ALBUQUERQUE PUBLIC SCHOOLS

Albuquerque Teachers Federation
Albuquerque Federation of Classified Professionals

SICK LEAVE BANK APPLICATION

- Eligible conditions must meet the definition of catastrophic illness or injury presented in the Sick Leave Bank Guidelines.
- Upon application approval, benefits are subject to a ten (10) day deductible. If you are unable to meet the deductible through your own accumulated sick/personal/annual leave time, a payroll docking at the beginning of your benefit period will occur.

Name:_____ Employee Number:_____

Mailing Address:_____ Zip Code:_____

Phone #'s: Home:_____ Cell:_____ Work:_____

Work Location Number:_____ Location Name:_____

Site Supervisor:_____ Site Secretary:_____

Last Day Worked:_____ Beginning Date:_____ Ending Date:_____

Physician's Name:_____ Physician's Phone:_____

- Attach a Sick Leave Bank "Physician's Statement" completed and signed by your licensed, certified physician)
- Alteration or falsification of information on either this Application or the Physician's Statement could result in termination of benefits and disenrollment from the Sick Leave Bank.

Nature of Illness:_____

Is this work related? ☐Yes ☐No Is this condition the result of an accident at work? ☐Yes ☐No

Is surgery required? ☐Yes ☐No Surgical procedure required:_____

List medications prescribed for this condition:_____

Have you had this illness previously? ☐Yes ☐No If yes, when?_____

Have you requested SLB benefits for this condition previously? ☐Yes ☐No If yes, when?_____

Have you received SLB benefits previously for an unrelated condition? ☐Yes ☐No If yes, when?_____

I agree to abide by the terms of the guidelines that provide for the recovery of benefits paid by other insurance or liability coverage. In the event of an insurance settlement, I understand that I am responsible for repayment in full to the Sick Leave Bank of benefits paid to me as the result of an accidental injury.

Applicant's Signature:_____ Date:_____

Return the original Application and Physician's Statement to:

APS Sick Leave Bank, 6400 Uptown Blvd NE, Suite 115 East; or the Physician can fax it to (505) 884-0536. No third party faxes.

ALBUQUERQUE PUBLIC SCHOOLS
SICK LEAVE BANK
Physician's Statement

Patient's Name:_____

Patient's Address:_____

I authorize_____ to release all records, including but not limited to medical and/or psychological records, related to this claim to the Albuquerque Public Schools Sick Leave Bank and the APS Office of Employee Assistance.
(Physician's name)

Employee Signature:_____ Date:_____

MEMO TO PHYSICIAN:
Compensation benefits from the Sick Leave Bank are available to SLB members who have exhausted all accumulated leave and are experiencing a serious/catastrophic illness or injury. Please provide the Sick Leave Bank all of the information requested. An incomplete statement will delay processing of the employee's application and may cause a "salary docking" from the next paycheck if the employee has exhausted all available leave. Thank you.

DIAGNOSIS AND NATURE OF ILLNESS:_____

_____

PROGNOSIS:_____

Have you treated the patient previously for this condition? Yes_____ No_____

Please provide detailed information on TREATMENT PLAN:_____

_____

_____

PRESCRIBED MEDICATION:_____

_____

Beginning and estimated ending date for the period of incapacity: _____/_____
Beginning Ending

Is patient able to work now?_____ DATE PATIENT CAN RETURN TO WORK_____
A specific date is necessary, or the application will not be processed.

Will patient require intermittent leave for follow-up care after the initial leave? Yes___ No____

Please explain why treatment cannot be postponed to a non-work period:_____

_____

_____ _____
Physician's Signature Date

Please circle one: Physician Psychiatrist Licensed Clinical Psychologist

- Return the original Application and Physician's Statement to APS Sick Leave Bank, 6400 Uptown Blvd NE, Suite 115 East; or
- The Physician can **fax it to Sick Leave Bank Specialist**, **(505) 884-0536**. No third-party faxes accepted.

ALBUQUERQUE PUBLIC SCHOOLS

ALBUQUERQUE TEACHERS FEDERATION – ALBUQUERQUE FEDERATION OF CLASSIFIED PROFESSIONALS

EMPLOYEE FUNDED
SICK LEAVE BANK GUIDELINES

The Sick Leave Bank (SLB) is available to employees covered by the negotiated agreements for the:

- Albuquerque Teachers Federation (ATF)
- Albuquerque Federation of Classified Professionals (AFCP)

Respective negotiated agreements provide this benefit to participants who are experiencing a catastrophic illness or injury and who will exhaust all accrued leave (personal, sick, annual). Application for compensation benefits from the Sick Leave Bank while on an approved leave of absence must be made in a timely manner prior to exhaustion of available leave in order to ensure no interruption of pay. The SLB's purpose is to provide sick leave coverage to those employees intending to return to work upon recovery from their illness or injury.

