



Carroll ISD Sick Leave Bank

2020-2021

**Carroll Independent School District
Southlake, Texas**

**SICK LEAVE BANK ENROLLMENT
2020-2021**

The purpose of the Sick Leave Bank is to provide additional sick leave days to members of the Bank in the event of a catastrophic illness or injury. An individual becomes a member by a donation and in return is eligible to withdraw from the bank under the guidelines and rules of the bank. Copies of the SLB rules and guidelines can be found at www.southlakecarroll.edu. Review these and complete this SLB form regardless whether you wish to become a member! Return the completed form to the Personnel Office.

SUMMARY OF SICK LEAVE BANK REGULATIONS

- Professional and Paraprofessional employees working 20 or more hours/week may join
- Must enroll in September
- Must donate 1 local personal leave day to Bank
- May withdraw 25 paid sick days per year, 75 days for life
- Pre-existing conditions and pregnancy have special restrictions and qualifications
- Absence must be at least 10 consecutive days
- Member must use all accumulated leave first
- Absences for elective procedures and those covered by Workers' Compensation Act are not covered
- Physicians verification is required
- This leave must run concurrently with the Family Medical Leave

ALL ELIGIBLE EMPLOYEES MUST COMPLETE THE FORM THAT IS LOCATED AT THE BACK OF THIS BOOKLET

I have read the Sick Leave Bank regulations. I understand that **to join the Bank** I must **contribute one local personal leave day** to the Bank, and that this day will become the property of the Bank. I understand that if I withdraw any days from the Bank, then I must continue as a member during the next enrollment period by donating one personal leave day to the Bank.

Carroll Independent School District Sick Leave Bank

Section I Purpose and Definition

The purpose of the Sick Leave Bank is to provide additional paid sick leave days to members of the Bank in the event of a catastrophic illness or injury. Leave from the Bank may not be used for disabilities which qualify the member for Workers' Compensation benefits. Benefits are only for personal illness/injury of the member, and are not for absences due to illness or injury of family members or others. Benefits for pre-existing conditions and pregnancy are outlined under Guidelines for Benefits.

Section II Membership

Eligibility is limited to all full-time professional and paraprofessional personnel of the Carroll Independent School District. Full-time shall be defined as 20 hours or Teacher Retirement System (TRS) eligible hours of duty per week.

Eligibility for membership begins on the first official workday.

An employee must be able to earn at least two local leave days from the beginning of his/her employment to the end of the Sick Leave Bank Year to become a member.

Application for membership must be made during the enrollment period at the beginning of each school year.

Section III Sick Leave Bank Regulations

The Sick Leave Bank Year begins on September 1 and ends on August 31 of each school year.

Enrollment applications for membership in the Sick Leave Bank will be available to all eligible employees with the beginning of school. New employees receive a brief description of the Sick Leave Bank and an enrollment application.

Application for membership must be made during the enrollment period at the beginning of each school year or within thirty (30) days of employment or eligibility for membership.

The annual enrollment period for applications will be determined at the beginning of each school year. There is no grace period for the return of applications for mid-year employees enrolling under the thirty (30) day rule. These applications must be in the Personnel Office by the close of business within thirty (30) days of employment or eligibility.

Contribution of Day:

Upon acceptance of his/her application, the one local leave day will automatically be subtracted from the employee's sick leave balance. They become the permanent property of the Bank and cannot be returned. Each deposit remains the property of the Bank, even in the event of termination, resignation, or cancellation of membership of the employee.

Unused Bank days carry over to the next banking year.

If the Sick Leave Bank balance is above two times the number of returning members, a day will not be subtracted from the sick leave of those who are continuing their membership **except** from those who received benefit days during the previous Bank Year.

This benefit will only apply to individuals who have completed the enrollment application, who were members during the previous Bank Year, and who did not receive Sick Leave Bank days during the previous Bank Year.

