

Township of Union Public School District/Union Township Transportation Association Sick Leave Bank

Section I: Purpose

The purpose of the Sick Leave Bank is to provide additional paid leave for eligible employees who have exhausted their accrued sick, personal, and vacation days as a result of a serious illness, or injury. The Bank serves as a depository into which participating employees voluntarily contribute days for allocation to either themselves or other participating employees meeting the criteria. This Bank is not to provide unlimited paid sick leave for any medical reason but to alleviate the hardship caused when an employee loses compensation as a result of a serious illness or injury.

Section II: Definition

Illness means any illness or any disease, an illness or injury must be seriously incapacitating, of an extended duration, and requires the services of a licensed health care provider.

Injury means any injury that would not allow an employee to perform his or her job duties to physical impairment.

Section III: Membership

Membership in the Sick Leave Bank is open to active employees who are members of the Union Township Transportation Association/NJEA and who donate a minimum of one day of their accumulated sick days to the bank each school year.

A. Eligibility

1. Membership in the Sick Leave Bank is established when an active employee of the Township of Union Public School District donates a minimum of one day of their accumulated sick or personal days to the bank and is an active member in the Union Township Transportation Association/NJEA. The employee must be a member of the Sick Leave Bank for at least 90 days before becoming eligible to receive benefits. (Special circumstances may be considered by the committee on a case-by-case basis.)

B. Contribution to the Sick Leave Bank

☒ Eligible employees may join the Sick Leave Bank by contributing a minimum of one sick day per year, which will be deducted from their accrued balance. All donations are final and cannot be returned. Upon retirement or resignation from the Township of Union Public Schools, members may donate any number of unused sick or personal days to the bank.

☒ Contributions to the bank must be made by October 1 of each school year for current employees or within 30 days of hire for new employees.

☒ Employees desiring to join the Sick Leave Bank must complete the membership enrollment form, *attached towards the bottom of this document*, and send it to uttasickbank@twpunionschools.org . These forms are also available on both the District & Association websites. The Committee will verify and make a determination of the employee's eligibility.

Section IV: Procedures to Apply for Leave

1. Should the member have a serious illness or injury (as defined in section II) necessitating the need for additional days after all accrued sick, personal, and vacation days have been exhausted as verified by the Human Resources Department, the member may submit a request to withdraw days from the Sick Leave Bank. An employee or his/her designee must request the sick leave from the Bank by completing an application, *attached towards the bottom of this document*, and sending it to uttasickbank@twpunionschools.org.
2. An applicant will be required to sign a release of medical information form, authorizing the Sick Leave Bank Committee to contact attending physician, if needed. Failure to provide this authorization will result in a denial of the application. Detailed medical information and an evaluation from the employee's attending physician will be required before any application will be reviewed by the Sick Leave Bank Committee.
3. The Physician's Statement must contain the physician's legibly written statement identifying diagnosis, treatment, prognosis, and an estimated return to work date along with the physician's signature and stamp.
4. In the event of a reduction in force *or termination*, accumulated sick leave *from the Bank* shall not be *compensated*, but shall remain credited to *the Bank*.

Section V: Withdrawing Days from the Sick Leave Bank

1. The employee must be a member of the Sick Leave Bank for at least 90 days before becoming eligible to receive benefits. (Special circumstances may be considered by the committee on a case-by-case basis.) The illness/injury cannot predate the member's enrollment.
2. The maximum number of sick leave days granted during a school year (Sept. 1 – August 31) is 60 days.
3. Before withdrawing days from the Sick Leave Bank, a member must have exhausted all of his/her own accrued sick, personal, and vacation days.
4. Sick Leave Day payouts are retroactive to the first day of eligibility once all criteria are met.
5. The Sick Leave Bank withdrawal cannot be automatically extended from one year to another.
6. A member who is receiving income from Worker's Compensation benefits may not draw upon the Sick Leave Bank to supplement that compensation.

Section VI: Administration of the Sick Leave Bank

☒ ☒Members, who have been approved to withdraw from the sick bank and have exhausted the maximum number of sixty (60) days from the bank, can request to have a personal donation bank (separate from the general bank) created for them. The donor may only give up to 10% of their accrued sick days. This request will be reviewed and considered by the committee, and if approved, then a special donation request will be sent to bank participants, who may choose to donate additional days from their personal allotment to be granted to the specific personal donation bank.

☒ ☒Applicants will be notified of the determination of his/her application through the District email account within two weeks. If the applicant wishes to appeal the decision, he/she should send an appeal form, *attached towards the bottom of this document*, to uttasickbank@twpunionschools.org within 30 days of the decision. The appeal form can be found on both the District and Association websites.

☒ ☒The Committee reserves the right to contact the employee and/or the employee's physician(s) for further information or clarification, if necessary.

