

# Centerpoint School District

## EMPLOYEE-TO-EMPLOYEE CLASSIFIED SICK LEAVE DONATION APPLICATION FOR CONSIDERATION

### 8.6 – CLASSIFIED PERSONNEL SICK LEAVE DONATION

Classified employees or licensed employees may donate accumulated sick leave days to other classified employees in the case of a catastrophic situation, with the approval of the District's sick leave donation committee (defined as the members of the current licensed personnel policy committee). With the approval of the committee, classified and licensed employees may donate accumulated sick leave days to a classified employee in the case of a pregnancy when she has exhausted all of her sick leave and other paid time off.

A catastrophic situation is an illness, injury, or tragedy that is expected to incapacitate the employee for an extended period of time, or that incapacitates a member of the employee's family, which incapacity requires the employee to take time off from work for a period of time to care for that family member, and taking extended time off work creates a financial hardship for the employee because he/she has exhausted all of his/her sick leave and other paid time off.

This does not include accidents for which the employee is receiving Workers' Compensation. Absences from work for elective surgery may not be covered by donated sick day(s).

An employee who meets the eligibility requirements to receive sick leave donation days also may meet FMLA eligibility requirements. Thus, any time taken with donated sick leave may reduce your twelve (12) week FMLA entitlement for the calendar year in which it occurs.

Employee Name \_\_\_\_\_ Campus \_\_\_\_\_

I, \_\_\_\_\_, am requesting an approval that allows fellow classified or licensed employees to donate accumulated sick leave days to me as defined in current Centerpoint SD Board Policy (Classified Personnel Policy 8.6).

The situation that will incapacitate me for an extended period of time is (please describe and indicated expected time to be absent): \_\_\_\_\_

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Please respond to the following by circling the correct answer:

- My absence (is) (is not) due to my having elective surgery.
- This absence (is) (is not) covered by Workman's Compensation.
- I (have) (have not) exhausted all available paid leave benefits.
- This situation (will) (will not) necessitate my extended absence from work.
- This extended absence (will) (will not) create a financial hardship for me.

## Centerpoint School District

### EMPLOYEE-TO-EMPLOYEE CLASSIFIED/LICENSED SICK LEAVE DONATION

Employee Name \_\_\_\_\_ Campus \_\_\_\_\_

The employee listed above has requested approval to allow classified and licensed employees to donate accumulated sick leave days to him/her due to the presence of a catastrophic situation or pregnancy that necessitates that the employee take sick time off from work beyond those he/she has accumulated.

Check all that apply:

\_\_\_\_\_ This employee has exhausted all of his/her sick leave and other paid time off.

\_\_\_\_\_ Extended time off without pay are needed by this employee.

\_\_\_\_\_ The extended absences are not due to an accident covered by workers' compensation.

\_\_\_\_\_ The extended absences are not due to him/her having elective surgery.

- The employee (has) (has not) made a request to be considered for Family and Medical Leave eligibility.

This application to be approved to have classified and licensed employees donate accumulated sick leave days to \_\_\_\_\_ (is) (is not) approved

EMPLOYEE NAME

for the period that beings \_\_\_\_\_ and ends \_\_\_\_\_.

DATE FROM

DATE TO

\_\_\_\_\_  
SUPERINTENDENT'S SIGNATURE

\_\_\_\_\_  
DATE APPROVED