The decision on the Two Times Rule made by the Board within ten (10) working days after the annual enrollment period ends. The calculation is made as follows:

- + Bank Balance on September 1
- Any Benefits not deducted on applications made by August 31st
- + Members who received benefits last term and must contribute
- + First Time Sick Leave Bank Members of new Bank Year (counted September 30th)
- = Number used to determine activation of Two Times Rule

Withdrawal of Days:

Only Bank Members are eligible to withdraw days.

Days will be granted only after the member has exhausted all accumulated state and local sick leave and if applicable, all of the District extended leave days.

A member may apply for days after ten (10) consecutive days of absence for reasons of personal illness or injury. A member may apply for days for planned absences such as surgery or hospitalization in advance if it is anticipated that the absence will exceed ten (10) days and the member will have insufficient sick and personal leave to prevent loss of pay.

Benefit days are retroactive to the first day of eligible absence once all criteria are met.

No benefit days will be granted unless an actual absence from normal duty occurs. No benefit days will be granted to cover absences for holidays, vacations, or other non-duty days.

No benefit days will be granted for elective absences, elective surgical or medical procedures, or procedures that could be safely and reasonably postponed to extended school breaks.

Section IV The Application Process

The Application for Sick Leave Bank Days must be submitted to the Personnel Office of the Carroll ISD. If the member is too ill to complete the applications, his/her building or area administrator may begin the process in his/her behalf. It will be necessary for a family member to sign the application if a physician's statement is not waived by the committee.

The deadline for submitting the application to the Personnel Office is thirty (30) workdays after return to duty. An application is not considered complete until all the information requested on the form has been submitted to the Personnel Office. If the member anticipates a delay in the return of the application from the physician's office, the member may send a duplicate application with an explanatory note to the Personnel Office. This will extend the deadline until the statement is received; however, no action may be taken by the Committee until the statement is available. This may cause a delay in the realization of any benefits by the member.

The Committee may elect to waive the physician's statement if it is decided that there is sufficient information to determine the eligibility of the claim without that statement. This will not occur unless the information provided to the Committee by the member, his/her administrator or a family member clearly indicates that the seriousness of the member's situation or condition warrants such a waiver.

Each illness or injury must be applied for separately and each must meet the criteria for approval of benefits on its own merits. This may not apply, except in certain circumstances in recurring absences due to the same illness. See Guidelines for Benefits.

The Committee will make the final determination of the eligibility of the member and of his/her application. If all criteria are met, the Committee will approve a maximum number of days (up to 25) that the member may withdraw from the Bank. In no circumstance, may the member withdraw any days that exceed his/her actual absence for the period covered by the approved application.

In effect, the member will receive his/her usual pay for the number of days approved by the Board. The Board tries to meet at regular intervals to assure that any decision will be made prior to the cutoff date for payroll determination. If the cutoff date is missed on an individual applicant, the Payroll Office will make corrections on the next payroll check as supplemental pay. You may determine the cutoff date for your position by checking with Payroll or your administrator. The Payroll Office will not be able to issue special checks.

Applicants who wish to discuss their particular situation may contact:

Personnel Office for questions regarding Committee meetings

Payroll Office for questions on pay and leave balances

Committee Members for questions on Committee activities and responsibilities

No individual is authorized to make Sick Leave Bank or application decisions.

Section V Guidelines for Benefits

The maximum number of days granted to any employee during any one Bank Year shall be twenty-five (25). The maximum lifetime benefit shall be seventy-five (75) days.

A member who has not used the maximum yearly or lifetime benefit may apply for days for any absence that meets all regulations governing the withdrawal of days from the Bank.

Illness or injuries that occur during the enrollment period will automatically be covered for individuals who were members during the previous Bank Year providing they have not used all of their lifetime benefits. Any benefits used during the enrollment period will be subtracted from the individuals balance in the Bank Year covered by the enrollment period.

A member must usually be absent for ten (10) consecutive days before any benefit can be granted. The Committee may grant an exception to this rule in the event of on-going, intermittent therapy related to an earlier illness or injury. This might occur during chemotherapy, physical therapy or dialysis. (See follow-up and Treatments). The pre-existing restriction in the next paragraph applies.

