



## **EMPLOYEE SICK LEAVE POOL INSTRUCTIONS**

This Sick Leave Pool is local sick leave and personal state days donated by current and departing school district employees. The purpose of the Sick Leave Pool is to provide additional paid sick leave days to participating members who have exhausted all available state and local leave and are absent from work for more than five consecutive days due to:

- A qualifying catastrophic personal illness or injury;
- Certain non-catastrophic conditions; or
- A qualifying family member's catastrophic illness or injury.

Membership in the Sick Leave Pool is limited to full-time employees (not temporary or regular substitutes) of Peaster ISD who donate one (1) local leave or personal state day to the Sick Leave Pool. Once donated, sick leave days become the property of the Sick Leave Pool and individual members may no longer restrict their use in any manner.

Members may qualify for benefits when a catastrophic illness or injury results in the member's incapacity to perform his/her job function for an extended period of time. A catastrophic illness or injury is a condition defined as life threatening and does not include mere passing disorders or ailments. Qualifying conditions require treatment by a physician, hospitalization, emergency room treatment or outpatient treatment at a hospital. Although some degree of permanency is usually involved, the illness need not necessarily be incurable or permanent. Examples of illnesses which may qualify for the benefits of the catastrophic program include, but are not limited to: cancer, heart disease, multiple sclerosis, stroke, organ transplants, and muscular dystrophy.

Non-catastrophic conditions may qualify members for benefits when they result in greater than normal recovery time because of complications and calls for hospitalization, emergency room treatment, or outpatient treatment at a hospital and treatment by a physician.

A member may also qualify for benefits when unable to perform his/her job function due to a spouse, parent or child's catastrophic illness or injury. For purposes of the Sick Leave Pool, "child" refers to a son or daughter, including a biological, adopted, or foster child, a legal ward, or a child for whom the employee stands in loco parentis.

Questions regarding the program and completed Request Forms should be directed to the person indicated below. Response to any questions will come from the Executive Committee or their designee, usually the Human Resources (HR) department. The HR department will make a recommendation to the Executive Committee based on the Request, the bylaws and his/her discussion with the applicant's doctor and/or office staff.

### **Rules**

#### ***Eligibility and Membership***

1) All full-time employees (not temporary or regular substitutes) of Peaster ISD who qualify for sick leave benefits are eligible to join the Sick Leave Pool (SLP).

- 2) Membership is voluntary. Eligible employees may join the SLP by donating one (1) day of accrued local sick leave or state personal days.
- 3) Donated sick leave days become property of the Peaster ISD Sick Leave Pool. Members may not restrict the use of donated days in any manner.
- 4) Membership in the SLP does not guarantee or otherwise entitle employees to the use of SLP days. Usage of SLP days is entirely dependent on the availability of donated days and the approval of a Request by the Executive Committee.
- 5) A maximum of five (5) earned local sick leave days may be contributed to the SLP by a separating employee.
- 6) A member of the Sick Leave Pool will lose the right to use the benefits of the Program upon:
  - a) Termination of employment with Peaster ISD;
  - b) Suspension without pay (no Sick Leave Pool benefits during the period of suspension);
  - c) Abuse or misuse of the rules of the Sick Leave Pool as determined by the Executive Committee.

### ***Administration***

- 1) The SLP will be administered by a six (6) member SLP Executive Committee comprised of three (3) Professional, teacher or nurse representatives, one (1) administrator, one (1) paraprofessional, and one (1) secretarial/clerical employee. The six (6) members of the Executive Committee shall be appointed by the Superintendent.
- 2) The Executive Committee shall have the responsibility of reviewing SLP Request Forms, verifying the validity of submitted information, and approving or denying the requests by majority vote. There must be a quorum of five (5) Executive Committee members present to vote on requests. The executive director shall only vote when necessary to break ties. Voting may take place in person, or, upon agreement by the Executive Committee, via confidential e-mail or by phone during the summer break. Unless required by law, a requesting member's identity will not be disclosed to Executive Committee members.
- 3) The Human Resources (HR) department shall be responsible for calling committee meetings, providing information to eligible employees and SLP members, receiving SLP Request Forms on behalf of the Executive Committee, advising the Executive Committee, communicating Executive Committee decisions regarding SLP Requests to members, and providing other assistance to the Executive Committee as requested.
- 4) The HR department shall provide information to the Executive Committee upon its request for any data maintained in their files regarding use of the Sick Leave Pool.

5) The HR department shall maintain records regarding the Sick Leave Pool for three years.

6) Recommendations for changes regarding the SLP, other than editing or clarification, may be presented to the Peaster ISD Board of Trustees upon a majority vote of the Executive Committee.

