

Greater Lowell Technical High School



Teacher's Organization Sick Bank By-Laws

Ratified June 5, 2023

**Greater Lowell Teachers Organization Sick Leave Bank By-Laws
Ratified 2023**

1. Membership Enrollment:

- a. Effective July 1, 1998, the Sick Leave Bank shall be maintained by the annual voluntary donation of one (1) day of the fifteen (15) days of sick leave allotted by all teachers who wish to join.
- b. Membership in the Sick Leave Bank will be voluntary.
- c. Teachers will be eligible to join only during the month of September of their first three (3) years of hire.
- d. Teachers who are hired after the first day of the school year will have thirty (30) days from their date of hire in which to join the Sick Leave Bank.
- e. New members of the Sick Leave Bank will be required to submit a signed request form during the time frame outlined above in order to be enrolled in the Sick Leave Bank.
- f. Members who wish to leave the Sick Leave Bank, for reasons other than retirement/resignation, will be required to submit a signed request form prior to the first thirty (30) days of the school year.

2. Administration:

- a. The GLTO Sick Leave Bank shall be administered by a committee consisting of 4 (four) teachers who are GLTO members and one (1) committee chair who is also a member of the GLTO. The Committee members and Committee Chair will be appointed at the discretion of the GLTO President.
- b. Unused days in the Sick Leave Bank shall be accumulated from year to year and from contract to contract.
- c. All sick days contributed to the bank remain property of the Sick Leave Bank.
- d. The Sick Leave Bank Committee shall determine the eligibility for use of the Sick Leave Bank and the amount of leave to be granted in accordance with the procedures outlined in this document.
- e. Permanent minutes of all meetings will be kept to provide a record of requests, facts relating to cases, and reasons for decisions with recorded votes.
- f. All decisions by the Sick Leave Bank Committee must be by majority vote.
- g. The decision of the Sick Leave Bank Committee with respect to eligibility and entitlement shall be final and not subject to appeal.

3. Sick Leave Bank Maintenance:

- a. The Sick Leave Bank shall be maintained at no less than one thousand (1,000) days following the fall donation at the start of each school year.
- b. Each member of the Sick Leave Bank will donate one (1) day of their accrued sick leave to the maintenance of the Sick Leave Bank in the fall of each school year.

- c. In the event that the Sick Leave Bank falls under 650 days during the course of a school year, or after the annual fall member donation, it shall be renewed by the contribution of one (1) additional day of sick leave by each member.
- d. When the Sick Leave Bank exceeds one thousand (1,000) days, the Sick Leave Bank Committee will collect a day only from those teachers who have been enrolled in the Sick Bank for less than five (5) years.
- e. All additional/voluntary sick days contributed to the bank remain the property of the Sick Leave Bank.

4. Eligibility of Benefits:

- a. Only those teachers who maintain membership in the Sick Leave Bank may be permitted to withdraw from the bank provided all other conditions of eligibility are met.
- b. Members may only request benefits in thirty (30) day blocks not to exceed one hundred eighty (180) days in a ten (10) year time period.
 - i. Any days redeemed under Article VI, Section B, of the GLTO Contract within the same ten (10) year time period will be deducted from the maximum benefit amount of 180 days.
 - ii. The ten (10) year time period will be determined by the commencement date of the most current application for benefits.
 - 1. Ex: If a member applies for benefits to begin on April 2, 2022, the member cannot have received 180 days of benefits during the time period between April 1, 2012 and April 1, 2022.
 - 2. If a member received some benefits during that ten (10) year period, but did not receive a total sum of 180 days of benefits, they may apply in accordance with the Sick Bank Bylaws provided that the total number of days during the ten-year time period does not exceed 180.
 - 3. All new applications for benefits must follow the same approval and application process regardless of any previous benefits awarded.
- c. Members of the Sick Leave Bank may apply for benefits when they have met all of the following conditions:
 - i. The member has been diagnosed with an illness or disability unrelated to elective procedures, maternity/child-rearing leave, or a Workman's Compensation claim.
 - ii. The member's illness or disability has caused the individual to miss 30 consecutive days of work.
 - iii. The member has exhausted all but one (1) day of their personal sick leave, both annual and accumulated.
 - iv. The member has not received benefits that would equal or exceed 180 days in a ten (10) year time period.
 - v. The member is able to submit written documentation from the treating physician to substantiate the illness or disability.
 - vi. The member is not working in any capacity and is not receiving full leave benefits from another source.
- d. Termination of Eligibility:
 - i. Any member of the Sick Leave Bank who is drawing sick leave for any type of illness or disability, and is found working at another job/position, in or outside of Greater Lowell Tech, will be immediately terminated from all current and future participation in the Sick Leave Bank.