Absences caused by conditions existing at the time of application for Bank membership will not usually be covered. However, upon approval of the Committee of the Sick Leave Bank, members who present physician verification that the condition was not active or was under control at the time of application for membership may have absences related to that condition approved for benefits. (See Pre-Existing).

Absences due to elective procedures or any procedures or absences that could be scheduled at a time more compatible with the member's work responsibilities without detriment to his/her health is not covered. (See examples under Surgical).

No days will be granted for any non-member. Days may not be donated from or by the Bank for use by non-members.

Sick Leave Bank days shall not be granted for any disability or absence when these are covered under the Workers' Compensation Act.

Absences related to pregnancy or childbirth will not be covered by Sick Leave Bank benefits unless problems arise during the pregnancy that is also health problems that non-pregnant employees could develop. (See examples under Obstetrical).

Examples: Surgical Benefits

Prior to any non-emergency surgery, Bank members are advised to have their physician complete the information on the application form to verify that the surgery cannot be scheduled during one of the longer school breaks of the Bank Year. Failure to obtain this information could lead to loss of benefits. Please refer to the following:

Example: A ten (10) month employee is advised to have a surgical repair of the knee to increase its stability. The surgery could be scheduled during the summer break, in the opinion of the physician, without being detrimental to the employee's health or recovery. The employee would NOT be eligible for benefits.

Example: A twelve (12) month employee is advised to have the same surgery as the employee above. This employee does not have a prolonged summer break and there would be no time during the year when a surgery would not interfere with his/her work, this employee would be eligible.

Examples: Obstetrical Benefits

Only complications during pregnancy not of pregnancy would afford an employee benefits under the Sick Leave Bank plan. These would represent complications that do not result from the pregnancy itself, but may be aggravated or provoked by the pregnancy. These would be the medical and surgical complications during pregnancy.

Without attempting to provide a complete list, some medical and surgical complications during pregnancy might include stroke, thyroid diseases, pituitary dysfunction, slipped disc, heart disease, liver disorders, etc. To help clarify please refer to the examples:

Example: An employee discovers she is having twins and her physician advises her to discontinue working during the last two months of pregnancy in order to prevent early delivery. This absence would not be covered.

Example: An employee is advised to stay in bed either at home or in the hospital for the last three months of her pregnancy because of signs of pre-eclampsia (high blood pressure, swelling, headaches). This is not an unusual complication of pregnancy and would not be covered by Sick Leave Bank benefits.

Example: The employee above is on bed rest for possible toxemia, develops a blood clot in her leg. The benefits could begin with the diagnosis of the blood clot because this represents an illness or complication not arising from pregnancy itself.

Example: The doctor recommends a Cesarean Section. This procedure is not unusual in pregnancies and would not be covered.

Example: An employee decides to have a tubal ligation during the Cesarean Section and later develops a wound infection. None of the absences would be covered as she was already scheduled to be off duty. However, her absence had to be extended for two more weeks for wound treatment. These two week's period would be covered.

Examples: Follow-up and Treatment

The Board will generally accept the recommendations prescribed by physicians, osteopaths and dentists licensed to practice in the United States. Procedures recommended by practitioners of other disciplines and those without licenses to practice in the United States will not usually be accepted.

Many illnesses and injuries require follow-up and/or therapy after the initial treatment. Generally, these can be scheduled with a minimum of time off, such as three hours per week of physical therapy or office visits, to evaluate the progress after hospitalization. These would not generally be covered absences since these could usually be completed in two (2) or three (3) hours. The problem of over-scheduling appointments by physicians cannot be remedied by the Bank.

There are, however, other situations that require longer absences over periods of time because of the intensity or side effects of the therapies or treatments, or because of the distance the employee must travel to obtain the therapy. Examples of these may include kidney dialysis, major burn therapy and chemotherapy. These might be considered by the Committee to be a continuation of the original condition which met the eligibility criteria. The total benefits for a school year or lifetime would remain unchanged, however, the Committee may elect to waive the ten (10) day rule in one (1) year to continue therapies for an illness or injury that qualified in the previous Bank Year.

