

POLICY TITLE: LEAVES OF ABSENCES AND SICK LEAVE BANK POLICY

Leaves of Absence

The Board believes that the provision of leaves in addition to the contractual leaves provided by the Master Agreement helps to attract and retain staff members who will continue to grow professionally, maintain their physical health, and have a feeling of security.

The Board has the authority to grant any employee's request for a leave of absence. A leave of absence may be at the request of the employee or may be done involuntarily by action of the Board. The Board may also delegate this authority to a designee.

The Board has not delegated authority for the Superintendent to accept an employee's request for administrative leave or to place a certificated employee on a period of involuntary leave of absence.

Considerations for Involuntary Leave

If the Superintendent or Board is making a decision as to whether or not to place an employee on a period of involuntary leave of absence, some of the considerations in making such a decision may include:

1. Whether or not the conduct at issue involves a possible:
 - A. Criminal act;
 - B. Violation of the Code of Ethics for Idaho Professional Educators;
 - C. A violation of federal or state education laws or regulations; or
 - D. A violation of District Policy and/or Procedure.
2. Whether or not the conduct at issue involves the health, welfare, or safety of the District's students or employees.
3. Whether or not there is an event identified.
4. If the event involves an allegation of abuse of a student or minor, is there an "identified victim" or some other information that provides indicia of credibility.
5. If the event involves an allegation of abuse of a student or minor, is the report in question anonymous or are there any other indicia of credibility.
6. Whether or not there is an identified victim or identified event that the District could investigate.

7. Whether or not there a concern that the presence of the employee on school property could be detrimental to the investigation process and/or a concern that the employee and/or the presence of the employee interfere with the investigation process.
8. Whether or not there is an ongoing/related criminal investigation associated with the same alleged event or allegations.】

Sick Leave

Classified employees who regularly work 20 hours or more per week and certificated employees who work half time or more per week shall be granted sick leave and other leaves in accordance with State law. Each such employee shall be granted sick leave with full pay of one day as projected for the employment year for each month of service in which he or she works a majority portion of that month. Sick leave for classified employees shall be calculated proportionate to the average hours worked per day. Sick leave for certificated employees shall be calculated by the day, or percentage thereof, as defined in his or her individual employment contract. The District, may in its discretion, require proof of illness when deemed appropriate, including but not limited to suspicion of abuse of sick leave or false claims of illness. Compensation shall not be provided for unused sick leave.

“Sick leave” means a leave of absence, with pay, for a sickness suffered by an employee or his or her immediate family. “Immediate family” for purposes of sick leave shall mean the employee’s spouse and children residing in the employee’s household. Nothing in this policy guarantees approval of the granting of such leave in any instance. Each request will be judged by the District in accordance with this policy and the needs of the District.

It is understood that seniority shall accumulate while a teacher or employee is utilizing accumulated sick leave credits. Seniority will not accumulate unless an employee is in a paid status. Abuse of sick leave is cause for discipline up to and including termination.

Accrual of Unused Sick Leave

Employees may accrue unused sick leave. Upon retirement, an employee’s accumulated unused sick leave must be reported by the District to the public employee retirement system.

Bereavement Leave

An employee who has a death in the immediate family shall be eligible for bereavement leave. “Immediate family” for purposes of bereavement leave shall be defined in the COSSA Personnel Handbook. The Superintendent shall have the authority to give bereavement leave for up to three days. Bereavement leave of greater than three days must be approved by the Board. Such leave shall not exceed ten days.

Personal and Emergency Leave

Upon recommendation of the Superintendent, and in accordance with law and District policy, classified staff may be granted personal leave pursuant to the following conditions:

1. Leave will be without pay unless otherwise stated. If leaves are to include expenses payable by the District, the leave approval will so state;
2. Leave will only be granted in units of half or full days;
3. Notice of at least one week is required for any personal leave of less than one week. Notice of one month is required for any personal leave exceeding one week;
4. The Superintendent, with approval of the Board, shall have the flexibility, in unusual or exceptional circumstances, to grant personal leave to employees not covered by sick or any other District recognized leave. During any personal leave of greater than 15 days, the employee will not receive fringe benefits. During the leave, the employee may pay the District's share of any insurance benefit program in order to maintain those benefits, provided that such is acceptable to the insurance carrier. Staff using personal leave shall not earn any sick leave or annual leave credit or any other benefits during the approved leave of absence.

SICK LEAVE BANK

Policy Purpose. It is the policy of the Canyon-Owyhee School Service Agency (COSSA) (hereinafter referred to as COSSA), to have a sick leave bank available for participating employees who are determined to be eligible to receive sick leave when experiencing a catastrophic illness or injury.

Eligible Employees. COSSA allows all certificated and classified employees who receive sick leave benefits to participate in the Bank. There shall be separate Banks for certified/administrative and classified/administrative personnel.

In order for an employee to be eligible to apply for sick leave benefits from the Bank, the employee must first:

1. Have completed at least one year of employment with COSSA. For the purposes of this policy, one year is one school-year, normally August to June;
2. Be a contributor to the Bank at the beginning of the second school-year of employment, or sign up to be a continuing member (whichever is required for the employee);
3. Have been absent from work due to illness or accident for all of his or her accumulated sick leave days (physician verification is required);

4. Have used all personal leave days; and
5. Experience one full day of leave without pay before drawing from the Bank.

A medical doctor's excuse is required to verify all absences (Figure 5400-2), with the verification giving specific reasons the situation is a major illness or an emergency and a recommended length of time off the job.

Employee Contributions. To participate, an employee shall contribute days from his or her own sick leave days. Sick leave days thus contributed shall be deducted from the individual's sick leave entitlement. At the close of the contract year, unused sick leave days contributed to the bank will remain in the Bank. All new members must initially contribute two sick days to become a member. All continuing Sick Leave Bank members will contribute ½ day each year unless otherwise notified. The minimum number of days maintained in the Bank shall not be below 150 at the beginning of each school year.