- To be eligible for an APS extended medical leave of absence, an employee must have worked for APS a minimum of one contract year immediately prior to the Leave start date.
- To receive Sick Leave Bank benefits, an employee must be eligible for both an extended medical leave and Sick Leave Bank benefits.
- Intermittent leave will be specifically addressed according to FMLA Law. As a general rule, SLB does not cover intermittent leave.
- Employees must contact the Sick Leave Bank Specialist or Extended Leaves Specialists to determine FMLA eligibility.

A. ELIGIBILITY

Each eligible employee must complete the APS Sick Leave Bank Enrollment form authorizing payroll deductions for membership in the Bank. Part-time employees are eligible for enrollment in the SLB. Bi-weekly payroll deductions are stated and are subject to committee review annually. Deductions will begin by the first of the month after the SLB enrollment form is processed. For all new enrollees to the SLB, eligibility to apply for SLB benefits will begin ninety (90) days after the enrollment form is processed.

New Hires
New employees to APS will have sixty (60) days from the date of hire to enroll in the SLB.

Employees on Leave of Absence
Employees on a leave of absence are not eligible to enroll in the SLB until reinstated to active status.

SLB members on a paid leave of absence will remain active in the SLB. Members on an unpaid leave of absence may continue SLB membership by paying the fees monthly as outlined on the Leave of Absence Letter. Members that drop SLB while on leave of absence must re-enroll and satisfy the 90 day waiting period before being eligible to apply for SLB benefits. Members returning from leave of absence should verify their re-enrollment in the SLB with the Sick Leave Bank Specialist, 830-6246.

Open Enrollment/Disenrollment
Annually, an open enrollment period will begin August 1st. Presentations on the SLB and enrollment opportunities will be given at new employee orientation events held by the respective unions. The open enrollment period will end on October 31st. Previously enrolled employees need not re-enroll.

A request to withdraw from participation in the bank must be submitted to the SLB Committee within ten (10) workdays of the new contract year or during the open enrollment period.

B. ADMINISTRATION

1. The SLB Review Committee consists of one (1) voting member appointed by each of the participating bargaining units and district personnel for consultation as necessary. Such consultation may include responding to committee requests for technical assistance in administering benefits through payroll, support from the Employee Assistance Program (EAP) when working with mental health/substance abuse related claims, and other assistance as requested by the SLB Review Committee.

2. The SLB Review Committee reviews all applications submitted for benefits from the SLB. Meetings are held the Wednesday prior to each pay date. Applications are due no later than 3 PM the Tuesday prior to each pay date to be reviewed the following day.

3. SLB Review Committee decisions are final and are not subject to the grievance procedure. By enrolling in the SLB, the employee waives any right to seek redress for any claim, real or imagined, against the District, the SLB Review Committee, any of its members or any of the bargaining units represented on the committee as a result of any decision made by the committee.

4. Approved requests are subject to on-going review by the SLB Review Committee to ensure that all guidelines are being followed. If the committee finds that an employee is not complying with guidelines, requested SLB benefits will terminate. In addition, the SLB Review Committee reserves the right to terminate membership/privileges and the employee may be held responsible for repaying any inappropriately obtained benefits from the SLB. The SLB reserves the right to seek garnishment to retrieve inappropriately obtained benefits.

5. An operations report will be prepared and submitted to the APS Board and the participating bargaining units on an annual basis.

6. Benefits are available subject to the SLB's ability to pay.

C. USAGE/OTHER CONDITIONS

1. The maximum benefit provided by the SLB will be determined by the SLB Review Committee on a case-by-case basis and will not exceed forty (40) days per eligible condition per lifetime. Claims for benefits that suggest a "pattern of usage" are subject to denial by the committee.

2. Alteration or falsification of information on either form could result in termination of benefit and disenrollment from Sick Leave Bank.

3. The maximum lifetime benefit for all combined sick leave claims by an individual shall not exceed $25,000. This limit shall become effective for all claims filed after September 4, 2013.

4. Claims are subject to a ten (10) day deductible (waiting period) for each eligible condition. The deductible may be met through the

5. Use of available absence balances (sick, personal, annual). Without such accumulated leave, a payroll docking will occur. Employees must exhaust all available "leave time" before benefits from the SLB will be granted. If a claim extends into a new school year and the deductible has been met in the previous year, no further deductible shall be required to be met for that particular claim.

   Sick leave days utilized for needs directly related to a specific claim may also be counted toward meeting the deductible requirement. Documentation from the physician treating the claimant must be provided as verification that usage of those sick leave days are related to the claim. If verified by the physician, sick

leave days utilized in relation to a claim prior to approval may be applied toward meeting the 10-day deductible.

If an additional unrelated claim occurs in the same school year as a previous claim, no additional deductible need be met.

Employees requesting leave will not be able to utilize any more leave than has been accrued up until that point in the contract year.

6. Benefits from the SLB may be drawn only for those days of the year identified by the district as workdays for the applicant.

