

District 12 East Coloma Education Association
Sick Leave Bank Guidelines & Enrollment Form

1. All employees working 20 hours or more are eligible to join the Sick Leave Bank. All employees not currently enrolled in the Sick Leave Bank must join the Sick Leave Bank by September 1st or the first week of school, of the current school year, whichever comes later. If an employee is hired after September 1st, he/she shall be required to join within one workweek of being hired.
2. The Executive Board of the East Coloma Education Association (ECEA) and a School Board Representative will act as the Advisory Board in all matters concerning the policies and the administration of the Sick Leave Bank.
3. The intent of the bank is to provide extended sick leave for the purposes described in the Articles of Agreement section 10.1.
4. To obtain days from the Sick Leave Bank, a request must be made to the Sick Leave Bank Chairperson by the eligible employees on the Request for Sick Leave Bank Days form available through the Sick Leave Bank Chairperson.
5. The member should turn the completed forms in to the Sick Leave Bank Chairperson three (3) days before the anticipated use of the Sick Leave Bank. In unforeseeable circumstances or emergencies, the member shall submit his/her request as soon as possible. Every attempt will be made to provide appropriate Business Office Staff with the approval so that no payroll deduction will need to take place.
6. Members who may need more than 90 school days from the Sick Leave Bank should consult TRS for information about disability benefits.
7. Any member may draw from the Sick Leave Bank only during his/her work year as stipulated in the member's individual employment contract and/or assignment.
8. The Advisory Board of the Sick Leave Bank upon emergency may request that contributing members donate an additional day to the Sick Leave Bank if its reserves become depleted, as determined by the Advisory Board.
9. A person who has contributed will not be able to withdraw days from the bank until after his/her own accrued sick leave days have been depleted.
10. I agree to donate one day to the Sick Leave Bank, as determined by the ECEA Sick Leave Bank Advisory Board. I have read the foregoing guidelines, and I am in agreement with the provisions and requirements. My signature confirms that I elect to participate in the Sick Leave Bank as described above until such time I submit a written withdrawal from the Sick Leave Bank. Upon revoking my membership from the Sick Leave Bank, I will not be able to withdraw previously contributed sick days.

Name _____
(please print)

Signature _____ date _____

_____ Full-time employee _____ Part-time employee

**District 12 East Coloma Education Association Sick
Leave Bank Placement Form**

To: Business Office

Date: ____/____/____

From: _____, Sick Bank Chairperson

Regarding: Placement of _____
(member's name)

Date of Entry into Sick Bank: ____/____/____

Anticipated Date of Return to Work: ____/____/____

This request has been received by the Sick Leave Bank Chairperson and approved by the Advisory Board. Approval is for ____ days (not to exceed 65 days*) and will expire on ____/____/____.

Date of Return to Work: ____/____/____

1. Sick Leave Bank Days*

- a. In the event a member will be unable to return to work on the anticipated date designated above, the member is required to contact the Sick Leave Bank Chairperson. A member shall complete and submit a Request for Sick Leave Bank Days form. The maximum number of days has been set at 65 per incident.
- b. If a member is unable to return to work on the date specified above, he/she is eligible for up to an additional 30 days upon receipt of additional documentation. The member shall provide the Sick Leave Bank Chairperson a: 1) release to share and disclose the medical information, as needed with the Advisory Board and Superintendent; 2) a doctor provided diagnosis; and 3) the doctor's anticipated return to work date.

A person who has contributed will not be able to withdraw days from the bank until after his/her own accrued sick leave days have been depleted.

Sick Bank Chairperson: _____
(please print)

Sick Bank Chairperson: _____ Date _____
(signature)

District 12 East Coloma Education Association

Request for Sick Leave Bank Days

TO BE COMPLETED BY EMPLOYEE/MEMBER:

EMPLOYEE NAME: _____

_____ Full-time

_____ Part-time

DATE OF ENTRY INTO SICK LEAVE BANK ____/____/____

By my signature I give my consent to for:

1. the Sick Leave Bank Chairperson, or designated Advisory Board member to contact the physician listed on this form to gather medical information, if necessary, to process my request for Sick Leave Bank;
2. the named physician to release medical information to the ECEA Sick Leave Bank Chairperson or designated member of the Advisory Board; and
3. the Sick Leave Bank Chairperson, or designated member of the Advisory Board, to share and disclose medical information, as needed with the Advisory Board and the Superintendent of East Coloma School.

Employee Signature: _____

Sick Leave Bank Chairperson: _____
(please print)

Sick Leave Bank Chairperson: _____ Date: _____

TO BE COMPLETED BY PHYSICIAN:

Physician's name: _____

Address: _____ Phone: _____

City, State, Zip: _____

Nature of Illness/ Injury: _____

Diagnosis: _____

Recommended Recovery Period: _____

Physician Signature: _____ Date: _____

EAST COLOMA SCHOOL DISTRICT NO.12
 SUPPLEMENTAL PAY SCHEDULE

Any time a regular employee of East Coloma School District No. 12 volunteers to sponsor, chaperone, or coach an activity or sport covered on this Appendix C and is selected by the School Board or its-designee, as the sponsor, chaperone, or coach of the activity, the East Coloma School Board will contribute to the retirement pension of that employee. If the employee is a certified individual who is an eligible member of the Teacher Retirement System (TRS), then the Board shall pay the TRS Contribution and the TRS Health Insurance Contribution utilizing the factor that is set by TRS on the stipend amount to TRS on the employee's behalf. If the employee is a member of the Illinois Municipal Retirement System (IMRF), the Board will contribute its obligated share to the system for the stipend received by the employee.

OUTDOOR EDUCATION

Each Chaperone, who is a full-time employee of the District, will receive \$250.00 for serving as a chaperone for three (3) days and two (2) nights.

COACHES AND CHEERLEADING SPONSOR

Extra-curricular coaching duties will be negotiated with the individual coaches and the Board's negotiating team, with the Board's final approval before the end of the school year. The agreed stipends will be within the following index:

COACHING YEARS OF EXPERIENCE IN THE SPORT & SALARY

0-3	\$1,000.00
4-6	\$1,250.00
7-9	\$1,500.00
10-12	\$1,750.00
13-15	\$2,000.00

Supplemental Pay Schedule

Spelling Bee Coordinator	\$150.00
MathCounts	\$150.00
Natural Helpers	\$150.00
Dozin' with the Dinos	\$150.00
Winter Music Program	\$150.00

