the ESP Sick Leave Bank Committee members are authorized to examine all information submitted by the applicant and his/her physician in support of the application, and all information regarding leave usage history obtained from Human Resources, and that such information will be provided to the ESP President.

ESP Sick Leave Bank Committee

The ESP Sick Leave Bank Committee shall be composed of at least three (3) ESP members and one (1) alternate appointed for a term of one year by the ESP President and approved by the ESP Executive Board. The alternate will become a member of the ESP Sick Leave Bank Committee should a member be unavailable, and/or if a conflict of interest exists between a member of the ESP Sick Leave Bank Committee and an applicant.

The ESP Sick Leave Bank Committee shall meet at least once per calendar year to review the balance in the Bank. At least once a year the ESP Sick Leave Bank Committee shall file a report of activities and utilization of the bank with the ESP Executive Board. In addition, the Committee shall meet whenever necessary to act upon an application. If necessary, the Committee may meet by telephone conference call with necessary written documents exchanged by facsimile machine or electronic mail.

All decisions of the Committee shall be by majority vote of the members appointed and serving on the Committee. Robert's Rules of Order shall govern all Committee meetings.

Application for Utilization of Days from the ESP Sick Leave Bank*

Name _____ Date _____

Address _____
Street City Zip

Phone Number (Office) _____ (Home) _____

Department _____ Division _____

First date of continuing illness/disability _____

List dates of absence from work due to this illness/disability _____

Number of accumulated sick and vacation days at the beginning of this illness/disability _____

Date on which hours from the ESP Sick Leave Bank is to commence (date all of personal time is/was exhausted) _____

Number of ESP Sick Leave Bank Hours being requested _____

Applicant's statement describing the illness/disability/hardship:

I hereby apply for hours from the ESP Sick Leave Bank for the above described illness/disability. I understand that this Application, the supporting Attending Physician's Statement and Authorization for Release of My Leave History will be distributed to the members of the ESP Sick Leave Bank Committee. I authorize the distribution of this application, Attending Physician's Statement and Authorization for Release of My Leave History as stated above.

Signature of Applicant

Send this Application, the Attending Physician's Statement and Authorization for Release of My Leave History to the Chairperson of the ESP Sick Leave Bank Committee.

*This application may be completed by the member or his/her designee. A designee must have a legal Power of Attorney giving him/her the authority to waive the member's HIPPA rights.

ESP Sick Leave Bank Attending Physician's Statement

Patient's Name _____ Age _____

Diagnosis _____

Prognosis _____

Brief history of illness or injury (include dates of treatment by you and dates and name of hospital confinement, if any)

In your opinion, is the patient's disability caused by his/her employment?

YES _____ NO _____ If YES, please explain on a separate sheet.

Based upon your personal knowledge and treatment, how long has the patient been totally disabled by this illness/injury so that s/he was prevented from working?

FROM _____ TO (and including) _____

Has the patient recovered sufficiently to return to work? YES _____ NO _____

If YES, date on which patient was able to return to work? _____

If NO, when, in your opinion, may work be resumed? _____

(Please be as specific as possible. If a specific date cannot be determined, please estimate in days, weeks, or months how long total disability will continue.)

Physician's Name _____

(Please print or type)

Physician's Signature _____

Phone Number _____ Office Hours _____

Date Completed _____

Office Address _____

Physician's Specialty Board Certification _____

Release of My Leave History*

I _____ hereby grant permission for the Human Resources Office at Lansing Community College to release all my leave history to the ESP Sick Leave Bank Committee.

Signed _____

Date _____

***This Application may be completed by the member or his/her designee. A designee must have a legal Power of Attorney giving him/her the authority to waive the member's HIPPA rights.**

ESP Sick Leave Donation Form

Name: _____ Date of Request: _____

Department: _____

I wish to donate _____ hours to the ESP Sick Leave Bank.

This donation is effective _____

I understand that I am limited to a donation of 12 hours in any fiscal year, and that I must have the hours available for donation.

I understand that once I donate these hours, the hours may not be refunded to me.

I agree that I am making a voluntary donation. I understand that this donation will be kept confidential at my request.

Signature Date

I want my donation to be kept confidential. YES _____ NO _____

This section is to be completed by the LCC Human Resources office and returned to the chair of the ESP Sick Leave Bank Committee.

Lansing Community College Human Resources Office has completed the transfer of the requested hours to the ESP Sick Leave Bank.

Signature Date