Atkinson County School System

SICK LEAVE BANK HANDBOOK

2025-2026

Dr. Melissa Wilbanks, Superintendent

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SECTION I

Purpose

The purpose of the Sick Leave Bank (SLB) is to provide additional paid sick leave days to members who experience a catastrophic or critical illness or injury that prevents them from performing the duties of their position and results in a substantial loss of income. The SLB is designed to support employees facing life-threatening conditions, chronic or debilitating diseases, major surgeries and recovery, severe injuries, significant mental health crises, or other qualifying medical circumstances that require extended treatment or care. The intent of the SLB is to provide financial and job security during periods of serious health-related hardship, ensuring that employees can focus on recovery without the immediate burden of lost wages.

SECTION II

Eligibility and Procedures for Joining

All full-time employees eligible for sick leave may join the Sick Leave Bank by donating one (1) day of accumulated sick leave during the annual open enrollment period (August 1–September 1). Membership begins once the donation is made and remains continuous unless the employee submits a written notice of withdrawal. New members of the Sick Bank must wait one calendar year before applying to the Sick Bank. Employees who withdraw may not rejoin. For the Sick Leave Bank, the calendar year is defined as July 1 through June 30.

SECTION III

Regulations on Contribution of Days

Upon enrollment, each member must contribute one (1) day of accumulated sick leave. These days are deducted from the employee's leave record and become the permanent property of the Atkinson County Schools Sick Leave Bank. All contributions are non-refundable and non-transferable. For the purposes of the Sick Leave Bank, the calendar year is defined as July 1 through June 30. If the Bank's balance falls below 300 days, the Committee of Trustees may request additional contributions. Retiring employees may also donate excess sick leave days not credited toward retirement.

Cancellation of Membership

If a member cancels membership in the Sick Leave Bank, he or she forfeits all rights to utilize the Bank, and the previously donated day(s) remain the permanent property of the Atkinson County Schools Sick Leave Bank. The member may not rejoin the Sick Leave Bank at any time.

Cancellation of Membership

If a member cancels membership in the SLB, he/she will forfeit utilization of SLB and their donated days will remain the property of Atkinson County Sick Leave Bank.

SECTION IV

Granting Days from Sick Leave Bank

•Sick leave days from the bank are available only in the event of catastrophic illness/ injury which will render the member unable to perform the duties of his/her position.

•A member or family designee may request days from the Sick Leave Bank only after member has exhausted all available state leave, local leave, extended leave, vacation days or any other accumulated compensation days; and after 5 consecutive days or longer of the catastrophic illness or injury.

•A member may receive 30 regular sick leave days per school year (July 1- June 30). Members diagnosed with a long-term critical illness may request up to 45 additional days, for a total of 75 days per school year. A critical illness is defined as a medically verified condition that causes a serious disruption to an employee's ability to fulfill job responsibilities and requires prolonged medical care or recovery. Qualifying conditions include: Life-threatening diagnoses (e.g., cancer, stroke, heart attack); Major surgeries with extended recovery periods; Acute mental health emergencies; Severe injury or pregnancy-related medical complications. Elective or non-essential medical procedures are not covered.

•The total number of sick leave days a member may receive from the SLB is capped at 225 days over any five-year period, regardless of illness category. For example, if a member qualified for 75 days year 1, sit out year 2, 75 days year 3, sit out year 4, 75 days year 5.

• If the SLB balance falls below 300 days, the Committee of Trustees may temporarily reduce the 30-day cap. If the balance drops below 150 days, no new SLB requests will be approved until the bank is replenished.

Loss of Right to Utilize Sick Leave Bank Days

A member will lose the right to utilize SLB days by: 1) separation of employment with the Atkinson County School System, 2) suspension from employment at Atkinson County School System, 3) cancellation of Sick Bank membership.

SECTION V

Requesting Sick Leave Bank Days

A SLB member must request use of Sick Leave Bank Days by completing the request form and attending physician's statement form provided by the district. In the event that the member is incapacitated, a family member or designee may make the request for them.

Submittal of Attending Physician's Statement

As part of the request for Sick Leave Bank (SLB) days, the member must submit the attending physician's statement on the official Sick Leave Bank Physician Statement form provided by the Atkinson County School District, along with any additional necessary documentation from the physician.

Appropriate Forms
REQUEST FOR DAYS FROM SICK LEAVE BANK form and the SICK LEAVE BANK PHYSICIAN'S STATEMENT form are available from the Sick Bank Secretary (Debi Davis), payroll clerk (Kim Summerlin), or in the Sick Bank Handbook.

Refusal of Request
The SLB Committee will refuse to consider a request that is not on forms provided by the district and that does not contain ALL the required information.

SECTION VI

Name of Administration Committee
The administration committee of the Sick Leave Bank will be called Sick Leave Bank Committee.

Composition of Membership of the Sick Leave Bank Committee
The Sick Leave Bank (SLB) Committee shall be administered by a nine-member committee elected from the SLB membership.

The nine member SLB Committee will be composed of:

- four teacher representatives: 2 elementary school teachers, 1 middle school teacher and 1 high school teacher
- one representative from central office staff, paraprofessional personnel, two representatives from District Operations personnel (child nutrition, maintenance, custodial, transportation).
- one representative from non-instructional professional personnel and one representative from administration (central or campus)
- The Committee Chairperson shall serve as a non-voting Executive Officer.

