

# Houston County Board of Education

Monitoring: <b>Review: Annually, in January</b>	Descriptor Term: <b>Sick Leave</b>	Descriptor Code: <b>5.302</b>	Issued Date: <b>06/10/19</b>
		Rescinds:	Issued: <b>06/10/19</b>

## PROFESSIONAL PERSONNEL

Professional personnel shall earn one (1) day of sick leave for each month employed during the school year, and these days shall accumulate for an unlimited number of days.<sup>1</sup>

Sick leave shall be defined as: illness of a teacher from natural causes or accident, quarantine, or illness or death of a member of the immediate family of a teacher, including the teacher's wife or husband, parents, grandparents, children, grandchildren, brothers, sisters, mother-in-law, father-in-law, daughter-in-law, son-in-law, brother-in-law, and sister-in-law.<sup>2</sup>

A signed statement listing the cause of absence shall be provided by the employee on forms furnished by the Director of Schools and shall promptly be given to the immediate supervisor in support of all claims for sick leave pay. A falsified statement shall be grounds for dismissal.

A certificate from the physician on forms furnished by the Board may be required in support of any claim for sick leave pay.

The principal shall notify the Director of Schools' office at once if an employee is sick beyond the limit of his/her sick leave accumulation.

Permanent, cumulative sick leave records for each active professional employee shall be kept in the Director of Schools' office.

A teacher, upon employment, may transfer his/her accumulated sick leave from another Tennessee school system, provided that the Director of Schools of the system in which the accumulated leave was held provides notarized verification.<sup>3</sup>

## SUPPORT PERSONNEL

Support personnel shall earn one (1) day of sick leave for each month an employee is employed. At the termination of the employment of any employee, all unused sick leave accumulated by the employee shall be forfeited.

The immediate supervisor may require a physician's certificate stating the reason for absence.

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Legal References

1. TCA 49-5-710(a)(1)
2. TRR/MS 0520-01-02-.04(2)
3. TCA 49-5-710(a)(5)
4. TCA 49-5-811
5. TCA 49-5-803
6. TCA 49-5-804; TCA 49-5-805
7. TCA 49-5-807
8. TCA 49-5-806

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Cross References

- Workers' Compensation 3.602
- Short Term Leaves of Absence 5.300
- Family and Medical Leave 5.305
- Physical Assault Leave 5.307