- ii. Any member who knowingly gives false information in any part of the application process will be immediately terminated from all current and future participation in the Sick Leave Bank.
- e. Interrupted Illness/Recovery
 - i. Any member who has previously drawn on the Sick Leave Bank and suffers a relapse in their for the same illness will be eligible for benefits as though there was no interruption provided that the requested documentation has been submitted to the Sick Leave Bank Committee.
- f. Continuation of Benefits
 - i. In the event that a member's illness, recovery, or disability exceeds the thirty (30) day time frame awarded in the original approval of benefits, a Continuation of Benefits Request form must be submitted to the Committee along with additional/updated medical documentation.

5. Applying for Benefits:

- a. Applications for benefits shall be made in writing on the Sick Leave Bank Application Form and submitted to the Sick Leave Bank Committee Chair accompanied by medical evidence from the treating physician or surgeon as to the need for an anticipated extended recovery time from an illness, disability, or procedure.
- b. By submitting an application and requesting benefits, you are granting permission for this information to be shared with the members of the Sick Leave Bank Committee.
 - i. All information will be kept confidential by the members of the Committee.
- c. The Committee reserves the right to require additional information/documentation that the Committee feels is pertinent to their decision.
- d. Application forms:
 - i. Application forms can be found on the GLTO website at <https://glto.massteacher.org/sick-bank/> or by contacting the Sick Leave Bank Committee Chair.
 - 1. Original application forms should be submitted to the committee chair two weeks prior to the anticipated date of benefits whenever possible.
 - 2. The application form can be submitted by electronic means provided that it includes a legal signature from the applicant.
 - 3. All applications must be accompanied by medical evidence/documentation that specifically addresses the questions contained within the form.
- e. Medical Evidence/Documentation:
 - i. Medical evidence/documentation must be provided on the application form .
 - 1. Medical evidence may be submitted electronically by fax or email provided all questions contained in the application are answered AND the documentation has been emailed or faxed to the Committee Chair directly from the treating physician/surgeon.
 - 2. Documentation must be completed entirely by the treating physician/surgeon. Members may not complete any part of the doctor's portion of the application.
 - 3. The committee has the right to contact the physician or specialist for any additional information if deemed necessary.
 - 4. Should the committee wish to challenge the claim, the committee reserves the right to have the member examined by a physician of its choosing.
 - 5. Should the two physicians not agree, the two physicians shall agree on a third physician, whose decision shall be final.

- a. Expense of a third physician will be split equally between the member and the organization.
- f. Teachers who receive time from the Sick Leave Bank will be paid at their current rate of salary.
- g. On the first day of return from extended sick leave, any unused days awarded by the Sick Bank will be automatically returned to the Sick Bank.
- h. Upon return from extended sick leave during which benefits were received through the Sick Leave Bank, the recipient shall be entitled to commence a new accumulation of individual sick leave in accordance with the provisions of the collective bargaining agreement on the same basis as other teachers.

