APPLICATION FOR SICK LEAVE POOL

Lackland Independent School District

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. **Employees with 2 years experience with the district shall be eligible for the Sick Leave Pool.**

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 to the Payroll 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. **No staff member shall be allowed to receive more than sixty (60) days of donated leave from district employees.**

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. No general pool shall remain in existence. Unused sick leave pool days shall revert to the donors and shall be divided proportionately among the donors according to the amount contributed. Reimbursed days shall be divided in increments of no less than one-half days.

NOTE: If you do not receive enough donated leave days for your absences, the appropriate absence deduction will be made to your wages. Donated days are not taken from the donating employees leave pool until needed by the sick leave pool.

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

_____

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.

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SIGNATURE OF EMPLOYEE	ASSIGNMENT	DATE
_____	_____	_____
PRINT NAME	STREET ADDRESS	CITY/ ZIP CODE

This application should be completed and given to the payroll department.

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PAYROLL DEPARTMENT USE

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

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PAYROLL DEPARTMENT

Pay date	Day	Date	Time of Abs	Code		Code	Units	Initials