### ***Condition of Use***

1) Use of SLP days shall be limited to enrolled members for qualifying personal illness, injury, condition or for qualifying family member's catastrophic illness or injury or condition during regularly scheduled duty days.

2) Members may apply for use of SLP days after more than five (5) consecutive days of absence and all available state and local leave has been exhausted.

3) The following conditions must be met in order for an application to be considered as ongoing :

a) The employee's requested absence will relate to the same medical condition as on the original application that was approved.

b) The treatment for the illness will be ongoing as stated on the original physician's statement.

c) The employee will submit medical certification of his or her ability to return to work at least one-half day or to full duty as required by Human Resources.

d) Additional documentation (such as doctor's note) for an ongoing illness should be turned in within five (5) days after the employee is released to return to work.

4) The use of the SLP will be limited to the number of days in the Program of the current school year.

5) A member may apply for days from the SLP only after being absent from work the number of days requested. Days will not be given in advance. The first request for days must be made within five (5) days from the date the employee returns to duty.

6) In no case will the granting of sick leave days from the Pool cause a member to receive more than his/her annual salary.

### ***Use of the Sick Leave Pool for member's illness or injury***

1) All illnesses or accidents require doctor's care, hospitalization, emergency room treatment or outpatient treatment at a hospital.

2) The Executive Committee may approve a lifetime maximum number of (50) Sick Leave Pool days to a member for personal catastrophic illness or injury.

3) Pregnancy and delivery will not be considered as a catastrophic illness covered under this Sick Leave Pool except when unusual and life-threatening complications occur. Bed rest and hypertension are not considered unusual complications. Approval of Sick Leave Pool days shall be made pursuant to the rules for non-catastrophic conditions below.

4) The Executive Committee may approve ten (10) days for non-catastrophic conditions which require extended recovery time due to complications. The Executive Committee may approve an additional twenty (20) days in ten (10) day increments for extenuating circumstances for a lifetime maximum number of thirty (30) days.

5) The Executive Committee may approve five (5) days for depression and mental illness diagnosed severe. The Executive Committee may approve an additional five (5) days for extenuating circumstances, for a lifetime maximum number of ten (10) days.

6) The Executive Committee may approve a lifetime maximum number of ten (10) days for catastrophic back ailments.

### ***Use of Sick Leave Pool for family illness or injury***

1) Approval of days for a qualifying family catastrophic illness or injury (spouse, parent, or dependent child) will be limited to a lifetime maximum of fifteen (15) days and must meet all other criteria as a member's illness or injury as listed above.

### ***Procedure for Sick Leave Pool Requests***

1) All forms for participation in the Sick Leave Pool shall be available in the Principal's office at each Peaster ISD school and the Administration Building. These forms shall be given or sent to any employee upon request.

2) All requests to draw upon the Sick Leave Pool must be made upon a Sick Leave Pool Request Form. All requests must be accompanied by the Sick Leave Pool Physician's Statement confirming the cause of illness or confinement and certifying the existence of a disability to perform assigned duties. The form must be legible, personally signed by the physician, dated and completed in lay language. The Executive Committee will not honor any physician's statement unless it is on the official Sick Leave Pool Physician's Statement Form and is filled out completely. Incomplete forms will not be processed until all information is received. The applicant must have worked in the school year in which the request for days is made.

3) In case an employee's incapacity is of such a nature that he/she cannot personally apply for days, the application may be submitted in his/her behalf to the payroll department by an authorized agent or member of his/her family.

4) An eligible employee who has filed for Workers' Compensation benefits may be able to access days through the Sick Leave Program if their condition meets eligibility criteria. Such employees must have exhausted all of their own accumulated sick, personal leave, and vacation days. Any days awarded from the Sick Leave Bank will be offset by any Workers' Compensation wage benefits received. Applicant's request must meet guidelines of the SLP.

5) The executive director will forward to the Peaster ISD HR Department the Executive Committee's decision on all requests to draw on the Sick Leave Pool within five (5) working days after the committee issues its decisions.

6) After decisions are rendered, the HR department shall notify the applicants advising them of the committee's decision. Denial due to insufficient information shall be specific as to what information is needed in order to make a decision.

7) Decisions by the Executive Committee related to Sick Leave Pool Requests are final with no rights of appeal.

## PEASTER ISD SICK LEAVE POOL FORMS

All forms for the Sick Leave Pool are included on the following pages.

Those forms are:

- Sick Leave Days Request Form (completed by the employee)
- Physician's Statement\* (completed by the physician)

All forms presented must be completely filled out, or they will be returned to sender.

\*A Physician's Statement is not necessary when requesting days to care for a terminally ill spouse, parent or child. A letter from the attending physician certifying terminal illness should be sent instead.

**DISCLAIMER:** Your medical information, including days granted and other correspondence, will be kept confidential unless the law requires us to release it.