

LDISD Sick Leave Pool Procedures

Administration

Purpose: The sick leave pool is a benefit to assist employees in dealing with prolonged, severe, or life-threatening conditions that force them to exhaust paid leave and would otherwise result in a loss of income. The sick leave pool program allows employees to voluntarily donate accrued local leave to another employee.

Pool Administrator: The Executive Director of Human Resources will serve as the Pool Administrator, administer the sick leave pool program and is responsible for receiving and granting requests and processing donation of sick leave pool days.

Forms:

- o Request for Sick Leave Pool Days
- o Medical Certification
- o Donation Form
- o Notice of Grant or Denial of Requests

Appeals: Employees who wish to appeal the decision of the sick leave administrator must follow the employee grievance process outlined in Policy DGBA.

Reports: An annual, statistical report showing requests, donations, and usage will be presented to the superintendent and the board of trustees.

Definitions:

“School year” is defined as the time period from July 1 to June 30.

“Day” is defined as an employee’s work day.

“Work Day” is defined as the number of hours associated with the employee’s usual work assignment.

Eligibility and Donations

Eligibility: All full time regular employees who have been employed with the district for at least 12 months and who earn Local Leave are eligible to request establishment of a sick leave pool.

Pool Creation: An employee with a catastrophic illness (see definition below) may request a sick leave pool be created when the employee has exhausted all state sick leave, state personal leave, local leave, compensatory time and accrued vacation leave (if applicable).

An employee must exhaust all other available leave days, compensatory time, and vacation or non-duty days if applicable before applying for sick leave pool days.

Pool Termination: A pool shall cease to exist when the employee no longer needs leave for the purpose requested, uses the maximum number of days allowed under a pool, or exhausts all leave days donated to the sick leave pool. A Sick Leave Pool is terminated at the end of the school year (June 30) regardless of whether the pledged days for that pool have all been used.

Donations: Individuals may donate a maximum of 2 local leave day(s) per school year. Only those individuals who have completed at least 12 months of employment with the District prior to September 1 of the current school year are eligible to donate to a Sick Leave Pool.

A signed Donation Form indicating the number of accrued local leave days the employee wishes to donate to a pool must be submitted to the Pool Administrator. All donations must be made in full day increment(s).

The donation of leave to a sick leave pool is voluntary on the part of the donor. Employees may not solicit fellow employees for donations.

Donated leave will be applied to an individual sick leave pool in the order in which donor forms are received. Once pledged, donated days are not available to the donor unless and/or until it is determined that they are not needed for the Sick Leave Pool for which they were donated. The donated days will be documented in the order in which they are received. Unused days will be returned to the donors based on the documented sequence in which the days were donated.

Days pledged but not used by the recipient will be returned to donors at the end of the school year.

No general pool shall remain in existence.

Personnel who terminate their employment with the District forfeit the number of days donated to the Sick Leave Pool.

Qualifying Conditions

Employee and Family: Only absences due to the employee's catastrophic illness or injury or the catastrophic illness or injury of a member of the employee's immediate family are covered by the Sick Leave Pool.

Catastrophic Illness or Injury: A catastrophic illness or injury is 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 that requires the services of a licensed practitioner for a prolonged period of time and that forces the employee to exhaust all leave time earned by that employee and to lose compensation from the district. Such conditions typically require prolonged hospitalization or recovery or are expected to result in disability or death. Conditions related to pregnancy or childbirth shall be considered catastrophic if they meet the requirements of this paragraph.

A routine illness, minor surgery, elective surgery or procedure, minor injury, or an otherwise uncomplicated (routine) pregnancy shall be not eligible for participation in a Sick Leave Pool.

A Sick Leave Pool may not be used for illnesses and/or medical conditions which qualify the member for Worker's Compensation benefits.

Requests for Sick Leave Pool Days

Request for Days: In order to request Sick Leave Pool Days, the recipient must have completed 12 months of employment prior to September 1 of the current school year.

An employee must submit a written request for sick leave pool days to the Pool Administrator. A request must be made on the District's "Request for Sick Leave

Pool Days” form and must be accompanied by the District’s “Medical Certification” form. The form must be signed by the physician or healthcare provider as defined by the Family and Medical Leave Act. The Pool Administrator will not honor any physician’s statement unless it is on the official “Medical Certification” form.

The administrator will notify the employee in writing regarding approval or denial of the request.

Number of Days Granted: An employee may be granted up to the maximum number of days contributed to the pool, not to exceed 30 days per pool year (July 1 through June 30). A request for additional SLP’s may be considered if there is a continuing need. The maximum number of days that will be granted for any employee during the duration of their employment with the District is 60 days.

Confidentiality: Any medical information provided shall remain confidential. The names of all donors will remain confidential. An employee who violates the confidentiality requirements in regards to a sick leave pool shall be considered to have violated District policy and the standards or ethics listed at DH(EXHIBIT) and shall be subject to discipline in accordance with policies at DH.

Certification

Medical Provider: Medical certification by a healthcare provider as defined by the Family and Medical Leave Act of 1993 must be submitted with a request for sick leave pool days.

Frequency: Recertification of a medical condition is required every 30 days and/or when a request is made for additional sick leave pool days.

Second Opinions: The district reserves the right to request a second opinion to certify the need for leave by a healthcare provider designated by the district. The district will assume the cost if a second opinion is required.