

**S&S Consolidated Independent School District  
Sick Leave Pool  
Criteria For Operation**

**August 2009**

**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.

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 S&S CISD 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 S&S CISD shall be eligible to donate state sick leave days.

All "regular employees" of the S&S CISD shall be eligible to receive state sick leave days.

"Regular employees" refers to those persons employed over 10 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 21 days may be used 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. Forms shall originate from the superintendent's office and then be distributed to the campuses.

**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. When the 21-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**

Request and donation forms are available from the campus office. Please complete the form, sign it, and send it to the Administration office.

**Limits**

An employee may contribute no more than two days of leave per school year.

**Exclusions**

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

**Dissolution**

A sick leave pool shall cease to exist at the end of the school year. Any remaining days will be calculated at the rate of \$50 dollars per day. All employees who donated days in the current year's pool will receive a portion of this amount. (Example: 20 employees donated 2 days each. Only one pool was needed and 21 days were used. The remaining 19 days will be calculated totaling \$950. Each employee who donated will received \$47.50 on their June paycheck.)

**REQUEST FOR SICK LEAVE FROM THE**  
**S&S CISD SICK LEAVE POOL**

Name of Employee: \_\_\_\_\_

Days Requested: \_\_\_\_\_

This application for sick leave from the S&S CISD 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

\_\_\_\_\_  
Superintendent

**DONATION TO SICK LEAVE POOL**

Name of Employee: \_\_\_\_\_

I wish to contribute \_\_\_\_\_ day(s) of my local leave to the S&S CISD Sick Leave Pool.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

**FOR OFFICE USE ONLY**

Date Received \_\_\_/\_\_\_/\_\_\_

Date deducted from accrued leave \_\_\_/\_\_\_/\_\_\_

# of days deducted \_\_\_\_\_

Completed by \_\_\_\_\_