



UESF

United Educators of San Francisco
AFT/CFT, AFL-CIO • NEA/CTA

2310 Mason Street ■ San Francisco, CA 94133 ■ 415 956-8373 ■ Fax 415 956-8374 ■ www.uesf.org

UESF CATASTROPHIC SICK BANK FAQ

The Catastrophic Sick Bank (CBA Article 10.2.5) was established by UESF to be used as a safety net for members who are diagnosed with a life-threatening catastrophic illness and are about to lose health benefits.

After members have exhausted all of their accrued sick time, filed for FMLA and exhausted all of their extended time off, that is when you are eligible to take days from the sick bank in order to ensure you keep your benefits and pay.

In order to take days from the sick bank, you have to be a member of the sick bank.

In order to be a member of the sick bank, you have to donate at least 1 day to the sick bank (7 hours) and have a remaining 6 or more sick days remaining (42 hours).

If you do not have the minimum sick time required, a colleague may donate a sick day for you to join the sick bank.

If you donate a day for a colleague, this does not make you a member of the sick bank, you have to donate 2 days, 1 for you and for your colleague in order for both of you to join.

The maximum number of days members can take from the sick bank is 85 days, or 595 hours in accordance with the new Empower system.

The open enrollment period to join the sick bank is from the **1st day of school to October 10th and February 14th – March 15**. Exceptions are made for those who are facing a life-threatening illness.

A catastrophic illness or injury is defined as one which is life threatening and will last for at least 30 days and prevents the member from working. Members must complete an application for the use of sick bank days and include medical reports certifying the nature of the illness meets the requirements mentioned above and email the documents to the President of UESF and cc your staff representative.

During these last 2 years of the pandemic, the sick bank has been used a lot and needs to be replenished for the next group of educators that need it!

Apply to be a member of the sick bank ASAP!!

Send completed applications to the President of UESF and cc bmontenegro@uesf.org



SFUSD/UESF CLASSIFIED
SICK LEAVE BANK DONOR APPLICATION



DONOR CONDITIONS:

- Donor must retain at least 25 hours of sick leave credit after the donation is made (Article 11.1.7.3).

TRANSFER CONDITIONS:

- Marital Status Declaration or Spouse or domestic Partner Consent must be completed below.
All donations are irrevocable.
Donations are subject to the UESF/SFUSD Classified Contract

- I have read and understand the above conditions.
I declare under penalty of perjury that I have not and will not solicit or accept any compensation, directly or indirectly, for sick leave hours that I am transferring. I further declare that I am transferring sick leave hours of my own free will and not under the threat or coercion.

Table with 3 columns: Selection, Please mark your selection in the box to the left. On the right side box enter the number of hours you are donating., and Number of hours donated. It contains four rows of donation options and a total row.

Donor's Name (Print Name) Donor's Signature Date

Donor's Employee Identification Number Donor's Work location

3. SPOUSE / DOMESTIC PARTNER CONSENT DECLARATION:

I _____ declare under the penalty of perjury that I am the legal spouse or domestic partner of
Print spouse/ partner's name

_____. I consent to this donation _____
Donor's name Signature Date

OR

- I am not married and do not have a registered partner.
I do not know, the location of and have taken all reasonable steps to locate my spouse or domestic partner.
I and my current spouse or domestic partner have executed an agreement which makes my earnings separate property.



**SFUSD/UESF CERTIFICATED
SICK LEAVE BANK DONOR APPLICATION**

DONOR CONDITIONS:

- Donor must retain at least 6 days of sick leave credit after the donation is made (Article 10.2.5.3.1).

TRANSFER CONDITIONS:

- Marital Status Declaration or Spouse or domestic Partner Consent must be completed below.
- All donations are irrevocable.
- Donations are subject to the UESF/SFUSD Teachers' Contract

1. I have read and understand the above conditions.

Selection	Please mark your selection in the box to the left. On the right side box enter the number of days you are donating.	Number of days donated
	Per Article 10.2.5.3.1, I am donating one day to become a member of the UESF Sick Leave Bank (SLB). After this donation I will have at least six (6) sick days remaining in my account.	
	Per Articles 10.2.5.3.3, I am now a member of the UESF SLB, and would like to donate one day for another UESF certificated member to become a member of the bank. Per Article 10.2.5.3.1 after this donation I will have at least six (6) sick days remaining in my account. Name of member you are donating for: _____	
	Per Article 10.2.5.3.3, I am already a member of the UESF SLB, and would like to donate additional days to another UESF member who is already a member of the UESF SLB. Name of member you are donating days for: _____	
	I am already a member of the UESF SLB, and would like to donate additional days to the UESF SLB.	
	Total days donated :	

2. I declare under penalty of perjury that I have not and will not solicit or accept any compensation, directly or indirectly, for sick leave days that I am transferring. I further declare that I am transferring sick leave days of my own free will and not under threat or coercion.