6. Approval of Benefits:

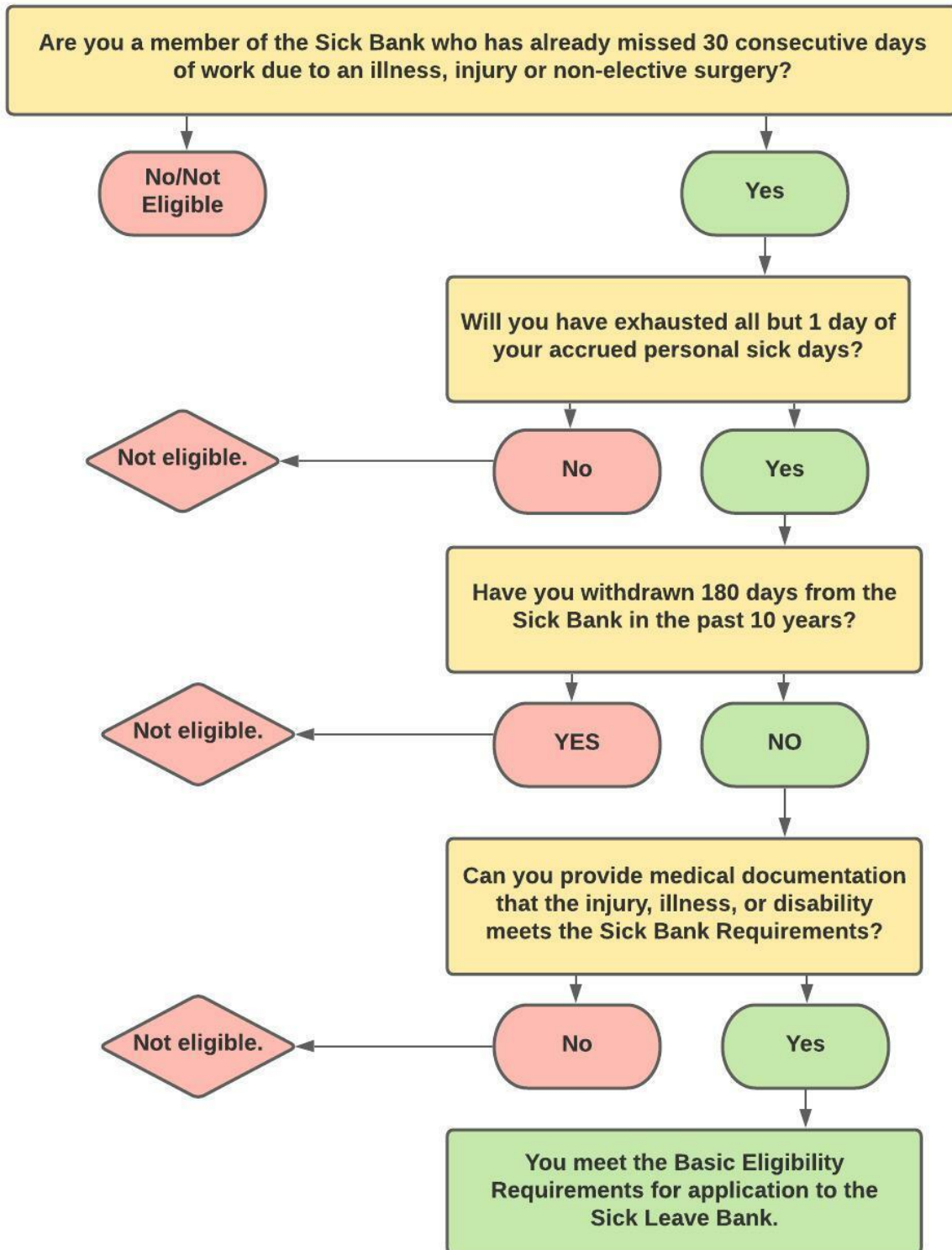
- a. Subject to the aforementioned requirements, the Sick Leave Bank Committee will determine the eligibility for the use of the bank and the amount of leave to be granted.
- b. The following criteria shall be considered by the Committee in administering the bank:
 - i. Membership in the Sick Bank.
 - ii. Prior utilization of accrued personal sick leave.
 - iii. Prior utilization of Sick Leave Bank benefits within the past ten years.
 - iv. Complete application and medical documentation submitted.
- c. As written in section 2, “the decision of the Sick Leave Bank Committee with respect to eligibility and entitlement shall be final and not subject to appeal.”
- d. To ensure that benefits of the Sick Leave Bank are administered in a manner that is fair and equitable to all parties, the following procedures shall be followed:
 - i. The Committee will meet within 7 school days of the submission of the completed application and receipt of all documentation, in person or via Google Meet.
 - ii. The decision of the Committee will be communicated to the requesting member within 3 school days of the Committee meeting date.
 - iii. For Approved Applications:
 - 1. A copy of the Committee’s decision will be placed on file with the Sick Bank Committee, forwarded to the member, and forwarded to the Superintendent and Business Office for payroll purposes.
 - 2. Any days awarded that are not needed by the member will be automatically returned to the Sick Leave Bank.
 - iv. For Rejected Applications:
 - 1. A copy of the Committee’s decision will be placed on file with the Sick Bank Committee and forwarded to the member with the specific reason for rejection shown.
 - v. For Deferred Applications:
 - 1. If the Committee was unable to approve based on incomplete medical documentation, the application will be deferred pending additional information.
 - 2. The member must provide the additional information or documentation within 10 business days of notification of the Committee’s decision to defer.

