



PEASTER INDEPENDENT SCHOOL DISTRICT
HOME OF THE GREYHOUNDS

SICK LEAVE POOL REQUEST FORM

In accordance with Board Policy DEC Local, an employee who has exhausted all paid leave and who suffers from a catastrophic illness or injury or is absent due to the catastrophic illness or injury of a member of the employee’s immediate family may request the establishment of a sick leave pool, to which District employees may donate local leave or state personal leave for use by the eligible employee.

The employee or a member of the employee’s family shall address any request for the establishment of a sick leave pool in writing or complete the application and forward it to the Human Resources Department.

No staff member shall be allowed to contribute more than ten (10) of his/her state or local leave days to sick leave pools in a school year. All contributions to sick leave pools shall be voluntary and confidential donations. Employees violating this provision shall be considered in violation of District policy and the standards of ethics outlined at DH (EXHIBIT) and shall be subject to disciplinary action in accordance with DH (LOCAL).

The pool shall cease to exist when the employee returns to work, uses the maximum number of days allowed under a pool, or exhausts all leave days donated to the sick leave pool.

NOTE: If you do not receive enough donated leave days for your absences, the appropriate absence deduction will be made to your wages.

Please state a brief description and reason for requesting the Sick Leave Pool, and attached a medical certification:

Anticipated leave/ start date: _____ **Anticipated return date:** _____

I have read carefully and fully understand the rules for Sick Leave Pool and my request is made in accordance with such rules.

SIGNATURE OF EMPLOYEE ASSIGNMENT DATE

PRINT NAME PHONE NUMBER EMAIL

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HUMAN RESOURCES DEPARTMENT USE

This request for a sick leave pool is () approved or () not approved. Effective date: _____

