

**PORTLAND PUBLIC SCHOOLS
B.A.S.E. SICK BANK ENROLLMENT**

A sick leave bank is hereby established whereby an employee covered by the BASE bargaining agreement, faced with a personal or immediate family member's serious health condition, as defined by the Family and Medical Leave Act, may withdraw sick leave not yet accumulated. The following apply:

1. Participation: Optional (upon hire or during benefits open enrollment).
2. Enrollment: Employees covered by the BASE bargaining agreement.
3. Contribution: One (1) day per year per participating employee.
4. Administration: The Human Resources Department.
5. Eligibility:
 - a. All accumulated sick leave must be exhausted before applying for sick bank leave.
 - b. Employees may be eligible to withdraw up to a maximum of sixty (60) workdays per contract year after having submitted a doctor's documentation of serious health condition, as defined by the Family and Medical Leave Act.
 - c. A school year employee on sick leave when school closes in June who has withdrawn time from the sick bank is not eligible for continuation for the following September.
 - d. An employee may withdraw membership from the bank at any time, but may not withdraw contributed days. Any membership withdrawal request must be made in writing to the Director of Human Resources.
 - e. An employee on Worker's Compensation will receive an amount equal to the difference between their regular pay and their Worker's Compensation allowance.
6. Replenishment: All unused sick bank days will be carried over to the next school year. In the event that this total is less than one hundred and eighty (180) days, all participating members will be assessed an additional day.
7. Employees who wish to withdraw sick leave days from the Sick Bank should contact the Human Resources Department for an application.

**SICK BANK PARTICIPATION AUTHORIZATION
EMPLOYEES COVERED BY B.A.S.E. AGREEMENT**

- Yes, I want to participate in the Sick Bank Program and authorize one day from my sick leave accumulation to be donated to the Sick Bank each year.
- No, I do not want to participate in the Sick Bank Program.

Name (print) _____ Employee #: _____

Signature _____ Date: _____