Additional Resources:

1. Appendix A: Eligibility of Benefits Flow Chart
2. Appendix B: Sick Bank Member Application Form
3. Appendix C: Medical Documentation/Evidence Form
4. Appendix D: Decision of Sick Bank Committee Form
5. Appendix E: Sick Bank Member Continuation of Benefits Form

Appendix A: Eligibility of Benefits Flow Chart

Am I Eligible to Apply for Sick Leave Bank Benefits?



Appendix B: Sick Bank Member Application Form

Greater Lowell Teacher's Organization Sick Leave Bank Member Application Form

Applicant's Name: _____

Home Telephone _____ Mobile Phone Number: _____

In order to respect your recovery time, would you prefer text notifications of the status of your application?

YES NO

Home Address: _____

City: _____ State: _____ Zip: _____

Physician's Information

Primary Care Physician: _____

Specialty: _____ NPI #: _____

Office Telephone: _____ Office Fax or Email: _____

Name or Address of Practice: _____

Surgeon or Specialist: _____

Specialty: _____ NPI #: _____

Office Telephone: _____ Office Fax or Email: _____

Name or Address of Practice: _____

Request Information:

Number of days requesting: _____ (MAXIMUM IS 30 per request)

Are you currently receiving or applying for benefits from any other source, including but not limited to Worker's Compensation, paid FMLA, etc.? Answering "yes" does not automatically disqualify you from receiving benefits.

YES NO

If yes, provide a brief description: _____

Will you be working in or outside of Greater Lowell Tech in any capacity during your recovery/illness/disability?

YES NO

Have you redeemed any personal accrued sick time under Article VI, section B, of the GLTO Contract?

YES NO

Please provide a brief description of the diagnosis or circumstances prompting the application for benefits:

Optional Narrative: The space below can be used to provide any supporting information or details that you would like the committee to consider. This could include but is not limited to, complications, hospitalizations, or other relevant details not yet presented.

I attest to the accuracy of the information provided in the above narrative.

OPTIONAL-- Physician's Signature: _____ Date: _____

I hereby certify that all of the information provided by me in this application (and any other accompanying documents) is correct, accurate and complete to the best of my knowledge and that the falsification, misrepresentation or omission of any facts will be cause for denial of benefits and immediate termination from eligibility in the GLTO Sick Bank.

Member Signature: _____

Printed Name: _____ Date: _____

Appendix C: Sick Bank Application Medical Evidence Form

Greater Lowell Teacher's Organization Sick Leave Bank Medical Evidence Form

Applicant's Name (Printed): _____

AUTHORIZATION TO RELEASE INFORMATION:

I hereby authorize the undersigned physician/health care practitioner to release any information acquired in the course of my examination or treatment for the purpose of the Greater Lowell Teachers Organization Sick Leave Bank.

