



# CASTLEBERRY ISD SICK LEAVE POOL HANDBOOK

## **Administration**

### **Purpose**

The sick leave pool is a benefit to assist employees in dealing with catastrophic illness or injury which forces 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 and State Personal Leave to another employee. (Board Policy DEC (LOCAL))

### **Pool administrator**

The District's Executive Director of Financial Services and Director of Talent Acquisition and Policy will administer the sick leave pool program and are responsible for receiving, granting requests, and processing donations of sick leave pool days.

### **Forms**

- Request for sick leave pool days/Notice of grant or denial requests
- Medical certification
- Donation form

### **Reports**

An annual, statistical report showing requests, donations, and usage will be presented to the Superintendent and the Board of Education.

## **Eligibility and Donations**

### **Eligibility**

All full and part-time regular employees who have completed one school year of service in the immediately preceding school year are eligible to request establishment of a sick leave pool. (Employee must have begun work on the scheduled first day and completed their workday calendar for the preceding year). For purposes of the sick leave pool program, a regular employee is defined as one who is required to work more than four and one-half months each fiscal year (Fiscal year begins July 1<sup>st</sup> and ends June 30<sup>th</sup>). Days donated and used by part-time employees will be prorated according to their regular work schedules.

### **Pool creation**

An employee with a catastrophic illness may request the establishment of their sick leave pool. The requesting employee must exhaust compensatory time, all other available state and local leave days, before applying for sick leave pool days.

The sick leave pool created for the employee will cease to exist when the employee returns to work or when voluntary donation reaches the maximum contribution and the sick leave pool is exhausted.

## Donations

Individuals may donate up to 10 days (any combination of Local Sick/State Personal) per school year to any one employee. The Donation Form indicating the number of accrued days the employee wishes to donate to the pool must be submitted to the Executive Director of Financial Services. All donations must be made in full-day increments. 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 days pledged to the pool are not available for use by the donor. Donated leave will be applied to an individual pool in the order in which donor forms are received. Days pledged but not used by the recipient will be returned to donors at the conclusion of the designated sick pool or at the end of the fiscal year. (Fiscal year begins July 1<sup>st</sup> and ends June 30<sup>th</sup>)

## Qualifying Conditions

An employee who has exhausted all paid leave as well as any applicable compensatory time 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 term "immediate family" is defined as:

1. Spouse
2. Son or daughter, including a biological, adopted, or foster child, a son- or daughter-in-law, a stepchild, a legal ward, or a child for whom the employee stands *in loco parentis*.
3. Parent, stepparent, parent-in-law, or other individual who stands *in loco parentis* to the employee.
4. Sibling, stepsibling, and sibling-in-law.
5. Grandparent and grandchild.
6. Any person residing in the employee's household at the time of illness or death.

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 relating to pregnancy or childbirth shall be considered catastrophic if they meet the requirements of this paragraph.

## Requests for Sick Leave Pool Days

### Requests for days:

An employee must submit a written request for sick leave pool days to the Director of Talent Acquisition and Policy using the Sick Pool Request Form. A request must be made within 15 days prior to exhausting all leave and must include all required documentation in order to be considered. The Director of Talent Acquisition and Policy will notify the employee in writing regarding approval or denial of the request. [Click here to request a Sick Pool Request Form.](#)

### 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. A request for additional days may be considered if there is a continuing need. The maximum number of days granted for any one school year is 60 days. In accordance with DEC (LOCAL), leave covered by the Sick Leave Pool will run concurrently with FMLA leave.

### **Confidentiality**

Any medical information provided shall remain confidential. The names of all donors will remain confidential.

### **Certification**

#### **Medical Provider**

Medical certification by a health care provider as defined by the Family and Medical Leave Act must be submitted with a request for sick leave pool days, or the day the request is submitted.

#### **Frequency**

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