

Grape Creek Independent School District



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San Angelo, TX 76901

Angie Smetana
Superintendent

Sick Leave Pool Plan

Administrative Guidelines

and Forms

Purpose – The Donation of State Personal Leave

The sick leave pool is a benefit to assist employees in dealing with their own or an immediate family member's prolonged, severe or life-threatening condition that forces them to exhaust paid leave and would otherwise result in a loss of income.

Note: The Sick Leave Pool is a direct donation from one staff member(s) to another. Staff who donate know the name of the individual to whom they are donating and select the numbers of days they wish to donate up to five days (additional days must be approved by the Superintendent).

The sick leave pool program allows employees to voluntarily donate accrued STATE PERSONAL 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 for the donation of sick leave pool days.

The pool administrator shall be responsible for receiving and processing requests for the donation of sick leave pool days. The pool administrator may individually or with a team put together by the pool administrator, grant requests for sick leave pool days. It should be noted that to ensure confidentiality, the team is recommended to be as few people as reasonably practical when reviewing medical information.

Forms

The pool administrator shall develop and periodically review and update as necessary the proper procedural forms to administer the pool.

An employee who has exhausted all paid leave and who personally suffers or has an immediate family member who suffers from a catastrophic illness or injury or other situation (including maternity leave) may request the establishment of a sick leave pool, to which District employees may donate only state personal leave for use by the eligible employee. If the employee is unable to submit the request, a member of the employee's family or the employee's supervisor may submit the request to establish a sick leave pool. The pool shall cease to exist when the employee no longer needs leave for the purpose requested, uses the maximum number of days allowed under a pool, or exhausts all leave days donated to the sick leave pool. The Superintendent or designee shall develop regulations for the implementation of the sick leave pool that addresses the following: 1. Procedures to request the establishment of a sick leave pool; 2. The maximum number of days an employee may donate to a sick leave pool; 3. The maximum number of days per school year an eligible employee may receive from a sick leave pool; and 4. The return of unused days to donors. All decisions regarding the establishment or implementation of the District's sick leave pool may be appealed in accordance with DGBA(LOCAL), beginning with the Superintendent or designee. For additional information, see DEC(LOCAL).

Appeals

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

Eligibility

All 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 scheduled and required to work more than four and one-half months each fiscal year.

Days donated and used to part-time employees will be prorated, as determined practical by the pool administrator, according to their regular work schedules.

Pool Creation

An employee with a catastrophic illness or other situation, including maternity, or who has a family member with a catastrophic illness or other situation, including maternity, may request a sick leave pool be created when the employee has exhausted all other available leave days, compensatory time and (vacation or non-duty days) before applying for sick leave pool days.

Donations – Up to 5 State Personal Days

Individuals may donate *up to five STATE PERSONAL DAYS* per school year to any one employee. Permission for donating days greater than five must be approved by the Superintendent.

A signed statement indicating the number of accrued days the employee* wishes to donate to the pool as well as a signed statement from a physician must be submitted to

- a) the employee's immediate supervisor, who will then sign and submit to
- b) the Superintendent or designee or
- c) a GCISD payroll, personnel or benefits employee

*Employees may not submit the form to themselves.

All donations must be made in one-half or whole day increment(s).

Participation is Voluntary

The donation of leave to a sick leave pool is voluntary on the part of the donor. Employees may not solicit individual fellow employees for donations.

The donor of the sick leave days is confidential to the extent provided by law, and the individual or amounts shall not be disclosed to another party without the permission of the Superintendent.

Donated days pledged to the pool are not available for use by the donor.

Return of Unused Days

Days pledged but not used by the recipient will be returned to donors based on a first-donated, first-returned rule in half-day increments. For example, individuals who donate first are first in line to receive any unused half-days and the return order will be repeated until any unused half-days are fully returned.

Qualifying Conditions

Only absences due to the employee's or the employee's immediate family member's catastrophic illness or injury or other situation approved by the Superintendent. are covered by the sick leave pool.

Catastrophic Illness or Injury

A catastrophic illness or injury is a severe condition or combination of conditions affecting the mental or physical health of the employee or employee's immediate family member that requires the services of a licensed practitioner for a prolonged period of time and that forces the employee to exhaust all leave and comp time earned by that employee and to lose compensation from the District. Pregnancy shall be treated the same as any other condition. Such conditions typically require in-patient hospitalization or are expected to result in disability or death.

Immediate Family Member Defined

Immediate family member can include any of the following:

1. Spouse
2. Son, son-in-law, stepson
3. Daughter, daughter-in-law, stepdaughter
4. Parents, stepparents and parents-in-law
5. Siblings, stepsiblings, siblings-in-law
6. Grandparents
7. Grandchildren
8. Any relative who may be residing in the covered employee's household at the time of the illness, injury or death.

Requests for Days

An employee must submit a written request for sick leave pool days on the District specified form(s). **A request must be made before payroll is due in the month the employee runs out of sick leave and before payroll is run for the month.** An employee is encouraged to apply sooner if they realize they are reasonably certain they will need to use a sick leave pool.

Notification

The sick leave pool administrator or designee will notify the employee in writing regarding approval or denial of the request.

Amount of Allowance

Employees may be granted up to the maximum number of days contributed to the pool, not to exceed 20 sick leave pool days for any one condition.

Confidentiality

Any medical information provided shall remain confidential to the extent provided by the law. The names of all donors will remain confidential to the extent provided by law.

Certification by a Medical Provider

Medical certification by a healthcare provider as defined by the Family and Medical Leave Act must be submitted with a request for sick leave pool days. The district reserves the right to request a second opinion to certify the need for leave by a healthcare provider designated by the district. The district will assume the cost if a second opinion is required. Recertification of a medical condition is required every 10 days, at the option of the District.

