

Hitchcock ISD

Voluntary Catastrophic Sick Leave Program

The voluntary catastrophic sick leave program is a bank of local sick leave days contributed by personnel to be used by members of the plan who suffer a qualifying incapacitating illness or accident personally or through the illness or injury of an immediate family member that extends beyond all paid leave available to the employee. An employee becomes a member by contributing one current local sick leave day for each year of membership.

If you are interested in joining the catastrophic sick leave program of Hitchcock ISD, please review the attached data and submit a completed membership form to the Benefits Office no later than September 30th each year or 30 days after your hire date.

Please understand that the day you are donating will be taken from your Local Sick Leave.

HITCHCOCK ISD

Catastrophic Sick Leave Membership Application Form

*Complete and submit to the Hitchcock ISD Benefits Office no later than
September 30th of each school year or 30 days after hire date.*

NAME OF EMPLOYEE: _____

(Please Print)

CAMPUS: _____

I authorize the contribution of one (1) of my local sick leave days to become a member of the Hitchcock ISD ***Catastrophic Sick Leave Program***. I understand that:

- Only full-time employees and less than full-time employees whose position allows them to earn local sick leave days are eligible to join.
- In the event of a catastrophic illness or accident, only members of the sick leave bank may be awarded sick leave from the program.
- Membership term is for one (1) year only. If I elect to join the Catastrophic Sick Leave Program in subsequent years, I must contribute one (1) local sick leave day in each year I elect to join by completing a new Membership Application no later than September 30th of the current year.
- All unused leave days in the bank at the end of the plan year shall be carried over to the next school year.
- I understand my participation in the program is voluntary, my donated day is non-refundable and becomes property of the Catastrophic Sick Bank, (CSB).

____ Yes – I would like to participate

_____ No – I do not want to participate

Signature of Applicant

Date

I would like to be considered to serve on the sick bank committee for a one or two year term.
(To be eligible for “CBS” committee, you must have been employed for a minimum of 2 years.)

____ Yes ____ No