

COMPENSATION AND BENEFITS
SICK LEAVE POOL

DEC-S
(REGULATION)

DEFINITION	A catastrophic illness is defined as a severe condition or combination of conditions affecting the mental or physical health of the employee or a member of the employee's immediate family which requires the services of a licensed practitioner for a prolonged period of time.
ELIGIBILITY	In order to be eligible, the employee must be a permanent part-time or full time employee, must have exhausted all forms of paid leave and must meet the definition of catastrophic illness.
REQUEST	The procedures to request the establishment of a sick leave pool are as follows: 1. The requesting employee shall complete the 'Request Form for Sick Leave Pool'. This form must be signed by the immediate supervisor and forwarded to the Risk Management Coordinator. The request should include a written doctor's note verifying the illness. 2. The request form will be forwarded to the Superintendent for final review and approval.
DONATION OF DAYS	In accordance with DEC (Local) policy, District employees may donate only state personal leave for use by the eligible employee. Each employee may donate a maximum of three (3) days per school year to a sick leave pool. The maximum number of days per school year an eligible employee may receive from a sick leave pool is thirty (30) days per school year. Employees donating days shall fill out the 'Authorization Form for Contribution to Catastrophic Sick Leave Pool' and submit this to the Risk Management Coordinator. Days will be applied chronologically based on the date documented on this form and any unused days will be returned to the contributing employee(s).

DATE ISSUED: 10/12/2015
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San Elizario ISD
071904

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REQUEST FORM FOR SICK LEAVE POOL

Employee Name: _____ Date: _____

Campus/Department: _____

Estimated sick leave pool days requested: _____

Reason for sick leave pool request **(Physician's statement must be attached)**

Employee Signature: _____

Supervisor Signature/Date: _____

Superintendent Signature/Date: _____

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AUTHORIZATION FORM FOR CONTRIBUTION TO CATASTROPHIC SICK LEAVE
POOL

I, _____ voluntarily contribute ____ (up to 3) day(s) of my available
state personal leave days to _____'s catastrophic sick leave pool. I
understand that my contribution is irrevocable and that my leave balance will be reduced
accordingly.

Contributing Employee Signature

Contributing Employee ID or SSN

Contribution Employee Campus/Department

Date of Contribution

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