GRAPE CREEK ISD
Application for Sick Leave Pool

Printed Name of Applicant _____

Number of Days Requested _____ beginning as soon as my allowable paid and other leave ends according to the administrative guidelines, unless noted below.

Medical Condition or Need:

I have read and understand the rules related to the Board Policy and Administrative Guidelines.

I do do not authorize the Administration to request from the staff, electronically or by any other means my wishes to request a pool be set up should the plan administrator or other designee agree that my request is a qualifying condition. In the event I do not authorize the request, I will not lobby or pressure any individual to donate days.

I request that information related to, but not limited to, as to who donated, when donations were made, or how many days were donated per my request be kept confidential (including confidential form myself) except as provided for by law.

I do do not authorize the Administration to ask the staff for days electronically or in written form a request similar to the following:

"Applicant's Name ", has requested from the Grape Creek ISD a donation of staff state personal leave days due to unforeseen circumstances and complete use of paid leave. Interested employees may donate up to five days per individual incident. _____ is requesting _____ additional leave days total. Donations received are confidential to the extent provided by law as related to donors and the amounts of days donated. This request is voluntary and no individual is required to donate days. Days may be donated per this request in half-day increments up to five days, unless additional days have been pre-approved by the Superintendent. Donated days that are not used shall be returned to the donors in accordance with the administrative guidelines of the plan.

I authorize the Grape Creek ISD administration to send a request for sick days and to note in any additional requests that the sick leave requests have not yet been attained. I understand that the District does not have to take any action to notify any of the District's employees and that I will not coax, try to persuade, or otherwise pressure any employee to donate days for this request.

Printed Name of Employee

Signature of Receipt from Supervisor/Principal

Employee Signature

Date _____

Date _____

GRAPE CREEK ISD
Medical Certification Form

As an alternative to this form, the District may accept
certification on a physician's form which includes
the following information:

Printed Name of Applicant _____

The above printed name of an employee of the Grape Creek Independent School District has requested a medical opinion as to why the above named individual cannot perform duties and requires additional sick leave donated days from staff.

The medical reason(s) this individual cannot return to work that can either affect the individual or a member of the individual's immediate family include:

I anticipate the above named individual will be out _____ days or _____ weeks or the employee will not return to work.

Printed Name of Physician

Signature of Physician

Date _____



GRAPE CREEK ISD
Donation for Sick Leave Pool

I (print name) _____ hereby donate, irrevocably and by voluntary action, my personal state leave days to _____ (name of requestor).

I wish to donate (please circle one):

½ day 1 day 1 ½ days 2 days 2 ½ days 3 days 3 ½ days 4 days 4 ½ days 5 days

Your Signature

Date

Deliver this form to the Superintendent or Designee or to the payroll/personnel clerk by the deadline indicated in the emailed notice of request.

Received by: _____ Date: _____ Time: _____

GRAPE CREEK ISD
Notification of Sick Leave Pool Response

To: _____

From: Grape Creek ISD

Printed Name(s) of GCISD Sick Leave Administrator(s)

Signature(s) of GCISD Leave Administrator(s)

Date: _____

Re: Request for Sick Leave Pool Days

Your application for sick leave has been received and it has been determined after review that you do not qualify for the request.

Your application for sick leave has been received and it has been determined that additional information is necessary before further consideration:

Your application for sick leave has been received and it has been determined that you qualify.

Optional District Use of Employee Notification

As of _____ you have received _____ donated days from Grape Creek ISD faculty and staff. This notice is being provided as a courtesy to you. Please work with payroll to determine when your pay may be reduced or eliminated after the addition of these days to your record.

Future notification shall be the total days received and not additional days received.

GRAPE CREEK ISD

Sick Leave Pool Request

A Request for Additional Days Includes:

A Request to Donate Days Includes:

		A Request for Additional Days Includes:							A Request to Donate Days Includes:					
		Comp Time	Amount that may be Requested	Increments that may be Received from Other Staff	May be Donated (Received From)	Medical Certification Required	Disclosure	Appeal to Requests	Value of Days Received	Amount that may be Donated	Increments that may be Donated to Other Staff	Disclosure	Ability to Withdraw Donation	Unused Days
Non-Exempt (Aides, Custodial, Office)	Earned Comp time is to be used before any available paid state, local leave or request for leave pool must be used before a leave pool may be authorized		Up to 20 Working Days per Qualifying Event per School Year	½ Day Increments of State Personal Leave	Any Eligible Staff Member, Exempt or Non-Exempt	Yes, Recertification after 10 Days if requested by District	Identity of Individual and Amount of days donated Confidential to the Extent Provided by Law	Policy DGBA	Equal to the amount of one-half or one full State Personal Leave Day. Days received are added to Requester's Leave Pool	Up to 5* days of State personal Leave	½ Day Increments of State Personal Leave	District will not release name of donor or Amount of Donations except when required by law	Once days are donated, they may not be withdrawn to be used by the Donor. Days are volunteered and irrevocably donated.	Unused days returned to donors on a "first-donated, first-returned" basis, in ½ day increments
Exempt Employees (Teachers, Principals, Directors)	All leave, including any available paid state, local leave or request for leave pool must be used before a leave pool may be authorized													
Funding Ratios	Amount Funded by Local: 100% Amount Funded by State: 0%							Amount Funded by Local: 100% Amount Funded by State: 0%						
Participation	Optional							Optional						

*Unless additional days are pre-approved by the Superintendent.