

*Durango School District 9-R*  
*Compassionate Leave Application*

**Deadline for Submission: The last working day of each month**

Compassionate Leave may be requested for significant life events that are not covered by sick leave bank or bereavement bank- for example: house fire, illness of an immediate family member, family emergency, etc. If granted, this leave will be considered paid at the employee's per diem rate. Exclusions include, but are not limited to, normal pregnancy, common illness, elective procedures, and illness or injuries covered by Worker's Compensation.

With regard to this policy, the term "immediate family member " shall mean that a person's spouse, parents (including individuals who fill the role of a parent), parent-in-law, grandparents, children (including foster, adopted, or step-child), sons-in-law, daughter-in-law, grandchildren, brothers, brothers-in-law, sisters, sisters-in-law, and any other person living in the household of that person.

An employee would complete and submit the attached application to the Sick Leave Bank committee as defined in DEA/DESPA Article 14. If the committee approves the significant event, then an email will go out to request donations to address the need at hand – this is not a bank. The request for donation starts within the building/department where the person works. Should the need not be met within the building or department, it would go out to the entire district.

**Request submitted by:**

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Select one: ( ) Employee    ( ) District Administrator    ( ) Employee Family Member

( ) Employee Advocate

Relationship to Employee:

**Guidelines for Application:**

1. Available to all employees once they have worked for the organization for ninety (90) calendar days.
2. An individual must maintain a minimum of nineteen (19) sick/general leave days in order to make a donation.
3. The maximum number of days requested is thirty (30) in a twelve (12) month period. An individual can apply for ten (10) days at a time and they can apply three (3) times for a total of thirty (30) days. A minimum of one (1) day of leave may be requested. All leave must be exhausted before applying for Compassionate Leave.

4. Employee must not be receiving disability benefits.
5. Documentation may be requested for any significant event requesting Compassionate Leave. If applicable, a current written statement from a licensed physician is required prior to the request and specifically states the medical reason with start and end dates ordered "off work." Identify the medical need or elective procedure.
6. Must complete a district "Leave Request" form and report days missed to Subfinder.
7. All sections of the request **must** be filled out as accurately as possible.
8. The applicant or immediate family member **must** sign a "Release of Information Statement" (Advocate Authorization Form) to allow the district to notify employees of the need for Compassionate Leave donations.

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Compassionate Leave Application

Name \_\_\_\_\_ Date \_\_\_\_\_

Building \_\_\_\_\_

Address \_\_\_\_\_ Date of hire \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone/ext. \_\_\_\_\_

Number of days requested \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Have you applied for or are you currently receiving disability payments? \_\_\_\_\_

Have you used Sick Bank or Compassionate Leave before? \_\_\_\_\_ (When) \_\_\_\_\_

(Describe reason for the request)

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FLOW CHART:

**Step 1:** Supervising Administrator's Signature\* \_\_\_\_\_

I support this request.  I do not support this request.

Comment:

*\* By signing above, the Supervising Administrator indicates that he/she reviewed the leave records for the employee.*

**Step 2:** Director of Human Resource's Signature \_\_\_\_\_

I support this request.  I do not support this request.

Comment:

**Step 3 :** Sick Leave Bank Committee

We support this request.  We do not support this request.

\_\_\_\_\_  
Administrator Representative (Print)      Signature      Date

\_\_\_\_\_  
DEA Representative (Print)      Signature      Date

\_\_\_\_\_  
DESPA Representative (Print)      Signature      Date