☒ ☒All unused Sick Leave days in the bank will carry over to the next school year.

☒ ☒No employee may withdraw days from the Sick Leave Bank unless authorized by the committee.

☒ ☒Resignation from the bank must be in writing to the committee. Any member resigning will forfeit days donated and will become ineligible for any future benefits through the bank.

Section VII. Committee Members and Responsibilities

☒ ☒The Sick Leave Bank Committee will consist of six people.

- Three (3) administrators representing the Township of Union Public School District
 - Three (3) appointed by the Superintendent
- Three (3) representatives from the Union Township Transportation Association
 - The UTTA President (1) and two (2) members appointed by the president (majority representative).

☒ ☒All applications for sick leave bank days will be reviewed individually by the Committee.

☒ ☒The Committee has the sole authority to approve by majority vote requests to withdraw days from the Sick Leave Bank.

☒ ☒The Committee shall approve the number of days on a case-by-case basis.

☒ ☒All members of the Committee will acknowledge their duty to protect the confidentiality of the information presented by signing a confidentiality agreement.

☒ ☒The Sick Bank Committee has the right to change its procedures periodically in order to ensure the most effective operation of the Sick Leave Bank.

**Township of Union Public School District/Union Township
Transportation Association Sick Leave Bank Enrollment Form**

Name _____ Employee Number _____

(Found in AESOP and on your paystub)

Home Address _____

City, State, Zip _____

Home Phone (_____) _____ Cell Phone _____

School/Location _____

School Phone _____

E-mail: Work _____ Home _____

Date of hire ____/____/____

I have read and am aware of all conditions of the UTTA Sick Leave Bank and Sick Leave Bank Guidelines. Each member who joins the Sick Leave Bank shall initially contribute one (1) sick day from his/her accumulated sick leave. Once contributed, sick days shall not be returned. By my signature below, I am applying for membership and authorizing contribution of days. I understand that I will remain enrolled in the program and contribute one day per year. In order to cease membership, I must notify the committee in writing.

Signature of applicant _____

Application Date _____

Please email completed form to: uttasickbank@twpunionschools.org

OFFICE USE ONLY

Date of hire ____/____/____

Number of accumulated days (as per Human Resources) _____

As of (date) _____

Sick Bank enrollment date _____

Notes: _____

Township of Union Public School District/Union Township Transportation Association Sick Leave Bank Application

Please complete this form in order to apply to the Sick Leave Bank. All information will be kept confidential in the Human Resources Department. Email your request to uttasickbank@twpunionschools.org

** You will receive a response within two weeks.

EMPLOYEE INFORMATION

Name:

Address:

Phone #:

Cell Phone #:

Building/ Location:

Department:

Employee #:

(found in AESOP or on your paystub)

By checking this box, you grant permission to the Sick Leave Bank Committee and Human Resources to request doctor's notes, medical statements, medical documentation, and any information deemed necessary Yes ☐ No ☐

HEALTH INFORMATION:

Physician's Name:

Address:

Phone #:

Zip Code:

Emergency Contact Name & relationship:

Phone number:

Number of Days Requested:

By signing below, I certify that I have read all conditions of the UTTA Sick Leave Bank and Sick Leave Bank Guidelines.

Employee Name (please print):

Date:

Employee Signature:

FOR OFFICE USE ONLY

Date of Hire:

Enrollment Date:

Number of accumulated days:

As of this date:

Request Approved or Denied:

Committee Signature:

Date:

Township of Union Public School District/Union Township Transportation Association Sick Leave Bank Appeal Form

Date: _____

Name: _____

Address: _____

Cell Phone: _____

Employee #: _____

Write a statement below explaining your request to appeal the decision of the Sick Leave Bank Committee. When completed, send it to uttasickbank@twpunionschools.org .



Township of Union Public Schools

Sick Leave Bank Agreement Acknowledgement

Township of Union Public School District / Union Township Transportation Association (UTTA)

We, the undersigned, hereby affirm our joint agreement and endorsement of the Township of Union Public School District / Union Township Transportation Association Sick Leave Bank as outlined in the attached document.

This Sick Leave Bank is established to support eligible UTTA members who have exhausted their accrued leave due to serious illness or injury, as defined in the guidelines. It allows for the voluntary contribution and allocation of sick days for qualifying members, subject to the rules and procedures set forth in the policy.

By signing below, we acknowledge that we have reviewed the terms of the Sick Leave Bank and agree to its implementation effective upon approval by the Board of Education.

For the Union Township Transportation Association (UTTA):

Signature: 
Name: Larry Sabel
Title: President, UTTA
Date: 7/17/25

For the Union Township Board of Education:

Signature: _____
Name: Dixiana Carbonell
Title: President, Union Township Board of Education
Date: _____