



DICKSON COUNTY BOARD OF EDUCATION

Danny L. Weeks, Ed.D., Director of Schools
817 North Charlotte Street
Dickson, TN 37055
Phone 615-446-7571 – Fax 615-441-1375
dweeks@dcbe.org

Sick Leave Bank – Certified Staff Rules & Regulations

1. The purpose of the Sick Leave Bank (SLB) is to provide sick leave to contributors who have suffered an unplanned personal illness, injury, disability, or quarantine and whose personal and sick leave is exhausted.
2. The SLB shall be administered by a Committee of five (5) Trustees. Two (2) members shall be appointed from the Administration, two (2) members from the Dickson County Education Association, and the Director of Schools. The Director of Schools shall chair the committee.
3. Any certified professional employee shall be eligible to participate in the SLB. A minimum participation of twenty (20) employees shall be required to establish and maintain the bank.
4. Any member who applies to the bank shall initially have one (1) sick leave day deducted from his/her personal accumulation and deposited to the SLB. Donations of sick leave days to the SLB are non-refundable and non-transferable.
5. Application for membership is open during the months of August, September, and October of any year.
6. If at any time the number of days in the SLB is less than twenty (20), or at any time deemed advisable, the Trustees shall assess each member one (1) day of accumulated sick leave. If a member has no accumulated sick leave at the time of the assessment, the first day earned shall be donated as it is accrued.
7. By written notice to the Trustees, a member may withdraw from the SLB on any June 30. Membership withdrawal shall result in a forfeiture of all days contributed.
8. Members of the SLB shall be eligible to make application to the bank for sick leave days only after having been a member of the Bank for thirty (30) days.
9. A participant shall not receive any sick leave from the Bank until after having exhausted all accumulated sick leave, and/or personal leave, including all extensions.
10. Sick Leave day grants from the Bank, recommended by the Trustees, shall be in units of no more than twenty (20) consecutive duty days for the individual applicant. Applicants may submit requests for extensions of such sick leave day grants before their prior grants expire.

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Revised 9/2017



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11. The maximum number of days any participant may receive as a result of any one or the same illness/accident is ninety (90) days.
12. In the event a member is physically or mentally unable to make a request to the SLB, a family member or agent may file the request.
13. All requests for days must be submitted on forms provided by the Trustees.
14. Sick leave granted a member from the SLB need not be repaid by the individual, except as all members are uniformly assessed.
15. Grants of sick leave from the SLB shall not be made to any member on account of any elective surgery, or illness of any member of the participant's family, or during any period the member is receiving disability benefits from social security or the state or local retirement plan.
16. A member shall lose the right to obtain the benefits of the SLB by:
 - a. Resignation or termination of employment,
 - b. Cancellation of participation which is effective on June 30,
 - c. Refusal to honor such required assessments,
 - d. Being on approved leave of absence, with the exception of personal illness or disability,
 - e. Retirement.
17. Procedures for participation:
 - a. Contributions to the SL must be made on the SLB Membership form;
 - b. Requests must be made on designated forms;
 - c. The Trustees shall act affirmatively or negatively on all applications within ten (10) calendar days of the application.
18. An applicant may be required to undergo at his/her expense a medical review by a physician approved by the Committee.
19. All records of the SLB shall be kept in the System's Central Office which handles regular sick leave records. All privacy laws will be maintained. Documents will only be shared on a need-to-know basis.

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Sick Leave Bank – Certified Staff Enrollment Form

Name: _____

School / Location: _____

I hereby apply for membership in the Dickson County Schools' Sick Leave Bank. I understand it is my obligation to read the Rules and Regulations of the Sick Leave Bank. [These may be found on the system website]. Further, I agree to abide by all stipulations as set forth in the Sick Leave Bank Rules and Regulations.

I wish to donate ONE (1) DAY to the Dickson County Schools' Sick Leave Bank.

Signature _____

Date _____

Please return this form to the Director of Schools' Office via School Mail.

NOTE: You will receive a confirmation letter from the Trustees regarding membership. Do not reapply if you are currently a member of the Sick Leave Bank or if you applied online.

Sick Leave Bank enrollment is only open from August 01 until October 31st each year.

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**Dickson County Schools
Sick Leave Bank
Request for Days Form**

Date of Application: _____

Employee's Name: _____ Home Phone: _____

School and/or Department _____

Number of days requested from the Sick Leave Bank: _____

{There is a maximum number of 20 days per request.}

Any additional comments you wish to present to the Committee of Trustees: _____

By applying for days from the Sick Leave Bank, I understand I will not be granted any Bank days until my accumulated days are exhausted and after four unpaid days expire.
Employee's/Designee's signature:

For the Committee's use only:

Date of review of request: _____

Request:

Approved _____

Denied _____

Number of days approved: _____

Comments: _____



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Sick Leave Bank - Certified Staff Medical Certification Form (2 pages)

(To be submitted along with Sick Leave Bank Request Form)

To be completed by the Employee:

Name of Patient _____ D.O.B.: _____
Address: _____

I hereby authorize the undersigned physician to release any information acquired in the course of my examination or treatment for the purpose of the Sick Leave Bank in Dickson County Schools.

Signed _____ Date _____
Patient Signature

To be completed by Attending Physician:

Patient's condition is the result of: _____ Illness / Injury (Circle one)
Is condition due to illness or injury that is work related? Yes / No (Circle one)

Diagnosis:

Primary Diagnosis: _____
Subjective symptoms: _____

Test Results (list all results, attach additional pages if necessary.)

Test: _____ Date: _____ Results: _____
Test: _____ Date: _____ Results: _____

Treatments:

Date you first treated this patient for this condition: _____
Date of onset of this condition: _____
Date of most recent treatment: _____
How often has patient been seen/treated? _____
Date of next office visit: _____
Has patient been referred to any other physician? Yes No
If "yes" Date(s): _____
Name of Physician: _____ Specialty: _____

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Medical Certification Form (page 2 of 2)

Nature of treatment for this condition: _____

Has surgery been performed? Yes No

If "yes" date: _____ Procedure: _____

Was patient hospitalized for this condition? Yes No

If "yes" dates admitted: _____

Dates discharged: _____ Name of hospital: _____

Is your patient able to work? Yes / No

If no, what medical restrictions or limitations have been placed on this patient preventing his/her return to work?

Expected return to work date (mm/dd/yyyy): _____

Nature of treatment/treatment plan (including surgery, therapy, and medication prescribed, if any).

Medical Provider's Signature

Date (mm/dd/yyyy)

Return to:

Sick Leave Bank Trustees
c/o Director of Schools
Dickson County Schools
817 N. Charlotte
Dickson, TN 37055

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