Some follow-up treatments would be considered elective and would not be considered to be covered by Sick Leave Bank benefits. Some examples are below:

Example: A scar revision for cosmetic purposes of an earlier covered surgery is not usually covered unless the second surgery was recommended or planned as part of the original surgery.

The surgical site for removal of a malignant melanoma is allowed to heal with a plan to revise the scars as soon as it is healed would be covered.

The closing of an ostomy is considered a continuation of the original surgery and is covered.

Breast re-constructive surgery planned after the healing is complete would be covered; re-constructive surgery decisions made at a later date on the wish of the employee would be covered.

Example: A member decides to travel to Mexico to try experimental therapy for a chronic illness. This would not normally be covered unless the original recommendation for this therapy was made by a physician licensed to practice in the States.

Example: An optometrist, licensed in the United States, recommends extensive vision therapy to improve reading ability and reduce eye fatigue. An optometrist is not a physician as determined by medical boards, and therefore, this application would be rejected.

Pre-existing Conditions:

Generally, a pre-existing condition will not be covered, but complications of that condition that represent a **significant change** will be. If the condition itself changes significantly from that at the time of enrollment in the Bank, then the application could be approved. The goal of the Sick Leave Bank is not to exclude members who have pre-existing conditions, but to provide its members with benefits for those **unexpected** events and illnesses.

Example: A member with previously diagnosed diabetes is hospitalized to evaluate and establish better control of his condition. This would not be covered.

A member with previously diagnosed diabetes is hospitalized with complications of his diabetes, e.g., circulatory impairment to extremities, kidney failure, retinal detachment. These would be covered.

Example: A member with previously diagnosed heart disease is advised to have bypass surgery. This has been recommended in the past, but the member decided against the surgery. This would not usually be covered, unless the member could demonstrate that the decision was made due to a significant change in his health.

A member with previously diagnosed heart disease has a heart attack. This is a new complication of an existing problem and would be covered.

Example: A member with previously diagnosed cancer was told that the cancer had been removed but it did recur. This would be a covered condition.

A member with previously diagnosed cancer was told that the cancer would recur, would generally not be covered, unless the cancer was considered inactive at the time of enrollment as demonstrated by the general health of the member or statement of the physician.

Section VI Notification and Appeals

A member shall be notified within ten (10) working days of the decision of the Committee. The member then has ten (10) working days to appeal any decision to the Committee. All appeals must be in writing and sent to the Personnel Office. Supporting documentation should be included. Personnel will then notify the Committee members of the appeal and a meeting called to review the original application and any new information and documents.

A member has the right to appear before the Committee to present his/her case, or the Committee may request (in writing) that the member appear before the Committee to substantiate his/her claim. Request to appear before the Committee should be in writing and sent to personnel.

The actual rehearing will not be held until all requested documents or statements are received by the Committee.

Section VII Sick Leave Bank Board of Directors

The governing body for the Carroll ISD Sick Leave Bank shall be the Sick Leave Bank Committee, hereafter referred to as the Committee.

Membership on the Committee is restricted to personnel who are members of the Bank for at least three years at the time of the fall appointment, and who agree to fulfill the obligations of a Committee member

Committee Composition

The bank shall be administered by the following personnel who shall be referred to as the sick leave bank committee:

1. Principal
2. Counselor or librarian
3. High school teacher
4. Junior high school teacher
5. Intermediate school teacher
6. Elementary school teacher
7. Administrator

Term of Committee Service

Committee representatives serve a minimum of two (2) year terms beginning on September 1 of the first year and ending on August 31 of the second year. If re-appointed, a representative may serve consecutive terms. There are no term limits. A representative may not serve on the Committee after ending employment with the District for whatever reason. A Committee member may also be removed from the Committee for failure to attend three (3) consecutive meetings.

Vacancies

The Committee has full authority to fill any vacancies that occur during a Bank Year whether the vacancy occurs by resignation or by failure of a Committee member to attend three (3) consecutive meetings.

Meetings

Meeting times and locations are determined by Committee members. Some flexibility is necessary due to schedules of members and the filing of applications and appeals.

A simple majority of the total number of voting Committee members shall be sufficient to conduct official business.

