

Jordan School District  
Department of Human Resources  
7387 South Campus View Drive • West Jordan 84084  
Phone (801) 567-8150 • Fax (801) 567-8056

## Request for Employee-Funded Sick Leave

Classified DP326 NEG

Name: \_\_\_\_\_ Social Security Number: XXX – XX – \_\_\_\_\_

Home Address: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

City, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School/Place of Work \_\_\_\_\_ Assignment: \_\_\_\_\_

Date of Last Hire: \_\_\_\_\_ Total Years: \_\_\_\_\_

Last working day before leave is to begin: \_\_\_\_\_

Have you received sick bank compensation during the last three years? Yes \_\_\_ No \_\_\_

An employee's continuous contracted service as of July 1 will determine their sick bank eligibility for that year. Sick bank days per year are based on the following:

- Employees who are considered "Provisional" as defined in DP314 *Provisional and Probationary Classified Personnel* as of July 1 are not eligible for sick bank benefits that year
- 1 – 3 years of service are eligible for up to 15 sick bank days
- 4 – 7 years of service are eligible for up to 30 sick bank days
- 8 – 11 years of service are eligible for up to 60 sick bank days
- 12 years of service and above are eligible for up to 120 sick bank days
- No employee shall draw more than 120 days from the sick leave bank during a three-year period

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Employee-Funded Sick Leave Bank is designed for serious, unanticipated, long-term illnesses. Employee-funded Sick Leave Bank is not intended to be used for in-and-out absences, elective medical procedures or other medical care that could be scheduled during non-contracted time.

In order to be eligible for the Employee-Funded Sick Leave Bank you must have:

- Donated one day of Sick leave to the Employee-Funded Sick Leave Bank for the school year in which they are applying; and
- Exhausted all accrued sick, family, vacation and personal days (Maximum of five); and
- Missed a minimum of fifteen (15) work days (any combination of days from #1 and #2 above and/or no-pay days qualify for meeting this requirement).
- Medical certification bearing an original signature from your doctor must accompany this request.

No employee shall accrue leave days i.e., personal, family, sick or vacation while drawing upon the sick leave bank.

I hereby agree to repay any compensation paid from the Employee-funded Sick leave Bank at my daily rate of pay, if I terminate my employment with the district for other than medical reasons before completion of the current and succeeding contract year.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date