

Okaloosa County School District Sick Leave Pool Withdrawal Application

Check one: Teacher ESP

Applicant _____ Worksite _____

Address _____ Zip _____

Date _____ Contact # _____ Last 4 SSN: _____

Email _____ Last day of work _____

Sick Leave expires on _____ Estimated additional sick days needed _____

Are you currently in the Deferred Retirement Option Program (DROP)? Yes No

Nature of illness or injury _____

Comments or supporting information _____

I hereby authorize any physician, hospital, pharmacy, insurance company, employer, or organization to release any information regarding the medical history, treatment, disability, or benefits payable for this claim, to the Sick Leave Pool Committee.

Applicant's Signature

Return original application and original "Medical Doctor's Statement" to the OCEA/OESP office. Copies or faxes of either will not be accepted and will delay processing.

For Office Use

Sick Leave Pool Committee

Application received on _____ Action taken on _____

Application Approved Denied

Effective date _____ Credit with _____ days from Sick Leave Pool.

Comments _____

Authorized signatures (3 required) _____

MEDICAL DOCTOR'S STATEMENT

The Okaloosa County Education Association's Sick Leave Pool Committee is requesting information on the patient below in order to make an informed decision as to whether he/she qualifies for days to be advanced under our Sick Leave Pool plan. No fax or photocopies of this form will be accepted. Documents should be returned in person or mailed to the OCEA office at 348 Valparaiso Parkway, Valparaiso, FL 32580. Please complete the following:

Date: _____

Patient: _____

Please describe in detail the illness/complications of the patient named above. Without this information, sick leave requested by the applicant is subject to denial.

Please state specifically the reason(s) this patient must be off work. Please include any documentation/records to verify illness and reasons for medical leave. Without documentation/records, the sick leave requested by applicant is subject to denial.

Please indicate the patient's minimum expected time to be off work giving specific beginning and ending dates.

Physician Signature _____
(Do not use stamp.)

Please print - Physician Name/Address/Telephone #/ID #:

Sick Leave Pool Guidelines for OCSD Education Staff Professionals

All full-time employees shall be eligible for participation in the SICK LEAVE POOL after one (1) year of employment by the Okaloosa County School Board provided said employee has accumulated a minimum of twelve (12) days of accrued unused sick leave. Days are determined using the number of hours an employee works in a normal day.

The SICK LEAVE POOL Committee, appointed by OESP, will review all requests for SICK LEAVE POOL days. The Committee shall have the sole right to approve or deny requests based on the information provided by the applicant and their physician. If an applicant does not agree with the Committee's decision, they may file **one (1)** appeal with the Committee. The appeal will consist of a more detailed Medical Doctor's Statement form explaining why it is catastrophic/life threatening and must be submitted within two (2) weeks of the initial denial. **After the appeal, the decision of the Committee is final.**

The participating employee's inability to return to work due to a personal catastrophic/life threatening illness or injury shall normally be the basis for granting sick leave hours from the SICK LEAVE POOL. Catastrophic injury or illness is defined as a severe condition or combination of conditions affecting the mental or physical health of the employee which has resulted in a life-threatening condition and/or has had a major impact on life-functions. (This includes confirmation for bed rest). "Catastrophic and Life Threatening" does not include intentional self-inflicted injuries, elective surgery (i.e., face lift, liposuction, tubal ligation, vasectomy) nor does it include colds, bronchitis, earaches, toothaches or other minor illnesses.

Temporomandibular Joint (TMJ): Consideration of use of SICK LEAVE POOL days will be evaluated on an individual basis, once the condition has gone beyond the care of a dentist and is at the level of a physician's care. A Medical Doctor's Statement form must be completed and signed by the attending physician.

Pregnancy: Pregnancy itself is **NOT** covered under the rules of the SICK LEAVE POOL (including six weeks after delivery). Catastrophic and/or extenuating circumstances which would cause absences prior to delivery or after the customary six (6) weeks post-partum will be reviewed on a case-by-case basis.

Mental Illness: Mental illness will be considered on an individual basis at the point when it becomes medically necessary for hospitalization or institutionalization of the individual. At that time, a detailed Medical Doctor's Statement form, signed by the physician, stating hospitalization/institutionalization is necessary, must be submitted to the Committee by the applicant.

1. To be eligible for days from the SICK LEAVE POOL, an applicant must: (a) have used all personal sick leave days and (b) have been absent for at least five (5) continuous workdays due to the illness/injury for which SICK LEAVE POOL days are requested.
2. A Medical Doctor's Statement form must accompany the SICK LEAVE POOL Withdrawal Application. This form will provide the Committee with the nature of the illness/injury and minimum time required off work with the beginning/ending dates and must be signed by the attending physician. Forms can be obtained from the OESP office.
3. Membership doesn't necessarily mean approval. Approved leave is awarded in increments of five (5) to twenty (20) days and limited to a total of sixty (60) days per twelve (12) month period. If additional time beyond the initial awarded days becomes necessary, an updated Medical Doctor's Statement from the physician and Withdrawal Application must be submitted for approval of extension.

4. It will be the responsibility of the applicant to submit the proper paperwork in a timely manner. Without proper documentation, requested leave is subject to denial.
5. The Committee reserves the right to request additional medical doctors' opinions, other than the attending physician, at the expense of the applicant.
6. The applicant must sign the SICK LEAVE POOL Withdrawal Application, or it will not be considered. If the applicant is not physically able or mentally competent to sign, the applicant's designee who holds power of attorney may sign if the Committee receives validation of the power of attorney.
7. The SICK LEAVE POOL Withdrawal Application and Medical Doctor's statement must be the original. Faxes may be accepted from the physician's office if they show the doctor/medical facility name and number on the top of the fax. Photocopies will not be accepted.
8. The Committee reserves the right to investigate the possibility of any abuse of the SICK LEAVE POOL.
9. Any extraordinary circumstances/situations shall be brought before the Committee during the initial application process.
10. When travel related to the illness is required, the physician's name, place of treatment, and nature of treatment must be submitted with the primary physician's Medical Doctor's statement. A current Medical Doctor's statement from the referred physician should also be submitted to the Committee.
11. SICK LEAVE POOL members who choose to formally resign in advance of their retirement (i.e. DROP) will not be eligible to use the sick leave pool until: (a) all of their sick leave and annual leave have been depleted and (b) the employee has been on leave without pay for the number of days equal to the number of sick leave days for which they have been paid according to this policy. (see Article 11C, Master Contract)
12. The SICK LEAVE POOL shall not be used to extend working time beyond the time an individual is eligible to draw medical disability retirement. The Committee may approve an application for ten (10) days while the employee is in the process of becoming eligible for medical disability retirement. Applicant must use all their sick leave prior to receiving days.
13. Any employee postponing or delaying obtaining medical attention (to correct an existing medical problem) in order to make him/her eligible for benefits from the SICK LEAVE POOL shall be declared ineligible for such benefits.
14. The SICK LEAVE POOL shall not be used in lieu of days for workmen's compensation. An individual cannot choose SICK LEAVE POOL over workmen's compensation.
15. If it becomes necessary to contribute an additional day, SICK LEAVE POOL members shall be notified in writing and will have the opportunity to cancel their membership in the Sick Leave Pool before the contribution is made. Upon cancellation, contributed sick days to the SICK LEAVE POOL are forfeited.
16. Decisions made by previous Committees cannot set precedent for subsequent Committees.

For more information, refer to Article 12 of the Master Contract.

Revised September 2020