Committee members may choose to handle summer applications by mail and/or telephone. The Committee will decide prior to the summer break the procedures it will follow to insure that summer employees can receive Bank benefits without undue delay. The Committee may elect to waive the meeting requirement and adopt procedures that protect the intent of the Bank rules without violating the confidentiality of the applicant.

It is recommended that each representative receive by mail a photocopy of each application for benefits. The member would be required to register his/her vote by telephone or fax within five (5) working days with the individual(s) designated by the Committee. This individual could be one of the Bank Officers or a designee of one of the permanent advisors.

Duties and Responsibilities

Under HIPPA regulations we must protect individual health information in any form. As members of the Sick Leave Bank Committee, you cannot release in any form any protected health information (PHI) you may become privy to due to your membership on the committee.

The Committee shall select a chairperson, vice-chairperson and secretary.

The Committee shall select (with the advice and consent of the Executive Director of Personnel) the individual(s) who will receive and process all applications for Bank membership and benefits, keep membership lists, process all approved benefits and facilitate the functioning of the Bank.

The Committee shall review all application for benefits and determine the maximum number of days to be approved, if any. Approval of the application and the number of days shall be by a simple majority of voting members casting a vote.

Tie votes shall be broken by the permanent advisors in attendance.

The Committee shall specify the reasons if an application is rejected or not approved.

The Committee shall be responsible for hearing all appeals of its decisions.

No Committee member may vote on an application of any member of his/her family whether the relationship is by blood or marriage.

The Committee shall be responsible to oversee the actions and attendance of Committee members and may remove any member when it is deemed in the best interest of the Bank and its members to remove that member. Simple majority rules; ties are broken by the Permanent Advisors.

The Committee will have full and final authority to address any topics or questions not covered herein. Recommendations concerning regulations or rules shall be developed in consultation with the Permanent Advisors to the Sick Leave Bank Committee.

The Committee must submit for approval any proposed rule or regulation that may have an effect on a department or this District to the head of that department or to the Superintendent of Schools as appropriate.

Duties and Responsibilities of the Officers

The **Chairperson** is responsible for coordinating and conducting all official meetings of the Committee, signing all official decisions and conducting official communications with advisors, Committee Representatives and Sick Leave Bank members. The Chair has the authority to designate duties to other representatives and to agree to arrangements with District departments that will facilitate the activities of the Committee. The Chairperson has the authority to represent the Sick Leave Bank committee and the Sick Leave Bank in District and departmental meetings, but not to agree to any action by the Committee without approval by the Committee Representatives.

The **Secretary** keeps brief minutes of meetings including actions taken, decisions made, members present and members absent. The Secretary is responsible for insuring that someone will keep a written record when he/she is unable to attend.

**APPLICATION FOR CARROLL INDEPENDENT SCHOOL DISTRICT
SICK LEAVE BANK BENEFITS**

2020-2021

Name _____ Employee # _____ Birthdate _____

First date of absence _____ Date returning to work _____

Injury/Illness causing the absences: _____

I am applying for Sick Leave Bank Benefits and authorize the physician named below to release information on this illness/injury and absences to the Carroll Independent School District.

Physician Name: _____ Physician Telephone: _____

Employee/Designee Signature: _____ Campus/Department: _____

Authorized Family Member Signature _____ Date _____

Apply as soon as possible (within 30 days) to avoid pay disruption or benefit loss. Eligibility is not determined until doctor's statement is received.

TO BE COMPLETED BY THE PHYSICIAN

FOR ALL ILLNESSES/INJURIES:

Earliest treatment or diagnosis date (to your knowledge): _____

Related pre-existing conditions: _____

FOR ALL SURGERIES: Could recommended surgery be scheduled during extended school breaks such as Summer or Christmas without being detrimental to this patient's health?

Yes? _____ No? _____

Anticipated treatments/therapies after initial release for work: _____

This patient was (will be) unable to work from _____ through _____.

Physician Signature: _____

Date: _____

*******FOR DISTRICT USE ONLY*******

Eligible Member? _____ Eligible Absence? _____ 10 Consecutive Days? _____

SLB days used by member this term _____ (max 25); Lifetime _____ (max 75).

