



# Binghamton City School District

PO Box 2126  
Binghamton, NY 13902-2126  
(607) 762-8100

## LEAVE REQUEST

<b>NAME:</b>	<b>PHONE NO:</b>
<b>BUILDING:</b>	<b>POSITION:</b>
<b>START DATE:</b>	<b>END DATE (APPROXIMATE):</b>
<b>REASON:</b>	

Do you have enough sick time to cover your leave: Yes  No

This is due to a Workers' Comp Injury. Date of Injury: \_\_\_\_\_

Are you eligible to apply to sick bank: Yes  No  Will you apply: Yes  No

Do you have health and/or dental through BCSD: Health  Dental  None

I have read and understand the Procedures for Taking a Leave. I understand that I am required to keep Personnel up to date on my return-to-work, submit a note from my doctor monthly, and keep Personnel up to date on any changes in the status of my leave including submitting monthly doctor's notes if granted sick bank.

I understand I am required to use all my accruals before I can receive sick bank. I understand I am responsible for applying for sick bank. If I am approved for sick bank, I understand I am responsible for reapplying if I need more time. I understand if I do not reapply for Sick Bank, I will go unpaid.

I understand that if I go unpaid, I will be responsible for making my health insurance payments to the Binghamton City School District. If I exceed my 12 weeks FMLA, I understand I will have to COBRA my health insurance at the full cost or enroll in another plan.

Employee Signature	Date
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### PERSONNEL USE ONLY:

<b>Sick Days:</b>	<b>Personal Days:</b>	<b>Vacation Days:</b>
<b>Applied to Sick bank:</b>	<b>Sick Bank Start:</b>	<b>Sick Bank End:</b>
<b>Dr Note Received:</b>	<b>Dr Note Due:</b>	
<b>UL Start:</b>	<b>UL End:</b>	<b>FMLA End:</b>
<b>Health Ins:</b>	<b>Dental Ins:</b>	<b>Monthly Payment:</b>



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### **PROCEDURES FOR TAKING LEAVE:**

Complete the attached Leave Request Form and send Personnel or fill out the Google leave form

Maternity/Paternity Leave  
Extended Illness  
Military leave  
Sabbatical

Adoption  
Caring for a family member who is ill  
To care for a family member in the Military  
Workers Comp Injury

- If you are taking medical leave for yourself or a family member, you must submit a doctor's note to Cindy O'Shea, Benefits Assistant, in the Personnel Office.
- Notify your immediate supervisor. Please give a 30-day notice to Personnel & your supervisor
- If requesting sick bank, send a letter that includes dates and the reason along with a copy of your doctor's note to Cindy O'Shea in Personnel at Columbus.
- You are still responsible for reporting your absences as you normally would.
- The BCSD does not participate in Paid FMLA. You will use your accrued time.

### **MATERNITY LEAVE /PATERNITY LEAVE with accruals:**

Complete the attached Leave Request Form and send Personnel or fill out the Google leave form

- Send Doctor's note to Personnel office.
- Notify your immediate supervisor
- Once your baby is born, notify Cindy O'Shea to update your leave.
- Enroll you baby in your health and dental insurance through OneLink
- You can use your accruals for paid maternity leave or apply to the sick bank. You are allowed 6 weeks for a normal delivery and 8 weeks for a C-section. You must submit a note from your Dr. stating how many weeks you will be off and your approximate RTW date.
- If you plan to take extended time past your 6 – 8 weeks, you must submit a letter requesting unpaid time off to Tonia Thompson at least 30 days prior to your unpaid leave.
- Contact Cindy O'Shea, Benefits Assistance, to discuss your health and dental insurance. You will be responsible for your insurance premiums if you are on unpaid leave.
- If you are on Paternity leave with accruals, you will be paid up to 6 weeks. If you do not have accruals, you will be unpaid. BTA members, refer to contract for DEML

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**Medical Leave:**

Complete the attached Leave Request Form and send Personnel or fill out the Google form

- Fill out the Leave Request form.
- Send Doctor's note to Personnel Office
- Provide your approximate return to work date
- If applying for sick bank, send a copy of your doctor's note along with a letter to Camille O'Brien at Columbus.

**Family Medical Leave Act (FMLA):**

Complete the attached Leave Request Form and send Personnel or fill out the Google form

- Send the Doctor's note to Personnel. You will need to submit a doctor's note if you are taking time off to care for a family member.
- Provide your approximate return to work date.
- If your FMLA is approved, you will be sent FMLA paperwork.
- You will be responsible for your health insurance premium if you are on unpaid leave.
- FMLA for the birth or adoption of a child allows for you to use 6 weeks of your accruals. Any time beyond 6 weeks will be unpaid.
- If you are out on Paternity leave, you can use your accruals up to 6 weeks, after 6 weeks, you will go unpaid. If you do not have accruals, you will be unpaid for your paternity leave. BTA, please refer to your contract for DEML.

