

**Van Alstyne Independent School District
Sick Leave Pool
Criteria For Operation**

**DRAFT
UPDATED MAY 2002**

Purpose

The creation and operation of a sick leave pool is to benefit employees who suffer, or are affected by, a catastrophic injury or illness as defined in DEC (Local) as follows:

A severe condition or combination of conditions affecting the mental or physical health of the employee or the employee's immediate family that requires the present care of a licensed physician (Doctor of Medicine or Doctor of Osteopathy) for the treatment of the specific catastrophic illness or injury for prolonged period of time and that forces the employee to exhaust all leave time accrued by that employee and to lose compensation from the District for the employee.

For this purpose, immediate family is defined as a father, mother, spouse or a child who is dependent upon the employee (as defined by Internal Revenue Service), is living in the household or, if not in the same household, is totally dependent upon the employee for personal care or services on a continuing basis.

The local sick leave policy DEC (Local) will allow Van Alstyne ISD employees an opportunity to donate sick leave days to other district employees who, because of a catastrophic situation, have exhausted their leave days.

Eligibility

All "regular employees" of the Van Alstyne ISD shall be eligible to donate local sick leave days.

All "regular employees" of the Van Alstyne ISD shall be eligible to receive local sick leave days.

"Regular employees" refers to those persons employed over 20 hours per week by the district.

Sick Leave Pool

A District sick leave pool may be established from voluntary donations by District staff to assist an employee suffering from a serious health condition, including complications from pregnancy.

PROCEDURE: In order to request that a pool be established, an employee must have used all available paid leave. A maximum of 15 days may be donated for any one pool for an individual employee.

Establishment

A request to establish a sick leave pool shall be made in writing to the superintendent who shall inform District staff when a sick leave pool may be started by voluntary contributions designated for an employee's pool. Forms shall originate from the superintendent's office and then be distributed to the campuses. Only one leave pool per school year may be established per employee.

Contributions

Days may be donated after an employee has exhausted all leave and the days are needed. In other words, DAYS will not be "banked" for anticipated use. Donated days will be accepted as they are received and will be deducted from the donor's leave when they are received. Donated days that are unused WILL NOT be returned to the donor. When the 15-day limit is reached and the employee is still unable to return to work, the full daily rate of pay shall be deducted from his or her paycheck for each day absent.

Forms

A donation form is available from the campus office. Please complete the form, sign it, and send it to the Administration office.

Donors must complete and sign a donation form available from the Principal's office.

Limits

An employee may contribute no more than four days of leave per school year with a limit of two days to any one pool.

Exclusions

A pool may not be established for employees who have exhausted all leave but do not meet the criteria for a catastrophic illness or event.

Dissolution

A sick leave pool shall cease to exist when the recipient returns to work or when the 15-day per-pool limit is exhausted.

(Adopted March 15, 1999)

(Updated Spring 2002)

REQUEST FOR SICK LEAVE FROM THE
VAN ALSTYNE ISD SICK LEAVE POOL

Name of Employee: _____

Days Requested: _____

This application for sick leave from the Van Alstyne ISD Sick Leave Pool is made by or on behalf of the employee named above because the employee has exhausted all of his/her accrued sick and vacation leave.

Describe illness or injury and attach statement from attending licensed practitioner which includes expected date of release to return to work. (Also, provide name, relationship and complete address of immediate family member if applicable.)

Signature of Employee

Date

Signature of Superintendent

DONATION TO SICK LEAVE POOL

Name of Employee: _____

Social Security No.: _____

I wish to contribute _____ day(s) of my accrued sick leave to the Van Alstyne ISD Sick Leave Bank for _____ (employee name).
I realize that donated days are not recoverable.

Signature

Date

FOR OFFICE USE ONLY

Date Received ___/ ___/ ___

Date deducted from accrued sick leave ___/ ___/ ___

of days deducted _____

Completed by _____