Consecutive eligible absences (or planned absences) _____
- Balance of sick/personal leave _____
= Maximum number of benefit days APPROVED _____

Not Approved for these reasons: _____

Signature of Bank Officer: _____ Date: _____

Return all information to: Personnel Services Executive Director
Carroll Independent School District
2400 N. Carroll Avenue
Southlake, Texas 76092

**Certification of Health Care Provider for
Employee's Serious Health Condition
under the Family and Medical Leave Act**

**U.S. Department of Labor
Wage and Hour Division**



DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR.
RETURN TO THE PATIENT.

OMB Control Number: 1235-0003
Expires: 6/30/2023

The Family and Medical Leave Act (FMLA) provides that an employer may require an employee seeking FMLA protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider. 29 U.S.C. §§ 2613, 2614(c)(3); 29 C.F.R. § 825.305. The employer must give the employee **at least 15 calendar days** to provide the certification. If the employee fails to provide complete and sufficient medical certification, his or her FMLA leave request may be denied. 29 C.F.R. § 825.313. Information about the FMLA may be found [on the WHD website at www.dol.gov/agencies/whd/fmla](http://www.dol.gov/agencies/whd/fmla).

SECTION I – EMPLOYER

Either the employee or the employer may complete Section I. While use of this form is optional, this form asks the health care provider for the information necessary for a complete and sufficient medical certification, which is set out at 29 C.F.R. § 825.306. **You may not ask the employee to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308.** Additionally, you **may not** request a certification for FMLA leave to bond with a healthy newborn child or a child placed for adoption or foster care.

Employers must generally maintain records and documents relating to medical information, medical certifications, recertifications, or medical histories of employees created for FMLA purposes as confidential medical records in separate files/records from the usual personnel files and in accordance with 29 C.F.R. § 1630.14(c)(1), if the Americans with Disabilities Act applies, and in accordance with 29 C.F.R. § 1635.9, if the Genetic Information Nondiscrimination Act applies.

- (1) Employee name: _____
First Middle Last
- (2) Employer name: _____ Date: _____ (mm/dd/yyyy)
(List date certification requested)
- (3) The medical certification must be returned by _____ (mm/dd/yyyy)
(Must allow at least 15 calendar days from the date requested, unless it is not feasible despite the employee's diligent, good faith efforts.)
- (4) Employee's job title: _____ Job description (is / is not) attached.
Employee's regular work schedule: _____
Statement of the employee's essential job functions: _____

(The essential functions of the employee's position are determined with reference to the position the employee held at the time the employee notified the employer of the need for leave or the leave started, whichever is earlier.)

SECTION II - HEALTH CARE PROVIDER

Please provide your contact information, complete all relevant parts of this Section, and sign the form. Your patient has requested leave under the FMLA. The FMLA allows an employer to require that the employee submit a timely, complete, and sufficient medical certification to support a request for FMLA leave due to the serious health condition of the employee. For FMLA purposes, a "serious health condition" means an illness, injury, impairment, or physical or mental condition that involves *inpatient care* or *continuing treatment by a health care provider*. For more information about the definitions of a serious health condition under the FMLA, see the chart on page 4.

You may, but are **not required** to, provide other appropriate medical facts including symptoms, diagnosis, or any regimen of continuing treatment such as the use of specialized equipment. Please note that some state or local laws may not allow disclosure of private medical information about the patient's serious health condition, such as providing the diagnosis and/or course of treatment.

Employee Name: _____

Health Care Provider's name: (Print) _____

Health Care Provider's business address: _____

Type of practice / Medical specialty: _____

Telephone: (____) _____ Fax: (____) _____ E-mail: _____

PART A: Medical Information

Limit your response to the medical condition(s) for which the employee is seeking FMLA leave. Your answers should be your **best estimate** based upon your medical knowledge, experience, and examination of the patient. **After completing Part A, complete Part B to provide information about the amount of leave needed.** Note: For FMLA purposes, "incapacity" means the inability to work, attend school, or perform regular daily activities due to the condition, treatment of the condition, or recovery from the condition. Do not provide information about genetic tests, as defined in 29 C.F.R. § 1635.3(f), genetic services, as defined in 29 C.F.R. § 1635.3(e), or the manifestation of disease or disorder in the employee's family members, 29 C.F.R. § 1635.3(b).

