

## **Section 1501a - Supplemental Sick Leave Bank (SSLB)**

### **Purpose**

The purpose of the Supplemental Sick Leave Bank (SSLB) is to establish a pool of local sick leave days voluntarily contributed to the bank by HISD employees to be used by the contributing members for additional sick leave days in the event a member has exhausted all personal time off, and experiences a catastrophic illness as defined by the plan.

### **Definition of Catastrophic Illness**

A catastrophic illness is defined by the plan as an illness which results in the employee's temporary disability. The disability may be due to sickness, surgery, injury, or complication of pregnancy and the severity requires the ongoing services of a licensed medical practitioner, and the condition prevents the employee from performing the assigned regular material duties for seven (7) or more consecutive work days. Exceptions may be granted by the SSLB Administrator in atypical cases of serious illness involving a minimum of seven (7) non-consecutive days of absence in a plan year.

*Medically related issues such as pregnancy, child birth, extended hospital stays, and elective surgeries that occur without complication are not considered catastrophic illnesses and not covered by the SSLB.*

### **Membership Eligibility**

All active HISD employees eligible to participate in the Teacher Retirement System of Texas (TRS) or accrue local personal leave (LPL) and have available one local personal leave day to contribute to the SSLB, are eligible to participate in the SSLB. The local personal leave day must be available and will be deducted during the first pay period of the participant's contract year or shortly thereafter. It is the participant's responsibility to verify the LPL day has been deducted to ensure membership in the SSLB program. Employees with no available local personal leave on the date the deduction is made in PeopleSoft will be ineligible to participate in the plan year (even if a leave day was available when the Membership Form was submitted).

## **Section 1501b – Enrollment Periods / Contributing Days**

### **Enrollment Periods**

In an effort to ensure all employees have an opportunity to participate in the SSLB program, HISD will conduct three (3) annual enrollment periods; pre-enrollment, open enrollment, and benefits-concurrent open enrollment. Pre-enrollment is conducted in May, open enrollment in August, and a benefits-concurrent open enrollment period will coincide with the health and wellness benefits open enrollment period. Multiple enrollment periods allow employees greater participation opportunities regardless of the employee's contract year.

Each year during pre-enrollment the SSLB Plan will notify employees of their membership status and offer the opportunity to enroll or terminate membership in the plan. Pre-enrollment forms will be processed for the first pay period of the participant's contract year or shortly thereafter. The 'Membership Enrollment and Termination Form' may be used to enroll or terminate membership. Participating members must contribute one local personal leave (LPL) day at the beginning of their contract year to maintain membership in the SSLB. During open enrollment and benefits-concurrent open enrollment, the LPL day will be deducted as soon as administratively possible. Participating SSLB members are automatically reenrolled in the plan in subsequent years unless the member elects to terminate.

The qualifying LPL day must be available and will be deducted during the first pay period of the participant's contract year or shortly thereafter. It is the participant's responsibility to verify the contributed day has been deducted to ensure membership in the SSLB program. Employees with no available local personal leave on the date the deduction is made in PeopleSoft will be ineligible to participate in the plan year (even if a leave day was available when the membership form was submitted).

Employees desiring to join the SSLB must complete the 'Membership Enrollment and Termination Form' during an enrollment period and submit to HISD - Employee Support Services, 812 W 28th St, Houston, TX, 77008, via interoffice mail - Route 6, or fax to 713-293-9769.

### **Contributing Days to the SSLB**

To become a participating member of the SSLB, an employee must contribute one local personal leave (LPL) day to the SSLB program for the year in which the employee is a member. The SSLB program year is September 1 through August 31. The LPL day is automatically deducted from the member's local personal leave accumulation. All donated days are the property of the SSLB and will not be returned to the employee for any reason. Active SSLB members may not elect to terminate membership during the benefits-concurrent open enrollment period.

At the discretion of the SSLB Administrator, additional days (other than the LPL day contributed for enrollment in the plan year) may be requested to enable the SSLB Administrator to continue to honor eligible benefits claims. However, membership will not be affected if a member chooses not to contribute the additional day.

In the event the SSLB pool of local leave days is depleted within a plan year and is unable to secure additional leave days, requests for benefits will be denied. Personnel on approved leave of absence will not retain membership in the SSLB and must submit a new enrollment application during an enrollment period in order to participate.