7. While on an approved leave through the Sick Leave Bank, an employee may not volunteer or perform any duties for APS, or utilize APS property for personal use. Employees who are on an approved leave of absence through the Sick Leave Bank may not engage in any form of self-employment, may not perform work for any other employer, and may not accept any employment elsewhere, including part-time or a temporary position.

8. Payroll deductions to the SLB are irretrievable.

9. Membership in the SLB is continuous and may be canceled by a member (in writing) only within the first ten days of a new contract year or during the annual August - October open enrollment period.

10. The employee's supervisor must be informed by the employee of his/her application for a benefit to the SLB at the time the application is submitted.

D. GUIDELINES FOR REQUESTING DAYS FROM THE SICK LEAVE BANK.

1. Request must be submitted on the official APS Sick Leave Bank Application form and must be accompanied by the APS Sick Leave Bank Physician's Statement from a physician, or other health care provider as identified in section D.5., licensed to treat in the area described in the application. The APS Sick Leave Bank Physician's Statement must include the therapeutic treatment plan and an anticipated date of "return to work." INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED FOR BENEFITS.

2. The SLB Review Committee reserves the right to require a second opinion.

3. Catastrophic personal illness or injury is defined to be an illness or injury which meets ALL of the following conditions:

   a. The condition is sudden, unexpected, and of such severity, as certified by the employee's physician, that the employee is under an active treatment plan and unable to perform essential job functions.

   b. Treatment for a catastrophic condition cannot be postponed without substantial risk of harm to the employee. Treatment which does not require immediate attention should be obtained during the employee's normal non-working period (i.e., winter break, spring break, summer break, etc.). Treatment for a condition which does not require immediate attention but is scheduled for the employee's convenience shall not be eligible for benefits from the SLB.

   c. The amount of time required for treatment of a catastrophic illness or injury must exceed the employee's accrued sick leave, personal leave and annual leave.

4. Benefits related to pre-delivery and post-delivery maternity complications are a one-time lifetime benefit and will be considered if:
   - the condition requires hospitalization
   - if the physician has confined the patient to bed
   - if the physician has ordered home health care services and/or regular on-going monitoring.

At the request of the SLB Review Committee, applicants must submit any and all documentation including, but not limited to, the therapeutic treatment plan, progress reports, medications, estimated recovery period and date of return to work. This report, based upon the treatment plan at the time of initial application, must be updated every twenty (20) calendar days and the physician's documentation will include any treatment plan changes. Failure to comply may lead to cessation of benefits. Caesarian sections and deliveries are not considered a complication.

5. Benefits for Mental Health claims (including conditions identified as depression, anxiety and chemical dependency) are restricted to an aggregate forty (40) day, one-time, lifetime benefit. To be eligible for this benefit, members must:

   a. Be under the care of a licensed board certified psychiatrist or a licensed clinical psychologist. Under certain extenuating circumstances, the SLB Review Committee will consider applications where treatment is being provided by:

      - Licensed Independent Social Worker
      - Licensed Professional Clinical Counselor
      - Licensed Clinical Nurse Specialist
      - Licensed Primary Care Physician
      - Licensed Nurse Practitioner

   b. participate in an active treatment program;

   c. application must be accompanied by a statement from the health care provider identified above which includes an indication of the therapeutic treatment plan, medications, duration of illness, and estimated date of return to work.

      The health care provider's statement, which is based upon the treatment plan at the time of initial application, must be updated every twenty (20) calendar days. Updates must include all the information required in D.5.c. above. Failure to comply may lead to cessation of benefits. Continued benefit depends upon the submission of updated progress reports. SLB benefits based upon mental health or chemical dependency claims are limited to a one-time, lifetime benefit (as per section 5 above).

6. Work related injuries will not be covered by the SLB. Please see APS policy on work related injuries.

7. Should there be any compensation to the member for loss of wages from any other insurance (excluding disability insurance), or as a result of a law suit, the Sick Leave Bank must be reimbursed for the value of the benefits that were granted resulting from the event causing the loss of wages. The SLB Review Committee must receive a statement from the applicant's attorney or insurance company at the time a suit is filed or a claim is made. Failure to provide repayment to the Sick Leave Bank will result in the suspension of future benefits until full payment is received.

8. SLB benefits are available only for the employee's personal illness. Benefits are not available for any condition attributed to the illness, injury, or care of a family member.

9. Application for benefits from the SLB must be made in a timely manner prior to the exhaustion of available leave in order to ensure no interruption of pay. Late applications submitted after the payroll deadline for given pay period will be processed for payment in the next pay period and could result in an interruption of pay. Excessively late (90 days or more) applications will be considered at the discretion of the committee and could be subject to denial of benefits. Extenuating circumstances will be considered.

Questions regarding Sick Leave Bank may be addressed to the Sick Leave Bank Specialist located in the APS Human Resources Department, Suite 115 East, 830-6246.