

ARTICLE XXVIII SICK LEAVE POOL

To assist Faculty Members who suffer prolonged illness or inability to work, a sick leave pool shall be established. The sick leave pool may not be used to cover participants who are receiving pay or are eligible to receive pay from worker's compensation or KPERS disability. This policy may be reviewed by the Board of Trustees and the Faculty Association as they deem necessary.

Sick Leave Pool Procedures and Terms

1. Each Faculty Member who wishes to participate in the Sick Leave Pool will contribute one day to the Sick Leave Pool during any one contract year. In any contract year that the Sick Leave Pool has fewer than 50 days, members may contribute one additional day to the pool for a maximum of two days per member. Days contributed by a member become a permanent part of the pool and will not be refunded to that employee.
2. Each person who wishes to contribute to the pool will complete a form for that purpose. (Form A) Any change in sick leave pool status will require completing the form by September 1 of the contract year. Faculty members must have accumulated at least 20 days of sick leave before they are eligible to join the sick leave pool.
3. Only those individuals participating in the pool will be eligible to apply for days from the pool.
4. Any eligible person who wishes to use the sick leave pool must be under a doctor's care and present a written formal application to the sick leave screening Board. The application (Form B) must include a written statement from a doctor concerning the inability to work. Additional information and/or a second opinion may be required.
5. The sick leave screening Board shall consist of five (5) members. Three (3) members shall be participating Faculty selected by the Faculty Association. One (1) member shall be the Division Chair of the applicant's division and one (1) member shall be an administrator selected by the president.
6. Written notification of approval or other disposition of the application will be made by the screening Board to the applicant.
7. Each person, before using the sick leave pool, shall deplete his or her accumulated sick leave.

Form B

**APPLICATION FOR SICK LEAVE DAYS
FROM THE
INDEPENDENCE COMMUNITY COLLEGE SICK LEAVE POOL**

Date of Application

Employee's Name: LAST FIRST MIDDLE

Division

Last date for which sick leave accumulation applies

Number of days sick leave applied for

Signature of Faculty Member

Date

STATEMENT:

A. "This employee is unable to return to work for _____ days."

Signature of Doctor

TO BE COMPLETED BY SCREENING BOARD:

Date application received

APPROVED

DISAPPROVED

Approved Days