Member/Patient Signature

Date

This form must be completed in its entirety by the attending physician or surgeon who is managing the health condition for which you are applying for Sick Leave Benefits. No part of this application can be completed by the member.

Diagnosis or condition: _____

Approximate date condition commenced: _____

Most recent date this individual was evaluated by you for this specific illness or condition? _____

Probable duration of condition: _____

Describe any medical fact related to the condition for which the applicant seeks Sick Leave Benefits (such as symptoms, diagnoses, treatment regimen, specialized equipment, etc).

YES NO Is this condition related to an elective or cosmetic procedure?

YES NO Is this condition related to a serious medical condition, disability, accident or illness?

YES NO Is this condition related to routine pregnancy or childbirth?

YES NO Is this condition related to a Workman's Compensation Claim?

Is the applicant currently unable to perform the duties required to resume his/her position? YES NO

Physician's Name: _____ Phone: _____

Address: _____ Fax: _____

Physician's Signature: _____ Date: _____

Appendix D: Decision of Sick Bank Committee Form

Greater Lowell Teacher's Organization Sick Leave Bank Decision of the Committee

Applicant's Name: _____ Date of Application: _____

Sick Bank Committee Meeting Date: _____ Requested Days: _____ (Maximum 30)

Meeting Purpose: Initial Review Continuation of Benefits

Action Taken

Application Approved:
Days Awarded: _____ (Maximum 30)
Estimated Start Date: _____
Estimated End Date: _____

Application Rejected

- Applicant is not a member of the Sick Bank.
- Applicant has not been absent for 30 consecutive days for this illness/disability.
- Applicant has not exhausted all but one of their personal accrued sick leave
- Applicant does not qualify in accordance with the following bylaws:

Application Deferred
Reason for deferral: _____

Additional Notes: _____

GLTO Sick Leave Bank Committee Authorization

Date Sick Bank Committee Convened: _____ Meeting Venue: _____

Members in attendance: _____

_____, Committee Chair

Date: _____

Appendix E: Sick Bank Member Continuation of Benefits Form

Greater Lowell Teacher's Organization Sick Leave Bank Continuation of Benefits Form

This form should be used by members who have already been awarded days by the Sick Leave Bank Committee and are requesting additional days beyond the initial block of 30 days.

Applicant's Name: _____

Home Telephone _____ Mobile Phone Number: _____

In order to respect your recovery time, would you prefer text notifications of the status of your application?

YES NO

Physician's Information-- IF DIFFERENT FROM ORIGINAL APPLICATION

NEW Surgeon or Specialist: _____

Office Telephone: _____ Office Fax or Email: _____

Name or Address of Practice: _____

Request Information:

Number of additional days requesting: _____ (MAXIMUM IS 30 per request)

Are you currently receiving or applying for benefits from any other source, including but not limited to workman's compensation, paid FMLA, disability insurance, etc.? YES NO

Will you be working in or outside of Greater Lowell Tech in any capacity during your recovery/illness/disability?

YES NO

Please provide a brief description of the diagnosis or circumstances prompting a continuation of benefits:

Medical Documentation (choose one):

- My physician/surgeon is completing a new Medical Evidence Form to be forwarded to the Committee.

- My physician/surgeon is faxing or emailing supplemental information which includes the most recent examination date, diagnosis, probable duration of diagnosis, and inability to resume work.

Optional: You are welcome to attach a narrative that details any additional information that you would like the committee to consider, including, but not limited to, associated hospitalizations, complications, treatments or relevant information not provided in the space allotted to your physician. Please note that the Committee cannot consider information that is not directly related to your condition or medical treatment. You may have your physician sign your narrative to verify the facts, but it is not a required step.

I hereby certify that all of the information provided by me in this application (and any other accompanying documents) is correct, accurate, and complete to the best of my knowledge and that the falsification, misrepresentation, or omission of any facts will be cause for denial of benefits and immediate termination from eligibility in the GLTO Sick Bank.

Member Signature: _____

Printed Name: _____ Date: _____