

Policy 428 DISTRICT MEDICAL EMERGENCY LEAVE BANK

I. PURPOSE

The purpose of this policy is for the Northfield School District to establish a bona fide medical emergency leave sharing program for eligible employees of the district who are experiencing a medical emergency. This medical emergency leave sharing program is intended to comply with IRS Revenue Ruling 90-29.

II. GENERAL STATEMENT OF POLICY

Eligible employees have the ability to participate in a districtwide Medical Emergency Leave Bank (“Bank”). This Bank is intended to support employees who have exhausted all other appropriate leave options and experience a medical emergency that would normally qualify for sick or bereavement leave. This policy may only be modified by mutual agreement between the Northfield Education Association and the Northfield School District.

A “medical emergency” means a medical condition of the employee that will require the prolonged absence from duty and will result in a substantial loss of income to the employee because the employee has exhausted all forms of paid leave. A medical condition means a serious health condition that is recognized by the mainstream medical community. By way of example, but without limitation, conditions such as multiple chemical sensitivity and idiopathic environmental illness are not recognized as valid diagnoses by the mainstream medical community. A “prolonged absence” means an absence of more than five (5) consecutive duty days.

III. ELIGIBILITY

An employee must work 20 hours or more per week to participate in the Bank.

IV. PARTICIPATION AND USE

An employee experiencing a medical emergency may apply for leave from the Bank.

1. All employees who wish to participate shall notify the Human Resources Office by Sept. 30 of each year. If Sept. 30 falls on a weekend, the deadline will be the close of business on the Monday immediately following Sept. 30. Participating employees will be assessed one (1) day of sick leave allowance at the time they join the Bank. All assessed days will be accumulated in a bank where they will

be available to participants who have used all their designated sick leave allowance days and experience a medical emergency of more than five (5) consecutive days. All donations are nonrefundable. Once a day is donated, the employee may not retract or reclaim the donated sick leave for any reason. If at any point the Bank is reduced to twenty (20) or fewer days, the district will assess all members one (1) additional day.

2. An employee withdrawing from the Bank shall notify the Human Resources Office by Sept. 30 of each year. If Sept. 30 falls on a weekend, the deadline will be the close of business on the Monday immediately following Sept. 30. In case of withdrawal, an employee's contribution of days to the Bank stays in the Bank.
3. An employee may use no more than twenty (20) days from the Bank in any given school year.
4. Both the employer and employees have a substantial interest in ensuring that days from the Bank are used only for legitimate reasons in accordance with the terms of this policy. To withdraw leave from the Bank, eligible employees must submit a written application to the district's human resources department along with medical certification of the serious health condition from the employees' treating physician. An employee may not begin to withdraw leave from the Bank until the district has approved the written application.
5. Days from the Bank shall be used only for the illness or medically necessary appointments for the employee and/or the employee's dependent child. Days from the Bank may be used for bereavement leave not to exceed the number of days allowed in each individual employee contract or agreement. The Bank shall not be used when an employee qualifies for disability income, workers' compensation, or other pay or other benefits from the district or the state in place of any part of their salary.

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Adopted: 08.24.2015; Nonsubstantive Updates: 02.25.2021; Updated: 08.22.2022

Board of Education

NORTHFIELD SCHOOL DISTRICT NO. 659

Northfield, Minnesota

Policy 428 - MEDICAL EMERGENCY SICK LEAVE BANK - APPLICATION

Employee Name: _____

Building: _____

Brief explanation of medical emergency (medical certification required for approval:

Name (Please print)

Signature

Date

For HR use only:

Medical certification received: Yes No

Approved: Yes No

Director of Human Resources

Date