Term of Office of the Sick Leave Bank Committee Members
- The Sick Leave Bank Committee will review the Sick Leave implementation on an annual basis and will make necessary adjustments as needed.
- Each SLB Committee member shall serve three years full-term, August 1st- September 1st.
- When a nominee is needed from one of the representative areas, nominations will be decided on by Sick Leave Bank Chairperson & Vice-Chairperson.
- If a vacancy occurs among the SLB Committee members during the year, the Chairperson & Vice-Chairperson will appoint a SLB member to fill the unexpired term until the next school year.
- Members elected to the SLB Committee will be notified in writing of their selection for Sick Bank Committee.

Duties and Responsibilities of the Sick Leave Bank Committee
- The Sick Bank Secretary of the SLB Committee will process all approved SLB days for members to the appropriate department(s).
- All applications for SLB days shall be reviewed individually by the Committee in a called meeting.
- If appropriate, an applicant may be requested to appear before the committee to substantiate his/her case.

- The SLB Committee shall determine the number of days approved and reserves the right to approve, disapprove, or modify the days requested.
- An applicant may appeal the decision of the Committee in writing to the Chairperson requesting to appear in person before the SLB Committee.
- The decision of the SLB Committee is final.

SECTION VII

Procedures for Questions Not Addressed in the Sick Leave Bank Handbook

Any questions concerning membership, regulations, applications, or pertinent to the Sick leave Bank that may arise because they are not specifically covered in the Sick Leave Bank Handbook, shall be submitted to the SLB Committee who will call a meeting and make a decision on any questions or concerns.

Forms/Additional Information

ATKINSON COUNTY SCHOOL SYSTEM
98 ROBERTS AVENUE EAST
PEARSON, GEORGIA 31642
(912) 422-7373

SICK LEAVE BANK WITHDRAWAL REQUEST FORM

NAME:_____ SS#:_____
(Please Print)

LOCATION (SCHOOL DEPT.):_____

NUMBER OF DAYS REQUESTED:_____ REASON FOR REQUEST:_____

_____

_____

SIGNATURE:_____ DATE:_____

RELEASE MEDICAL INFORMATION STATEMENT

By signing this statement, I hereby authorize my medical records/information, as pertaining to this request, to be released to the Sick Leave Bank Committee for review.

SIGNATURE:_____ PRINTED NAME:_____

DATE:_____

FOR PAYROLL USE ONLY

NUMBER DAYS USED:_____ LAST DAY WORKED:_____

NUMBER OF LEAVE DAYS AVAILABLE:_____

COMMENTS:_____

SIGNED:_____ DATE:_____

SICK LEAVE BANK TRUSTEE BOARD USE ONLY

DATE RECEIVED:_____
NUMBER DAYS REQUESTED:_____ NUMBER OF DAYS GRANTED:_____
HOW LONG HAS APPLICANT BEEN ILL/INJURED?_____WK/COMP?_____
LAST DAY WORKED:_____HAS CURRENT SICK LEAVE EXPIRED?_____ WHEN?_____
BOARD CHAIRPERSON SIGNATURE:_____DATE:_____

PLEASE ATTACH PHYSICIANS STATEMENT

Atkinson County School System

Physician's Form for Verifying Qualifying Illness or Disability of Employee

Name: Last First Middle	Department: (Attached Duties and Responsibilities) Supervisor Signature:_____ Date:_____
Social Security Number:	Employee's Job Title or Class Title:
Address:	Work Site:
City, State, Zip Code:	Work Telephone Number:

PHYSICIAN'S REPORT OF QUALIFYING ILLNESS

Physician's Name:	Date Disability Begins:	Estimated Date Disability Ends:
Group Name: Phone Number: Street Address: City, State, Zip Code:	[ ] I have read the attached list of duties and responsibilities. [ ] I certify that the above named employee is under my care and will be unable to perform normal duties during this period. Adjustments in these dates may be necessary at a later date. _____ Physician's Signature (No Stamp) _____ Date	

INFORMATION ON SICK LEAVE ADMINISTRATION

The information below is an outline of the Sick Leave Bank administration.

SICK LEAVE BANK — The purpose of the sick leave bank (the bank) is to provide additional paid sick leave to employees who are members of the bank. A member shall be granted such leave only in the event of a catastrophic illness or injury that results in the member's inability to perform basic job functions.

MEMBERSHIP — All full-time employees of the district may join the bank by contributing one days of personal sick leave. A contribution of one available sick leave days shall be required during the enrollment period between August 1 and September 1. All donated local sick leave days shall become the property of the bank. Eligible employees who elect not to join the bank during the enrollment period shall be required to wait until the following year's enrollment period.

ADMINISTRATION — The bank shall be administered by a nine-member sick leave bank committee (the committee).

The committee shall be composed of the following:

1. Four teachers;
2. One representative from among the secretarial, clerical, or paraprofessional personnel
3. Two representatives from operation personnel;
4. One representative from noninstructional professional personnel; and
5. One representative from the administration.

The Board shall review sick leave implementation on an annual basis and approve the continuation of the Sick Leave bank. Following the annual sick leave bank enrollment period from August 1 to September 1. The members of the committee shall be elected from among the members of the Sick Bank Committee. The committee shall meet only twice in-person a year and as the need arises.

The Sick Bank secretary shall be responsible for the following:

1. Receiving requests for use of the bank;
2. Verifying the validity of requests;
3. Recommending approval or denial of requests; and reporting them to the necessary administration.

An approved applicant shall be compensated at the employee's regular rate of pay. Members shall not be compensated if the bank has been depleted.

REQUEST FOR USE:

A member may request leave from the bank only when his or her accumulated state leave, local leave, vacation days, extended sick leave, or any other accumulated leave has been exhausted. To qualify for leave from the bank, the member making the request shall provide all the information required by the sick leave bank handbook. All information provided to the committee shall be kept confidential.