

## **FRIENDS HELPING FRIENDS**

### **Nederland Independent School District**

Over the years genuine concern has been expressed when an employee of Nederland Independent School District has needed sick leave days but has had none available. In extreme circumstances a few employees have needed more days for absences than they had available. Many employees genuinely desire a program designed to assist fellow employees in these situations.

#### **I. Purpose of the Program**

The purpose of the sick leave program is to provide additional sick leave days to N.I.S.D. employees in the event of an extended illness of the employee or immediate family or death in the immediate family ("immediate family" as defined by N.I.S.D. Administrative Regulations).

Requests may not be made by employees who are currently receiving Workers' Compensation payments through N.I.S.D. In no case will the recipient receive a daily rate which exceeds his/her current daily salary from N.I.S.D.

Employees will be required to exhaust all available leaves including vacation and will be docked two (2) days before qualifying for this program. This policy will apply to each new illness.

The maximum number of days received by an employee may not exceed **one hundred eighty (180) days** during the school year (the year being defined as July 1 through June 30 of the following year).

**An employee may donate an unlimited amount of days as long as there is a minimum of 30 days in their leave bank.**

It must be understood that FRIENDS HELPING FRIENDS is a donor program based on good will. Neither the campus representative, the donors, nor the school district is responsible for providing any or all of the days requested.

II. Procedures for Requests

Days will be donated from N.I.S.D. employees (the donors) to another employee (the recipient) by the following process.

A written request (PER-36F/A) for the donation of sick leave days shall be made by the recipient. Should the recipient be incapacitated to the extent that he/she cannot personally apply, the request may be submitted in his/her behalf by a family member, authorized agent, or the principal or district superintendent.

The request form shall be submitted to the campus representative on the campus where the recipient works.

In the event of the death of the recipient, donated days shall not be transferred to the estate of the deceased. Unused donated days will be returned to the donor.

III. Procedures for Donations

An employee may donate an unlimited amount of days per school year as long as there is a minimum of 30 days in their leave bank. The school year is defined as July 1 through June 30 of the following year.

Donor forms (PER-36F/B) may be obtained from the campus representative on the donor's campus and must be returned to that representative, even if the recipient is on a different campus.

The number of leave days (combination of state and local leave) accumulated by the donor may not fall below 30 total days.

The confidentiality of the donor shall be protected at the maximum extent possible by the various staff members involved in processing forms.

IV. Procedures for Campus Representatives

The Campus Representative Shall:

1. Upon receipt of a request form, notify the principal.
2. Notify all full time employees on the recipient's campus of the request through means appropriate for that campus (memo, bulletin posted in

teachers' lounge). Notification should be a standardized procedure for each campus. Post a deadline with the notice for returning donor forms to you.

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**ADMINISTRATIVE REGULATIONS**  
**SECTION: Personnel**  
**SUBJECT: Friends Helping Friends**

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3. Collect donor forms. Forms not used will be used in the next pay period for the same recipient if needed. Submit the original copies of the Recipient Request and the Donor forms to the principal's secretary where they will be forwarded to the Personnel Office. Send a copy of the donor form to the donor for their record. **Donors will be e-mailed upon the use of their donated day.** If an excess of donated days results, unused forms should be returned to the donor(s). All information relating to donations, e.g. names of donors and number of days, shall be kept confidential. The recipient will be informed by the campus representative whether or not the request for donation was partially or fully met. Any donor days that are received in the Personnel Office after payroll has been processed will be refused and returned to the campus representative.
4. If necessary to meet the present need, the campus representative may request additional days and collect additional donor forms during ensuing pay periods. If this does not produce sufficient donations, the representative may request assistance from other campuses. Other campus representatives should be notified of the need through a written memorandum.
5. All donations must be made through the local campus representative, regardless of the campus. The sending representative will sign the form for verification.
6. Campus representatives will maintain records of donors and recipients until the close of the school year.

V. Amendment Process

The guidelines may be amended upon recommendation of the PDCC, followed by approval of the superintendent of N.I.S.D. Any substantial changes in this program must also be approved by the Board of Trustees of the Nederland Independent School District.

VI. Procedure for Electing the Campus Representative

Employees of N.I.S.D. will be divided into campus groups with all employees working on a campus being members of that campus group. Cafeteria workers will form a separate group; maintenance workers and bus drivers will form a group; employees working in the Administration Building will form a group.

The campus sick leave representative for a group will be elected by all members of that group using the same guidelines as the election for the Campus Performance Objectives Committee. The campus representative will serve for a period of three (3) years. The campus principal will substitute for the campus representative if the need arises.

# REQUEST FORM

*"FRIENDS HELPING FRIENDS"*

Name \_\_\_\_\_ Campus \_\_\_\_\_  
(Last) (First) (M.I.)

Identification Number \_\_\_\_\_ Number Hours Work per Day \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Approximate Number of Days/Hours Requested \_\_\_\_\_

Date Donated Days/Hours to Begin \_\_\_\_\_

## PLEASE COMPLETE DATES BELOW

I will have used all my accumulated sick leave days by: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

I will have been docked 2 days on: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

If this illness is covered by Workers' Compensation insurance, you will not be eligible for *"Friends Helping Friends"*.

\_\_\_\_\_  
Employee Signature Date of Request

If request is being made by an agent or family member:

This request is authorized by the employee. ☐ Yes ☐ No

\_\_\_\_\_  
Signature of Representative Date of Request

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