

**Saint Helens  
School District 502**

Code: **GCBDD/GDBD-AR**  
Adopted: 2/28/00  
Orig. Code(s): GCBDD/GDBD-AR

**Sick Leave Bank**

The district will manage a sick leave bank for both licensed and classified employees.

However, the professional organizations have a responsibility for assisting in the collection and utilization of the bank by the employees.

**District Responsibilities:**

1. District will notify both professional organizations when the sick leave bank is at 10 days.
2. District will transfer days from contributing employees to the sick bank.
3. District will transfer days from bank to approved individuals.

**Professional Organizations Responsibilities:**

1. Each professional organization will be responsible for contacting employees for contributions.
2. Each professional organization will be responsible for approving requests for use by employees.
3. Each professional organization will notify the district of approved requests.

**Employees:**

1. Employees who wish to contribute to the sick leave bank must sign the contribution form provided.
2. Employees may contribute no more than five days per year for use in their association's sick leave bank.
3. Employees may draw up to 30 days a year from the sick bank.
4. Employees will need to request use of sick bank through their professional organization.

**OSEA Sick Leave Contribution Form**

In accordance with District policy and the agreement between the district and the Oregon School Employees Association, I hereby contribute days of my accumulated unused sick leave. I understand this contributed sick leave cannot be restored and will be held for use upon approved OSEA application by other classified staff in the district. I further understand that this contribution will reduce the number of available sick leave days available for my own use and that this reduction in sick leave days has the potential to reduce future PERS retirement benefits. Neither the district nor the Oregon School Employees Association has made any representation regarding this contribution and I am making it voluntarily.

Date \_\_\_\_\_

Signature \_\_\_\_\_

FORM #27C Distribution - Original: Payroll Copy: Employee Copy: OSEA \_\_\_\_\_

Date \_\_\_\_\_

To: St. Helens School District #502

From: Oregon School Employees Association

This authorizes the use of days of sick leave from the Sick Leave Bank for Oregon School Employees Association.

Authorized Signature \_\_\_\_\_

Approved and processed on \_\_\_\_\_

St. Helens School District #502

Authorized Signature \_\_\_\_\_

FORM #28C Distribution - Original: Payroll Copy: Employee Copy: OSEA

St. Helens School District 502

**SHEA Teacher Sick Leave Contribution Form**

In accordance with Board policy and the St. Helens Education Association, I hereby contribute days of my accumulated unused sick leave. I understand this contributed sick leave cannot be restored and will be held for use upon approved SHEA application by other teachers in the District. I further understand that this contribution will reduce the number of available sick leave days available for my own use and that this reduction in sick leave days has the potential to reduce future PERS retirement benefits.

Neither the district nor the St. Helens Education Association has made any representation regarding this contribution and I am making it voluntarily.

Date \_\_\_\_\_

Signature \_\_\_\_\_

FORM #27L Distribution: Original: Payroll Copy: Employee Copy: SHEA

Date \_\_\_\_\_

To: St. Helens School District #502

From: St. Helens Education Association

This authorizes the use of days of sick leave from the Sick Leave Bank for St. Helens Education Association.

Authorized Signature \_\_\_\_\_

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Approved and processed on \_\_\_\_\_

St. Helens School District #502

Authorized Signature \_\_\_\_\_

FORM #28L Distribution - Original: Payroll Copy: Employee Copy: SHEA