

Highlights

- ❑ *Only one bank per school system*
- ❑ *All certified and non-certified personnel are eligible under the provisions of the law.*
- ❑ *The Board of Education and the employee organization select the trustees.*
- ❑ *The trustees notify all personnel that they are eligible to participate.*
- ❑ *Full time personnel may enroll during the months of August, September, and October.*
- ❑ *An initial donation of two (2) days is required.*
- ❑ *A member's personal and sick leave must be exhausted before he/she will be granted days.*
- ❑ *By written notice to the trustees, a member may withdraw from bank participation by June 30. Membership withdrawal results in forfeiture of all days contributed.*

Greeneville City Schools
P.O. Box 1420
Greeneville, TN 37744-1420

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P.O. Box 1420
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ATT: Finance Department

Greeneville City Schools

Sick Leave Bank



Enrollment Application

2016-2017

**Greeneville City Schools
Enrollment Application
Greeneville City Schools Sick Leave Bank**

I hereby request membership in the Greeneville City Schools Sick Leave Bank based upon the following conditions:

- I agree that an initial contribution from my accumulated sick leave of two (2) sick leave days be deposited in the Greeneville City Schools Sick Leave Bank.*

- I agree that the trustees of the Greeneville City Schools Sick Leave Bank may assess additional sick leave days from my personal sick leave accumulation*
 - when the balance in the bank drops below twenty (20) days,*
 - when the balance in the bank drops below one (1) day per member, or*
 - when the trustees deem it advisable to make additional assessments.*

Failure to honor such assessments will result in termination of membership.

- I agree that after my personal sick leave and personal leave are exhausted, I will have an opportunity to request sick leave days from the Sick Leave Bank subject to*
 - the rules and regulations established for operating the bank and*
 - Tennessee Code Annotated (TCA) 49-5-801 through 49-5-810.*

- I understand that I have the right to withdraw my membership with forfeiture of all sick leave days contributed if I request by June 30 of any year that my withdrawal be effective for the ensuing year.*

- I understand that my membership in the Greeneville City Schools Sick Leave Bank shall cease*
 - upon my retirement,*
 - upon termination of my employment with the Greeneville City Schools, or*
 - during periods of approved leave, with the exception of personal illness and disability leave.*

Signature of Applicant: _____

Social Security Number: _____ **Date:** _____

**Greeneville City Schools
Sick Leave Bank**

The Greeneville City Schools Sick Leave Bank provides for the sharing of sick leave days among its participants according to regulations established by the Board of Trustees of the Sick Leave Bank.

All fulltime employees participating in the Greeneville City Schools Sick Leave Bank will be subject to the provisions and guidelines established by the Board of Trustees, as well as the regulations contained in Tennessee Code Annotated (TCA) 49-5-801 through 49-5-810.

Eligibility requirements are identified in TCA 49-5-710.

The Board of Trustees have established the following guidelines to govern the functions of the Sick Leave Bank.

1. A minimum of twenty (20) participants is required to establish the bank.
2. To be eligible to request days from the bank, a participant must have exhausted personal sick leave days and all personal days.
3. Participants may request days from the bank in units up to twenty (20) days. However, participants requesting days from the bank for an illness/injury which existed at the time of enrollment may request days in units up to ten (10) days.
4. Participants requesting days from the bank are required to submit a medical doctor's statement verifying their condition. The Board of Trustees may require a second opinion at the employee's expense.
5. Participants requesting days from the bank must provide a minimum of ten (10) days advance notice, although exceptions may be made in emergency situations.
6. No days may be requested retroactively from the bank.
7. The maximum number of days any participant may receive in any fiscal year is thirty(30). The maximum number of days any participant may receive as a result of any one (1) illness, or recurring diagnosed illness, or accident is forty-five(45).
8. Days not used will be returned to the bank.
9. Trustee meetings will be called by the Chair of the Board of Trustees.