(1) State the approximate date the condition started or will start: _____ (mm/dd/yyyy)

(2) Provide your **best estimate** of how long the condition lasted or will last: _____

(3) Check the box(es) for the questions below, as applicable. For all box(es) checked, the amount of leave needed must be provided in Part B.

Inpatient Care: The patient (has been / is expected to be) admitted for an overnight stay in a hospital, hospice, or residential medical care facility on the following date(s): _____

Incapacity plus Treatment: (e.g. outpatient surgery, strep throat)
Due to the condition, the patient (has been / is expected to be) incapacitated for *more than* three consecutive, full calendar days from _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy).

The patient (was / will be) seen on the following date(s): _____

The condition (has / has not) also resulted in a course of continuing treatment under the supervision of a health care provider (e.g. prescription medication (other than over-the-counter) or therapy requiring special equipment)

Pregnancy: The condition is pregnancy. List the expected delivery date: _____ (mm/dd/yyyy).

Chronic Conditions: (e.g. asthma, migraine headaches) Due to the condition, it is medically necessary for the patient to have treatment visits at least twice per year.

Permanent or Long Term Conditions: (e.g. Alzheimer's, terminal stages of cancer) Due to the condition, incapacity is permanent or long term and requires the continuing supervision of a health care provider (even if active treatment is not being provided).

Conditions requiring Multiple Treatments: (e.g. chemotherapy treatments, restorative surgery) Due to the condition, it is medically necessary for the patient to receive multiple treatments.

None of the above: If none of the above condition(s) were checked, (i.e., inpatient care, pregnancy) no additional information is needed. Go to page 4 to sign and date the form.

Employee Name: _____

- (4) If needed, briefly describe other appropriate medical facts related to the condition(s) for which the employee seeks FMLA leave. (e.g., use of nebulizer, dialysis) _____

PART B: Amount of Leave Needed

For the medical condition(s) checked in Part A, complete all that apply. Several questions seek a response as to the frequency or duration of a condition, treatment, etc. Your answer should be your **best estimate** based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as “lifetime,” “unknown,” or “indeterminate” may not be sufficient to determine FMLA coverage.

- (5) Due to the condition, the patient (had / will have) **planned medical treatment(s)** (scheduled medical visits) (e.g. psychotherapy, prenatal appointments) on the following date(s): _____

- (6) Due to the condition, the patient (was / will be) **referred to other health care provider(s)** for evaluation or treatment(s).

State the nature of such treatments: (e.g. cardiologist, physical therapy) _____

Provide your **best estimate** of the beginning date _____ (mm/dd/yyyy) and end date _____ (mm/dd/yyyy) for the treatment(s).

Provide your **best estimate** of the duration of the treatment(s), including any period(s) of recovery (e.g. 3 days/week)

- (7) Due to the condition, it is medically necessary for the employee to work a **reduced schedule**.

Provide your **best estimate** of the reduced schedule the employee is able to work. From _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy) the employee is able to work: (e.g., 5 hours/day, up to 25 hours a week)

- (8) Due to the condition, the patient (was / will be) **incapacitated for a continuous period of time**, including any time for treatment(s) and/or recovery.

Provide your **best estimate** of the beginning date _____ (mm/dd/yyyy) and end date _____ (mm/dd/yyyy) for the period of incapacity.

- (9) Due to the condition, it (was / is / will be) medically necessary for the employee to be absent from work on an **intermittent basis** (periodically), including for any episodes of incapacity i.e., episodic flare-ups. Provide your **best estimate** of how often (frequency) and how long (duration) the episodes of incapacity will likely last.

Over the next 6 months, episodes of incapacity are estimated to occur _____ times per (day / week / month) and are likely to last approximately _____ (hours / days) per episode.