## **Section 1501c - Applying for Benefits / Approval of Request**

### **Applying For SSLB Benefits**

The member or their chosen representative may initiate a request for benefits by submitting the SSLB claim forms. The properly completed claim forms must be received within 30 days of the date the employee begins to lose time for which they are requesting payment from the SSLB. Failure to submit a timely request will constitute a waiver of benefits from the SSLB. Members must exhaust all accumulated vacation, state leave, local leave, and compensatory time prior to eligibility for payment from the SSLB.

SSLB claims applications must be submitted to Houston ISD - Employee Support Services, 812 W 28th St, Houston, Texas 77008, via interoffice mail - Route 6, or fax to 713-293-9769. The application for SSLB benefit forms can be found on the HISD employee portal in the Employee Services section. Benefit claim applications must include the Confidential Employer's Statement – Form I, Confidential Member's Statement – Form II, and Confidential Attending Physician's Statement – Form III. Form I and II must be completed by the member and Form III completed by the member's physician. All forms must be properly completed before submitting to Employee Support Services. Incomplete forms will be returned unprocessed. The original copy of the Confidential Attending Physician's Statement - Form III must be attached and include the following: IDC9 code, nature of illness, extent of injury; date of initial onset of medical condition (current iteration); and anticipated date of return to duty (full or part-time). The SSLB Administrator may refuse incomplete requests. Confidentiality is important and efforts are made to maintain confidentiality of all information submitted to Employee Support Services. Information is used only as necessary.

### **SSLB Benefits Details**

Sick leave time awarded from the bank will be granted only after the member has exhausted all accumulated vacation, state leave, local leave, and compensatory time. Only work absences due to a member's illness are eligible for payment from the SSLB (family member illness is not eligible). Only regularly scheduled work-for-pay days, based on an employee's District-approved work schedule are eligible for payment from the SSLB. A maximum of thirty (30) days may be awarded from the SSLB during the plan year (September 1 - August 31). SSLB days granted during one plan year will not carry over to subsequent plan years. Members may submit claims for separate illnesses in a plan year, up to the annual maximum. The SSLB Program will not pay more than thirty (30) days for any member in a plan year, regardless of multiple claims for separate illnesses. The value of each sick leave day awarded is equal to the member's daily earned rate of pay.

SSLB participants may be awarded SSLB time to supplement income received under the Worker's Compensation Act, but the combined incomes may not exceed the member's regular HISD daily rate of pay. SSLB participants receiving income from HISD disability insurance may be awarded time from the SSLB at a rate which, when combined with the disability income, may not exceed the member's regular HISD daily rate of pay. Pay earned from time awarded from the SSLB program shall not cause a member to receive more than his or her annual HISD salary.

## **Section 1501d - Other SSLB Information**

### **Appeal Procedures**

SSLB Program appeals are processed and coordinated by the HISD Employee Support Services unit and reviewed on an individual bases by the SSLB Program private insurance carrier. When an SSLB benefits claim is denied, the participant may submit an appeal application to Employee Support Services. Additional claims information and documentation may be required from the participant before the claims appeal will be reconsidered. Appeal application forms are available from Employee Support Services and must be returned within 45 days following the claim denial notification.

### **Supplemental Sick Leave Bank Administrator**

The Supplemental Sick Leave Bank Program is administered by the district's disability insurance carrier. All references to "The Administrator" in this document apply to the district's disability insurance carrier.

### **Termination of Membership in the SSLB**

SSLB membership will be terminated for the following reasons:

- a. Employee status changes to a Leave of Absence, including leave covered by the Family Medical Leave Act
- b. Separation of employment
- c. Suspension without pay (during suspension period)
- d. Misuse or abuse of program benefits
- e. Employee terminates membership.

Participants may submit membership termination forms only during the SSLB Program pre-enrollment and open enrollment periods. The completed termination form may be submitted to HISD - Employee Support Services, 812 W 28th St, Houston, TX, 77008, via interoffice mail - Route 6, or fax to 713-293-9769. The member is not eligible for SSLB benefits after the effective date of cancellation. The effective date of cancellation will be the sooner of; the end of the current plan year, typically August 31<sup>st</sup>, or during the period indicated by reasons a – e above. Change in employment status from full-time to less than full time, which makes the member ineligible for coverage under the provision of this plan renders a member ineligible for coverage and benefits.

Membership terminates upon separation of employment. Upon reemployment with the district, eligible employees may enroll in the SSLB Program by following the enrollment procedures.

### **SSLB Records Maintenance**

SSLB enrollment records and benefit claims requests are securely maintained by Employee Support Services and retained for the current plan year plus one year. Employee Support Services will provide reports on the SSLB program upon request by senior district administration. Employee Support Services will respond to written requests for SSLB plan information within a reasonable time.