

SICK BANK MEMBERSHIP FORM

NAME: _____

SCHOOL: _____

DATE: _____

All state employees who are entitled to accrue sick leave pursuant to T.C.A. § 8-50-802, who have been employed by state government for 12 full months immediately preceding application for participation, who are currently accruing leave, and who have a sick leave balance of at least 6 days as of October 31 of the current enrollment year are eligible to enroll in the Bank.

Any employee who elects to join the Bank will initially have the equivalent of 4 days of sick leave deducted from his or her personal accumulation and donated to the Bank. Thereafter, 1 day of sick leave per year will be assessed each October 1. Failure to meet this mandatory assessment within 1 year constitutes refusal to honor an assessment as outlined in Paragraph VI.1 below. The Board may waive the assessment in any year by written notice.

BEDFORD COUNTY DEPARTMENT OF EDUCATION
EMPLOYEE SICK LEAVE BANK
500 MADISON STREET
SHELBYVILLE, TENNESSEE 37160
931-684-3284. extension 2224
931-684-3289 Fax

SICK LEAVE BANK MEDICAL CERTIFICATION

COMPLETED FORM MUST BE MAILED OR FAXED BY THE MEDICAL OFFICE DIRECTLY TO THE SICK LEAVE BANK AT THE ADDRESS ABOVE

AUTHORIZATION TO RELEASE INFORMATION: I hereby authorize the Sick Leave Bank to make all necessary investigations concerning this application. I further authorize the release of any records or information, including but not limited to medical, Workers' Compensation, State Retirement, or Social Security disability that is sought in connection with this application.

Patient's Name and SSN (Please Print)

Patient's Signature (or legal representative)

Name of Medical Doctor/Surgeon (Please Print): _____

Part I: Initial Form: Part I and Part II (Entire Form) completed by the medical doctor/surgeon only.

1. HISTORY (Please answer all questions.)

(a) When did symptoms first appear or accident happen?..... Mo. ____ Day ____ Yr. ____

(b) Is this a work-related injury or illness with the state?..... Yes ____ No ____

(c) Is this a work-related injury or illness with another employer?..... Yes ____ No ____

If yes, name, address, and telephone number of the non-state employer.

(d) Has patient ever had the same or a similar condition?..... Yes ____ No ____

If yes, state when and describe.

(e) Was the patient referred to you by another medical doctor/surgeon? Yes ____ No ____

If yes, list the referring medical doctor/surgeon's name and telephone number.

2. PRESENT CONDITION (Please answer all questions.)

(a) Is patient's present condition the same condition or related to, resulting from, or recurring from a previously diagnosed condition for which he/she previously received treatment? Yes ____ No ____

If yes, what condition and/or diagnosis? _____

(b) For the present condition, was the patient: Hospitalized?..... Yes ____ No ____

Had Surgery? Yes ____ No ____ If yes to either, please list all dates.

REQUIRED: Patient's Name and SSN (Please print): _____

Part II: For follow-up visits: Part II completed by the medical doctor/surgeon or nurse practitioner/physician's assistant.

3. DIAGNOSIS (Be specific – Please provide the ICD-9 code(s) and a written description.):

Primary diagnosis: _____
ICD-9 Description

Secondary diagnosis: _____
ICD-9 Description

4. TREATMENT (Please describe the treatment): _____

5. APPOINTMENT INFORMATION: (Current Condition)

- (a) Date of first visit for this condition? Mo. ____ Day ____ Yr. ____
- (b) Date of next visit? Mo. ____ Day ____ Yr. ____
- (c) Was patient seen today? Yes ____ No ____ **If no:** Date of last visit? Mo. ____ Day ____ Yr. ____

6. EXTENT OF DISABILITY FOR PATIENT'S REGULAR OCCUPATION:

- (a) What is the usual recovery period for this condition? _____
- (b) Is the patient temporarily unable to perform any duties of his/her job? Yes ____ No ____
If yes, beginning date: _____ ending date: _____
If no, when was patient able to return to work? Mo. ____ Day ____ Yr. ____
- (c) When will the patient be able to return to work **with** restrictions?
Approximate Date: _____ Indefinite: _____ Never: _____
- (d) When will patient be able to return to work **without** restrictions?
Approximate Date: _____ Indefinite: _____ Never: _____

The first Medical Certification Form (initial form for this condition) completed for this patient requires the signature of a Medical Doctor/Surgeon.

Forms based on follow-up visits to your office require the signature of a Medical Doctor/Surgeon or a Nurse Practitioner/Physician's Assistant.

I hereby certify that the above information is true and correct and that the information provided is objective medical information relative to this patient's application to the Sick Leave Bank.

PLEASE PRINT:

Name: _____
Medical Doctor/Surgeon

Signature and Title

Address: _____

Address: _____

Date

Telephone #: (____) _____

Fax #: (____) _____



Employee Sick Leave Bank Guidelines

I. PURPOSE:

The Sick Leave Bank (the "Bank") grants paid sick leave to members who are medically certified as unable to perform the duties of their jobs as a result of a personal illness, injury, accident, disability, medical condition, or quarantine and who have exhausted all their personal sick, compensatory, and annual leave balances.