_____ Donor's Name (Print Name) _____ Donor's Signature _____ Date

_____ Donor's Employee Identification Number * _____ Donor's Work location

3. SPOUSE / DOMESTIC PARTNER CONSENT DECLARATION:

I _____ declare under the penalty of perjury that I am the legal spouse or domestic partner of
Print spouse/ partner's name

_____. I consent to this donation _____
Donor's name Signature Date

OR

- ___ I am not married and do not have a registered partner.
- ___ I do not know the location of and have taken all reasonable steps to locate my spouse or domestic partner.
- ___ I and my current spouse or domestic partner have executed an agreement which makes my earnings separate property.

Donor: Keep a copy for your records AND send the original to Labor Relations, SFUSD, 555 Franklin Street, Room 306, San Francisco, CA 94102

***Applications must include employee identification numbers.**



Labor Relations Department
 San Francisco Unified School District
 555 Franklin Street
 San Francisco, CA 94102
 Tel: 415-241-6230 Ext. 1330
 Fax: 415-241-6779



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 2310 Mason Street
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UESF / SFUSD SICK LEAVE BANK APPLICATION

Any UESF Unit member is eligible to participate in the UESF Sick Leave Bank (SLB) if the UESF member meets all of the following conditions:

- The employee is catastrophically ill.
- The employee has exhausted all of his/her sick, personal and extended sick pay.
- The employee is a member of the SLB.

Form Instructions:

- 1) SLB applicant completes Section I (page 2).
- 2) SLB Committee completes Section 2 (page 3).
- 3) District designee completes Section 3 (page 4).
- 4) Applicant's physician completes Section 4, physician's certification (page 5).

- 3)  Required documentation checklist:

	Original application
	Physician certification

- 4) Submit original application with required documentation to:

SFUSD Labor Relations Department or email to slaughterc@sfusd.edu
 555 Franklin Street,
 Room 306B San
 Francisco, CA 94102

NOTE: An incomplete application packet will delay review/approval of your SLB application.

FOR ASSISTANCE PLEASE CALL the District Designee, Carrie Slaughter in the SFUSD Labor Relations Department at (415) 241-6230 ext 1330

SECTION 1
APPLICATION UESF SICK LEAVE BANK

Application (Check one) New Extension

Employee Name: _____

Address: _____ City: _____

State: _____ ZIP Code: _____ Telephone: () _____

Email (Personal): _____ Email (Work): _____

School Site _____ Supervisor: _____

Applicants must inform Labor Relations when their health status allows them to return to work.

Authorization for release of medical records:

I hereby authorize my physician to release my medical records to the San Francisco Unified School District (SFUSD), its authorized designee, and the UESF Sick Leave Bank Committee for its evaluation of my application to the Sick Leave Bank Program. I also authorize the SFUSD and/or the UESF Sick Leave Bank to contact my physician as part of its evaluation if necessary.

Employee Signature: _____

Date: _____

SECTION 2
UESF Sick Leave Bank Committee

DETERMINATION: Approved ____ Denied ____* Hold /Pending ____

The UESF Sick Leave Bank Committee has determined that you are eligible to receive days (certificated members) or hours (classified members) from the SLB.

This determination is valid until _____

If you wish to have your catastrophic illness determination extended beyond the above date, you must submit a new application to the SLB.

Your eligibility to receive donated sick pay and vacation credits is subject to the following:

1. You must have exhausted all available paid leave, including sick, personal and extended sick leave (Certificated, Article 10.2.5.8 and classified article 11.1.7.8).

2. You must have on file with the District an approved application for a Request for Leave. The District Designee on Sick Leave Committee will obtain this from Human Resources on your behalf to submit with your application.

3. You must notify SFUSD/ Labor Relations if there is any change in your health status, or if your treating physician has released you to return to work. If your physician has released you to return to work full or part- time, your participation in the SLB will be terminated. Failure to notify SFUSD of your return to work may result in overpayment of leave days, and you may be required to reimburse sick days to the SLB.

4. Upon removal from the program, SLB recipients with any unused specific individual donations will revert to the bank (Certificated Article 10.2.5.3.3.1 and classified article 11.1.7.3.3.1).

*The Sick Leave Committee has:

_____ denied your application to the UESF sick leave bank for the following reasons:

_____ has placed your application on hold for the following reasons:

The Sick Leave Bank Committee will forward this completed form to the SFUSD Labor Relations Department.

SECTION 3
District Designee Use Only

Digest

	Accrued leave dates	Extended leave dates	SLB leave usage
Start date			
End date			

1) Obtain verification of applicant's leave status from SFUSD Human Resource.

2) Following completion of the UESF SLB Committee approval, the District designee will distribute the completed application form to:

- Applicant Date _____
- SLB Committee Date _____
- Payroll Date _____

District Designee Signature _____ **Date** _____

SECTION 4
PHYSICIAN'S CERTIFICATION OF CATASTROPHIC ILLNESS

Patient Name: _____

Patient Diagnosis: _____

Date patient was unable to work due to this illness: _____

Describe and explain the reason for the patient's inability to work:

Please describe pattern of treatment and timeline:

Anticipated or exact date of return to work: _____

Attending Physician Only:

I certify that the above-named patient should be considered for approval of catastrophic illness determination. She/he has a life-threatening illness or injury.

Name and Title _____

Print Name _____

Physician Signature: _____ **Date:** _____

Address: _____ **City:** _____

State: _____ **ZIP Code:** _____ **Telephone:** () _____

License #: _____

Email _____