

# **Ore City ISD**

## **Sick Leave Pool Procedures**

### **Administration**

#### ***Purpose***

The sick leave pool is a benefit to assist employees in dealing with prolonged, severe or life-threatening conditions that force 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 leave to another employee.

#### ***Pool Administrator***

The superintendent or designee will administer the sick leave pool program and is responsible for receiving and granting requests and processing donation of sick leave pool days.

#### ***Forms***

Forms are available at each campus, the central office and on the district's website.

#### ***Appeals***

Employees that wish to appeal the decision of the sick leave administrator must follow the employee grievance process outlined in Policy DGBA.

### **Eligibility and Donations**

#### ***Eligibility***

All full and or part time regular employees are eligible to request establishment of a sick leave pool. For purposes of the sick leave pool program, regular employee is defined as an employee who is required to work more than four and one-half months each fiscal year. Days donated and used by part-time employees will be prorated according to the regular work schedules.

#### ***Pool Creation***

An employee with a catastrophic illness may request a sick leave pool be created after they have exhausted all other available leave days, compensatory time, and vacation or non-duty days.

#### ***Donations***

- Individuals may donate a maximum of two local days per school year to any one employee.
- A signed statement indicating the number of accrued days the employee wishes to donate to the pool must be submitted to the business office. All donations must be made in 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. Days pledged but not used by the recipient will be returned to donors in ½ or full day increments when the pool ceases to exist because there is no longer a need.

## **Qualifying Conditions**

Only absences due to the employee's catastrophic illness or injury or the catastrophic illness or injury of the employee's spouse or child are covered by the sick leave pool.

## **Request for Sick Leave Pool Days**

### ***Request for Days***

An employee must submit a written request for sick leave pool days to the superintendent or designee. A request must be made within 30 days of depletion of all available leave days, comp time and vacation or non-duty days.

### ***Number of Days Granted***

An employee may be granted up to the maximum number of days contributed to the pool, not to exceed 20 work 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 30.

### ***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.

### ***Frequency***

Recertification of a medical condition is required when a request is made for additional sick leave pool days.

### ***Second Opinions***

The district reserves the right to request a second opinion to certify the need for leave by a health care provider designated by the district. The district will assume the cost if a second opinion is required.