The contributed sick leave days will be available to all participating employees, whose application for a grant from the sick leave bank is approved, for the purpose of alleviating the hardship caused by absence from work necessitated by a catastrophic illness or injury. "Catastrophic illness or injury" means an illness or injury that is expected to physically or psychologically incapacitate the employee or a member of the employee's immediate family for an extended period of time, requiring the employee to take time off from work for an extended period of time for the purposes of treatment, recovery and/or providing direct care for the incapacitated family member. "Catastrophic illness or injury" does not normally include elective surgery, a normal pregnancy, or either of these events' recuperation period; although complications from these events may qualify.

"Immediate family" is defined as: one's parents, step-parents, siblings, spouse (including domestic partner), children, step-children, foster children, in-laws, sibling in-laws, grandparents, step-grandparents, great grandparents, step-great grandparents, grandchildren, step-grandchildren, aunts, uncles, nieces, nephews, and first cousins living within the employee's household.

Grant Applications. The number of days an employee is granted from the Bank for any one school year will be limited to 40 days. Days will be distributed in not more than 20-day increments, which includes a second application. In no case shall an employee be granted more than a total of 180 days from the Bank for all illnesses or disabilities during the employee's term of employment with the agency.

Application for grants from the Bank (Figure 5400-1) may be submitted at any time, but must be submitted on the approved application form no later than ten (10) days from the date the applicant returns to COSSA to resume work or five (5) days following the end of the current school contract year, whichever comes first. If the employee is

incapacitated to such an extent that he/she cannot personally apply for a grant, the applicant's immediate supervisor, or a family member of the applicant, may apply on behalf of the applicant.

Grant Dispositions. An application should be directed to the Secretary of the COSSA Educator's Association (hereinafter referred to as CEA). When the Committee receives an application it will evaluate the request and arrive at a decision within two weeks from the date of receipt of the application. The applicant will be notified in writing of the Committee's action, and if the request is approved, the number of days granted will be indicated in the reply. If the application is denied, the reasons for the denial shall be set forth in the Committee's written notice. If the request is denied, the employee has the right to appeal the decision to the COSSA Board of Trustees.

Bank grants to individual employees will not be carried over from one fiscal year to another, and all such grants will end at the termination of the fiscal year, June 30th. If an employee does not use all of the days granted by the bank, the unused sick leave days will be returned to the bank.

Termination of Employment. If an employee leaves COSSA before the end of the current school year, his or her days donated for that school year shall remain in the Bank.

Committee Membership and Duties. The Sick Leave Bank shall be managed by the CEA. Applications are available through the CEA Secretary, who shall call committee meetings when applications are received. The Committee shall consist of one COSSA administrator (normally not the program administrator to whom the applicant reports), the CEA President, the CEA Secretary, one certificated employee and one classified employee, both members in good standing of CEA, appointed as needed by the CEA Secretary; the same committee to govern both the Certified and Classified Banks. A quorum is considered a minimum of three committee members, and no member may fill two positions at the same time. The applicant's program administrator will make a recommendation to the committee based on the applicant's employment/absence history over the duration of their employment.

Committee Meetings. Committee meetings are normally face-to-face, but may be conducted via electronic media if necessary.

Administration of the Bank. The COSSA Business Manager shall develop and distribute rules and procedures for the orderly administration of the bank consistent with the terms of this agreement and as approved by the Board. All bookkeeping will be done by the COSSA Business Manager, who shall report all days granted by the bank and all other information necessary for the employee's records. The COSSA Business Manager will audit the books annually.

LEGAL REFERENCE:

42 USC 2000(e)	Equal Employment Opportunities
I.C. § 33-513	Professional Personnel
I.C. § 33-1216 <i>et seq.</i>	Sick and Other Leave
I.C. § 33-1228	Severance Allowance at Retirement

POLICY HISTORY:

Adopted: 10/20/2003;
Revised and adopted 3/18/2013
Revised and adopted 8/17/2015
Revised and adopted 4/16/2018
Originally issued as Policy 309. Revised and reissued as Policy 5400 on
January 19, 2022.

SICK LEAVE BANK APPLICATION (Form 5400-1)

Name: _____ Date: _____

Address: _____ Phone: _____

City, State, Zip: _____ SSN: _____

Is this request for you or a member of your immediate family that lives within your household: _____

If it is for a member of your family please state their relationship to you: _____

Number of days requested: _____

Total number of days missed for this incident: _____

Dates of absences for this incident: _____

Number of sick days used for this incident: _____ Number of personal days used for this incident: _____

Total number of sick and personal days missed this year for all reasons: _____

Applicants Program Administrator Recommendation: Yes _____ No _____

Reason for the request (please be specific and include any diagnosis) _____

(Use back of page if more room is needed)

This request must be accompanied by a doctor's verification giving specific reasons the situation is an emergency and a recommended length of time off the job.

Signature of Employee

CANYON-OWYHEE SCHOOL SERVICE AGENCY
109 Penny Lane Wilder, ID 83676
Phone: (208) 482-6074 Fax: (208) 482-7904

**PHYSICIAN VERIFICATION OF ILLNESS OR INJURY
(Form 5400-2)**

I authorize release of this information to Canyon-Owyhee School Service Agency.

Employee Signature _____

Printed Name _____

To be completed by physician:

Date: _____

Diagnosis: _____ Date of illness/injury: _____

Work Status:

Off work: Reason this employee requires leave from work. _____

Estimated date of return to work: _____

Physician Signature: _____

Printed Name: _____

Address: _____

Phone number: (_____) _____ Fax number: (_____) _____