Employee Name: _____

PART C: Essential Job Functions

If provided, the information in Section I question #4 may be used to answer this question. If the employer fails to provide a statement of the employee’s essential functions or a job description, answer these questions based upon the employee’s own description of the essential job functions. An employee who must be absent from work to receive medical treatment(s), such as scheduled medical visits, for a serious health condition is considered to be *not able* to perform the essential job functions of the position during the absence for treatment(s).

(10) Due to the condition, the employee (was not able / is not able / will not be able) to perform *one or more* of the essential job function(s). Identify at least one essential job function the employee is not able to perform:

Signature of Health Care Provider _____ Date _____ (mm/dd/yyyy)

Definitions of a Serious Health Condition (See 29 C.F.R. §§ 825.113-.115)
Inpatient Care
<ul style="list-style-type: none">• An overnight stay in a hospital, hospice, or residential medical care facility.• Inpatient care includes any period of incapacity or any subsequent treatment in connection with the overnight stay.
Continuing Treatment by a Health Care Provider (any one or more of the following)
<p><u>Incapacity Plus Treatment:</u> A period of incapacity of more than three consecutive, full calendar days, and any subsequent treatment or period of incapacity relating to the same condition, that also involves either:</p> <ul style="list-style-type: none">○ Two or more in-person visits to a health care provider for treatment within 30 days of the first day of incapacity unless extenuating circumstances exist. The first visit must be within seven days of the first day of incapacity; or,○ At least one in-person visit to a health care provider for treatment within seven days of the first day of incapacity, which results in a regimen of continuing treatment under the supervision of the health care provider. For example, the health provider might prescribe a course of prescription medication or therapy requiring special equipment.
<p><u>Pregnancy:</u> Any period of incapacity due to pregnancy or for prenatal care.</p>
<p><u>Chronic Conditions:</u> Any period of incapacity due to or treatment for a chronic serious health condition, such as diabetes, asthma, migraine headaches. A chronic serious health condition is one which requires visits to a health care provider (or nurse supervised by the provider) at least twice a year and recurs over an extended period of time. A chronic condition may cause episodic rather than a continuing period of incapacity.</p>
<p><u>Permanent or Long-term Conditions:</u> A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective, but which requires the continuing supervision of a health care provider, such as Alzheimer’s disease or the terminal stages of cancer.</p>
<p><u>Conditions Requiring Multiple Treatments:</u> Restorative surgery after an accident or other injury; or, a condition that would likely result in a period of incapacity of more than three consecutive, full calendar days if the patient did not receive the treatment.</p>

PAPERWORK REDUCTION ACT NOTICE AND PUBLIC BURDEN STATEMENT

If submitted, it is mandatory for employers to retain a copy of this disclosure in their records for three years. 29 U.S.C. § 2616; 29 C.F.R. § 825.500. Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. The Department of Labor estimates that it will take an average of 15 minutes for respondents to complete this collection of information, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. If you have any comments regarding this burden estimate or any other aspect of this collection information, including suggestions for reducing this burden, send them to the Administrator, Wage and Hour Division, U.S. Department of Labor, Room S-3502, 200 Constitution Avenue, N.W., Washington, D.C. 20210.

DO NOT SEND COMPLETED FORM TO THE DEPARTMENT OF LABOR. RETURN TO THE PATIENT.

GINA DISCLOSURE NOTICE

Attach to all medical certification forms or requests for medical information.

Date: _____

To: Healthcare Provider
_____ (*Employee*)

From: Personnel Services Department – Carroll ISD

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. ‘Genetic information,’ as defined by GINA, includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

CARROLL INDEPENDENT SCHOOL DISTRICT

SICK LEAVE BANK ENROLLMENT FORM

2020-2021

Please complete the areas below and return your form to the Personnel Office.

Print Name

Current Position

Employee Number

Are you a new employee? Yes No

I DO wish to enroll in the Sick Leave Bank. Please transfer one of my local personal leave days to the Bank. I agree to the terms of membership and with the Bank regulations and guidelines.

I DO NOT wish to enroll in the Sick Leave Bank.

Employee Signature

Date