The Bank is administered by a Board of Trustees (the "Board") as established in T.C.A. § 8-50-903.

II. ELIGIBILITY FOR ENROLLMENT AND MEMBERSHIP:

1. All state employees who are entitled to accrue sick leave pursuant to T.C.A. § 8-50-802, who have been employed by state government for 12 full months immediately preceding application for participation, who are currently accruing leave, and who have a sick leave balance of at least 6 days as of October 31 of the current enrollment year are eligible to enroll in the Bank.
2. Employees electing to join the Bank must do so during the months of August, September, or October of any year. Enrollment forms may be obtained from your agency's human resources office or the Department of Human Resources, Employee Relations Division, or at the website <http://tn.gov/dohr/employees/sickleave/sickleave.html>. The completed and signed enrollment form must be returned to the Department of Human Resources, Sick Leave Bank, no earlier than August 1 and no later than October 31.
3. Any employee who elects to join the Bank will initially have the equivalent of 4 days of sick leave deducted from his or her personal accumulation and donated to the Bank. Thereafter, 1 day of sick leave per year will be assessed each October 1. Failure to meet this mandatory assessment within 1 year constitutes refusal to honor an assessment as outlined in Paragraph VI.1 below. The Board may waive the assessment in any year by written notice.
4. If at any time the number of days in the Bank is less than 1 per member, or at any time deemed advisable, the Board will assess each member one or more days of accumulated sick leave. A member that accrues leave the month immediately preceding the assessment but fails to hold the required sick leave for the assessment will be removed from the Bank. For a member that does not accrue leave in the month prior to the assessment, the first earned day(s) will be assessed upon accrual by the member. **The member must notify the Sick Leave Bank Administrator upon accrual, and hold the sick leave in his or her sick leave balance for assessment.** Failure to meet this special assessment within 1 year constitutes refusal to honor an assessment as outlined in Paragraph VI.1 below.
5. Initial, annual, and special assessments to the Bank are nonrefundable and nontransferable.

III. ELIGIBILITY FOR APPLICATION AND GRANTS:

1. Members are eligible to apply for grants of sick leave on February 1 following enrollment. Application for sick leave grants must be made on a Withdrawal Request Application and Medical Certification form. These forms may be obtained from your agency's human resources office or the Department of Human Resources, Employee Relations Division, or at the website <http://tn.gov/dohr/employees/sickleave/sickleave.html>.
2. Applications for grants from the Bank for pre-existing conditions will be denied until November 1 of the following year. "Pre-existing" means a condition that existed for which a member received treatment or advice during the 12 month period prior to the effective date of initial Bank membership.

3. If a member sustains a job or service related injury or illness, he/she must first submit a claim for workers' compensation (or the equivalent if service related) and receive a determination prior to receiving grants from the Bank. If denied, the Bank will consider a request for grants of sick leave. The member will have up to 30 workdays after the denial of a workers' compensation claim in which to file an application with the Bank.
4. Members who received lost time and/or a settlement based on a workers' compensation claim or any other employer provided benefits for job or service related injuries or illnesses are not eligible for Bank grants for any claims involving the same injuries or illnesses.
5. Applications for grants from the Bank will be denied for the following:
 - a. elective surgery;
 - b. illness of any family member;
 - c. while the member is earning or receiving income from other employment;
 - d. during any period the member is receiving disability benefits from social security, or the state retirement plan; or
 - e. the member is receiving workers' compensation benefits, or any other employer provided benefits for job or service related injuries or illnesses that are also related to the request for grants from the Bank.
6. Grants from the Bank will not be approved until the member has exhausted all accumulated sick, compensatory, and annual leave and has been in a leave without pay status for 5 consecutive days.
 - a. Each subsequent application that is related to, resulting from, or recurring from a previously diagnosed condition for which the Bank granted sick leave will not require the member to be in a leave without pay status.
 - b. For each new diagnosed personal illness, injury, accident, disability, medical condition, or quarantine, a member must be in a leave without pay status for 5 consecutive days before Bank grants will be made.
7. The member must file all documents in a timely manner.
 - a. Application eligibility date ("eligibility date") is the date the member exhausts all accumulated sick, compensatory, and annual leave.
 - b. Application for sick leave grants must be made on a Withdrawal Request Application and Medical Certification form. You may obtain these forms as outlined above in III.1. All Withdrawal Request Applications must be completed by the member and forwarded to the member's departmental human resources office. In the event that a member is physically or mentally unable to submit an application, a family member or agent may file the request on the member's behalf.
 - c. Application for sick leave grants must be submitted no earlier than two weeks prior to, but no later than 30 workdays after the eligibility date absent any extraordinary circumstances. Application for grants from the Bank received later than the 30 workday period, where no extraordinary circumstances are found, will be denied. No further applications for sick leave during that period of absence from work for that specific illness/injury will be accepted.
 - d. A Medical Certification form must be submitted with each Withdrawal Request Application. The Medical Certification form must be based on a treatment visit occurring within the timeframe as defined in 7.c. This Medical Certification form must include information resulting from a treatment visit with a

medical doctor/surgeon and should occur as close as possible to the members "eligibility date." Treatment visits may include, but are not limited to, a hospital visit, the date of surgery, a doctor's office visit, etc.