**Personal Leave:**

Complete the attached Leave Request Form and send Personnel or fill out the Google form

- Submit a letter requesting your leave with the reason to the Personnel Office

***Failure to follow these procedures could result in a loss of pay.***

The Binghamton City School District does not participate in Paid FMLA. You are required to use your accruals. If you do not have enough time to cover your leave, you can apply to Sick Bank or go unpaid. Please read the attached Sick Bank Procedures.

It is your responsibility to inform Personnel of any changes in your leave. We ask that you check your District email periodically for any correspondence regarding your leave. If there is any change in your return-to-work date, we must have a new note from your doctor.

Upon returning to work, please follow the **Return-to-Work Policy**.

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### **RETURN TO WORK PROCEDURES FOR ALL EMPLOYEES**

When you have been out of work for an extended period (see examples 1-6 below), you will need to follow our return-to-work procedures.

1. Extended illness (5 days or more)
2. Serious injury (not job related)
3. Hospitalization
4. Maternity/Paternity leave
5. Unpaid medical leave
6. Other situations, as requested

***If you plan to extend your maternity leave beyond your 6-8 weeks medical leave, please submit a letter requesting the additional time off to [check contact Cindy O'Shea\(osheac@binghamtonschools.org\)](mailto:osheac@binghamtonschools.org) as soon as possible.***

A "return to work" note from the requesting physician must be delivered to the Personnel Office. Please send it to Cindy O'Shea. The note can be email or faxed (762-8110). The note will be forwarded, by Personnel, to the District Health Office. You will be contacted to determine if an appointment is necessary, if any accommodations are needed and to update your medical history.

Return to work after a job-related injury resulting in absence or treatment under Worker's Compensation:

Prior to returning to work, the employee must obtain a "return to work" note from the treating physician, provide a copy to the Personnel Office, and make an appointment with the District Health Office (607-762-8145).

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## *Sick Bank Procedures*

1. For an employee to be eligible to participate in sick bank he/she would contribute a Personal Illness Day to the bank within their Bargaining Unit. This will occur automatically at the beginning of each school year unless a **Non-Contribution Form** is completed and forwarded on the Personnel Office.
2. If you are an employee in the bargaining units, CSEA you will be eligible after two consecutive years of employment. CSAM (Teacher Aides & Monitors) you will be eligible after three consecutive years of employment.
3. To apply for withdrawing days from the sick bank within the employee's bargaining unit, the employee will write a letter to committee requesting the days needed along with a note from their Physician explaining the medical reason for leave. The letter and doctor's note are sent to Cindy O'Shea in the Personnel office. Please refer to your individual Bargaining Unit contracts for more specific information.
4. The Committee is made up of two members from the employees' Bargaining Unit, an Assistant Superintendent or the Executive Director of Human Resources and Operations, one Administrator, and the District Head Nurse, Joyce DeRitis.
5. The Committees meet once a month throughout the school year to review any requests presented during that month.
6. The Committee will review the request along with a history of Personal Illness Days previously used. The Committee may request additional information/documentation before rendering a decision. Joyce DeRitis, Head Nurse, will coordinate.
7. Once the committee has reviewed the request a vote is taken. A letter is sent to the employee notifying them of the decision. When the vote is approved the sick days are withdrawn from the bank and deposited in the employee's attendance data. The committee will try to limit the withdraws to approximately twenty days at one time, if an employee needs more than the twenty days granted, they will need to apply again. If the vote is negative the employee is notified and suggested the employee contact Personnel for possible alternatives.
8. The sick bank is maintained through the Executive Director of Human Resources and Operations office. At the beginning of each school year a global withdraw is completed. The system will automatically withdraw a Personal Illness Day from each employee within a Bargaining Unit and deposit into the associated Bargaining Unit Bank. **Please note if you do not wish to participate in the Sick Bank it is important you complete a Non-Contribution Form within the timeframe stated on the form.**

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# Sick Bank Request

DATE: \_\_\_\_\_

To: Sick Bank Committee:

On \_\_\_\_\_, I was diagnosed with/had surgery \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Per my physician, normal recovery time is \_\_\_\_\_. As of \_\_\_\_\_, I have/will have exhausted all my leave time. I am requesting \_\_\_\_\_, days (maximum 30 days per request) from the sick bank.

I understand that should I return to work before I've used all requested days, they will be returned to the sick bank. \_\_\_\_\_ (initial)

I see my physician regularly for my illness. My next doctor's appointment is scheduled for \_\_\_\_\_. At this time, I anticipate returning to work on \_\_\_\_\_.

My supervisor is aware of this date. I will notify Personnel and my supervisor should this date change. \_\_\_\_\_ (initial)

I understand that when my sick bank runs out, it is my responsibility to reapply **before** my time is up. I understand that if I do not reapply, I will go unpaid.

**Please attach your doctor's note.**

\_\_\_\_\_

Signature

\_\_\_\_\_

Name (print)