

**OLATHE DISTRICT SCHOOLS
LEAVE BANK APPLICATION FORM**

NAME _____ **ID#** _____

SCHOOL _____

POSITION _____

DATE OF APPLICATION _____

DATE ACCRUED ILLNESS/BEREAVEMENT LEAVE EXPIRES _____

NUMBER OF DAYS REQUESTED _____

DATES OF ABSENCE: _____

DO YOU HAVE SHORT TERM DISABILITY/SALARY PROTECTION INSURANCE?

_____ **YES** _____ **NO**

REASON FOR REQUEST TO LEAVE BANK:

I. _____ MAJOR PERSONAL ILLNESS (Check all that apply)

- _____ Hospitalization
- _____ Surgery required
- _____ Under physician's care
- _____ Convalescence period required
- _____ Length of time
- _____ Other: Please explain

II. _____ ILLNESS OF FAMILY MEMBER

(Check all that apply)

- _____ Hospitalization
- _____ Surgery required
- _____ Under physician's care
- _____ Convalescence period required
- _____ Length of time
- _____ Other: Please explain

REPAYMENT POLICY:

Extraordinary Medical Event: Upon return to full-time service, the employee who has received days from the bank due to an extraordinary circumstance will repay the Bank for the borrowed days. The normal repayment rate will be two (2) days per year. If the nature of the illness or injury is such that the employee is unable to return to work, no repayment will be required. The Committee may, however, authorize withholding final payment to any employee in the amount due the District.

Non-extraordinary Medical Event: An employee who receives days from the Bank for any non-extraordinary circumstance will repay the Leave Bank at a rate of five (5) days or 50% of the days received the first year and the remaining days the second year. **Any days not repaid to the Leave Bank for a non-extraordinary circumstance will be withheld from the employee's final payment.** Financial reimbursement of illness/bereavement days used from the Bank shall not be binding upon heirs of the employee.

A MEDICAL STATEMENT FROM A PHYSICIAN IS REQUIRED FOR BOTH PERSONAL/FAMILY EXTRAORDINARY OR NON-EXTRAORDINARY MEDICAL CIRCUMSTANCES.

Comments and/or other information which the applicant wishes to share with the Leave Bank Committee (attach a page if additional space is needed):

By signing this application form, the employee acknowledges the policy requirements including all conditions, repayment guidelines, and grants consent to withholding as outlined in the policy.

Signature

The Olathe Public Schools prohibit discrimination on the basis of race, color, ethnicity, national origin, sex, disability, age, religion, sexual orientation or gender identity in its programs, activities or employment, and provides equal access to the Boy Scouts and other designated youth groups to its facilities as required by: Title IX of the Education Amendments of 1972, Title VI and Title VII of the Civil Rights Act of 1964, the Age Discrimination Act of 1975, the Americans with Disabilities Act (ADA), the Individuals with Disabilities Education Act, Section 504 of the Rehabilitation Act of 1973, the Equal Access Act of 1984 and other relevant state and federal laws as amended.

Inquiries regarding compliance with applicable civil rights statutes related to race, ethnicity, gender, age discrimination, sexual orientation, gender identity or equal access may be directed to Staff Counsel, 14160 S. Black Bob Road, Olathe, KS 66063-2000, phone 913-780- 7000. All inquiries regarding compliance with applicable statutes regarding Section 504 of the Rehabilitation Act and the Individuals with Disabilities Education Act and the Americans with Disabilities Act may be directed to the Executive Director of Special Services, 14160 S. Black Bob Rd. Olathe, KS 66063-2000, phone (913) 780-7000. Interested persons, including those with impaired vision or hearing, can also obtain information as to the existence and location of services, activities and facilities that are accessible to and usable by disabled persons by calling the Assistant Superintendent, Operations. (05/22)