

PROPOSED

Sick Leave Donation Policy

- A. All staff with more than 15 accumulated sick days may share sick leave days with another staff member that has a verified medical need, chronic or prolonged illness causing excessive use of their own personal sick days at a rate defined in the chart below
 - 15-29 days accumulated sick leave = 1 day that can be donated
 - 30-44 days accumulated sick leave = 2 days that can be donated
 - 45-59 days accumulated sick leave = 3 days that can be donated
 - 60-74 days accumulated sick leave = 4 days that can be donated
 - 75-89 days accumulated sick leave = 5 days that can be donated
 - 90+ days accumulated sick leave = up to 10 days that can be donated
- B. An attached form is to be completed by the employee donating days so that proper accounting of days can be managed.
- C. An attached form is to be completed by the employee making a request for sick leave support. That form is submitted to the building administrator for approval. If approved, the building administrator will submit the form to the superintendent for final approval. The superintendent must authorize the initiative before it is implemented.
- D. The school district will announce the need for sick leave support in a way that protects the privacy of the individual making the request. The school district will not solicit or coerce any staff members to make a sick day donation.
- E. A total of twenty-five (25) days per semester per school year may be donated to an individual.
- F. Once the issue of need has been approved, staff members who wish to donate must complete the application within ten (10) days. Days donated will be provided to the recipient on a first come first serve basis. If there are multiple donors, the days will be taken from the donors who have the most accumulated sick days first.

**Gravette School District
Donation of Sick Leave Form**

Donation of sick leave is intended simply to assist eligible employees needing assistance as a result of a Catastrophic Medical Condition or verified extenuating circumstance. This form is to be completed by a Gravette School District employee wishing to donate sick leave to another employee who has exhausted all other paid leaves.

Name of Employee (Donor) _____

Number of Days Donated _____

15-29 days accumulated sick leave = 1 day that can be donated
30-44 days accumulated sick leave = 2 days that can be donated
45-59 days accumulated sick leave = 3 days that can be donated
60-74 days accumulated sick leave = 4 days that can be donated
75-89 days accumulated sick leave = 5 days that can be donated
90+ days accumulated sick leave = up to 10 days that can be donated

Days Donated to _____

(Donors may specify a particular employee, if known or donate to "Sick Leave Request #X")

I certify that:

- A. I am making this donation entirely of my own free will and that no attempts have been made to intimidate, threaten, or coerce me to donate my sick leave. I understand that I have no right under any circumstances to have any of the donated sick leave restored to my accrued sick leave.
- B. I understand that I may only donate sick leave to another eligible employee in accordance with the Gravette School District's board approved Sick Leave Donation Policy, and I may request a copy of district policies at any time.

Signature of Employee (Donor)

Date Signed

**Gravette School District
Sick Leave Request Form**

Donation of sick leave is intended simply to assist eligible employees needing assistance as a result of a Catastrophic Medical Condition or verified extenuating circumstance. This form is to be completed by a Gravette School District employee requesting sick leave support as a result of exhausting all other paid leaves.

Name of Employee _____ Date _____

Number of Accumulated Sick Days at time of Request _____

Has Employee explored FMLA with the Gravette School District Human Resources Department? Yes No

If yes, what was the outcome?

Number of Days Requested _____

Explanation of circumstances that has resulted in the need for support:

Check one of the following:

_____ Building Administrator confirms a verified need and supports the request for _____ days.

_____ Building Administrator denies the request for sick day support.

Signature of Building Administrator _____ Date _____

Signature of Superintendent Authorizing the Initiative _____
to request _____ days of sick leave donation for the employee. Date _____