8. Medical Certification (Must be submitted with each Withdrawal Request Application):

- a. The initial Medical Certification form must be completed in its entirety by the current attending medical doctor/surgeon at the time of application.
- b. All Medical Certification forms must be forwarded directly to the Bank by the treating medical office. Medical Certification forms received from anyone other than the treating medical office will not be accepted by the Bank and may result in denial of the pending request.
- c. For any extension of Bank grants, a subsequent Medical Certification form must be submitted. The Medical Certification form must be based on a follow-up treatment visit relating to the same injury or illness. The Medical Certification form must be completed by either the current medical doctor/surgeon or by a nurse practitioner/physician's assistant working directly under the supervision of the current medical doctor/surgeon.
- d. A nurse as defined in T.C.A., Title 63, Chapter 7, and employed by a home care organization or hospice as defined in T.C.A. § 68-11-201 and working directly under the supervision of a medical doctor/surgeon may complete subsequent Medical Certification forms based on follow-up treatment visits for approved members diagnosed as terminally ill by a medical doctor/surgeon. For the purpose of this guideline, a treatment visit may include a visit by the nurse to the member's regular or temporary place of residence.
- e. In the event a member dies while receiving grants from the Bank, a death certificate may be submitted in place of a subsequent Medical Certification form. Sick leave grants will be limited to 30 days or up to the date of death, whichever is less.

IV. GRANTS FROM THE BANK:

1. Sick leave grants from the Bank shall not be more than 30 consecutive days for which the individual member would have otherwise lost pay. A member may receive a maximum of 90 days from the Bank as a result of a personal illness, injury, accident, disability, medical condition, or quarantine or a condition related to, resulting from, or recurring from a previously diagnosed condition for which the Bank granted sick leave.
2. Grants of sick leave from the Bank shall not exceed 90 days within a 12 month period. The initial 12 month period starts on the date the member's sick leave grants first begin and extends 12 months forward from that date. A new 12 month period would begin the first time grants from the Bank begin again after completion of the previous 12 month period.
3. Grants from the Bank terminate as of the date the member is released to return to work with or without restrictions. When the member's agency has a written policy that prohibits the member returning to work with restrictions, the member may be eligible for continued grants of sick leave if all other eligibility requirements are met.

V. APPEALS:

1. The Board will hear all timely filed appeals regarding denials of requests for sick leave grants from the Bank. Only members in good standing may appeal a decision to deny grants of sick leave. All appeals to the Board

must be filed with the Employee Relations Division of the Department of Human Resources within 15 calendar days from receipt of a Sick Leave Bank Determination Form.

2. All decisions by the Board are final.

VI. WITHDRAWAL, REMOVAL, OR LOSS OF MEMBERSHIP:

1. Bank membership and grants will terminate as a result of:
 - a. Resignation or termination of employment with the State of Tennessee;
 - b. Transferring to any state agency or institution that does not accrue leave pursuant to T.C.A. § 8-50-802;
 - c. Changing to part-time employment status;
 - d. A member submitting a notarized written request to the Board to cancel membership. Regardless of the date of receipt, all cancellations of membership are effective on the next June 30. Membership withdrawal results in forfeiture of all days contributed;
 - e. Refusal to honor any assessment as may be required by the Board to maintain an adequate number of reserve days in the Bank; or
 - f. Retirement.
2. Upon a finding by the Bank Administrator of any material misrepresentation of facts by a member in making application for use of sick leave from the Bank, the Board may vote to expel and/or deny grants of sick leave to the member. Any member expelled from the Bank by the Board shall lose all present and future rights to membership, grants of sick leave, and re-enrollment in the Bank.
3. Any member who receives grants from the Bank through the use of any material misrepresentation of facts will be liable for the reimbursement of all salary and benefits expended by the Bank. **ALL MEMBERS CONSENT TO PAYROLL DEDUCTION FOR THE REIMBURSEMENT OF GRANTS FROM THE BANK PAID AS A RESULT OF ANY MATERIAL MISREPRESENTATION OF FACTS.**

VII. MISCELLANEOUS:

Sick leave used from the Bank will not constitute creditable service for sick and annual leave accrual or for longevity purposes.

FOR ADDITIONAL INFORMATION, CONTACT:

- Your agency's human resources office – <http://tn.gov/dohr/employment/offices.html>
- State Employee Information Line - Statewide Toll Free – 1-800-221-SEIL (7345)
- Department of Human Resources, Employee Relations Division – Davidson County – 615-741-1646
- Employee Sick Leave Bank Program website – <http://tn.gov/dohr/employees/sickleave/sickleave.html>

