

Designated Sick Leave Donation Plan for Employees

1. **Purpose:** The purpose of the designated sick leave plan is to assist employees who have an extended “catastrophic” illness and have consumed all of their allotted sick leave days. It is also for the employee who is not a member of the professional or service leave bank or who cannot get additional days from the bank. This plan will allow the employee to be paid his or her salary for days donated from another employee.
2. **Procedures:** Donor employees are authorized to transfer accrued personal leave days to designated employees under the following conditions:
 - 2.1 A donor employee may transfer an unlimited number of accrued personal leave days to a spouse or member of immediate family;
 - 2.2 A donor employee may transfer up to 10 days of accumulated personal leave days per year to a recipient employee who is not the spouse of the donor employee.
 - 2.3 All decisions to transfer accrued personal leave must be voluntary. An employee may not be coerced or compelled to contribute accumulated personal leave under the terms of this program.
 - 2.4 A donor employee must designate the recipient employee.
 - 2.5 The recipient employee must be currently experiencing a “catastrophic medical emergency” [medical condition that incapacitates an employee or a member of the employee’s immediate family for whom the employee will provide care, which medical condition is likely to require the prolonged absence of the employee from duty, and which will result in a substantial loss of income to the employee because of already exhausting accrued personal leave, including leave awarded by a leave bank, or who is ineligible for an additional award from a leave bank.] The Superintendent or the Assistant Superintendent shall be the sole judge upon the question of whether an employee is experiencing a “catastrophic medical emergency.”
 - 2.6 The recipient employee must require additional personal leave as a result of the catastrophic emergency and may not receive donations from other donor employees until the exhaustion of all donated personal leave.
 - 2.7 The recipient employee may not be receiving workman’s compensation.
 - 2.8 Requests regarding a normal pregnancy will be denied.

3. **Donor Impact:** Donated leave shall be deducted from a donor employee's accrued personal leave, but shall not be deducted from personal leave available for use without cause if sufficient general personal leave days are available for donation.
4. **Use of Donated Leave:** Donated leave days must be used in accordance with the following stipulations:
 - 4.1 Donated leave may not be used to qualify for or add to service for any retirement system administered by the state or to extend health insurance coverage provided by PEIA.
 - 4.2 Donated leave transferred to a recipient employee shall be credited on a day for day basis without regard to the hourly wage value of the leave.
 - 4.3 Donated leave transferred to a recipient employee that is unused following the end of a catastrophic medical emergency shall be returned to the donor employee.¹ The Superintendent or Assistant Superintendent shall be the sole judge upon the question of whether a catastrophic medical emergency has ended.
 - 4.4 A request to donate leave under this program must be submitted to the superintendent on the form published for this purpose.
 - 4.5 The individual who is to receive the leave must complete a recipient form verifying the existence of the catastrophic illness.
5. **Form for Donating Personal Leave:** The form requesting to donate personal leave shall contain the following information.
 - 5.1 The name of the donating employee;
 - 5.2 The name of the recipient employee;
 - 5.3 Whether or not the recipient is a member of his/her immediate family;
 - 5.4 The number of days to be donated; (No more than 10 days per year may be donated to a recipient employee who is not a spouse.)
 - 5.5 The form must be notarized by a Notary Public.

¹The end of a catastrophic emergency may be occasioned by the death of a recipient employee.

6. Form for Receiving Donated Leave: The individual who will receive the donated leave must complete a form with the following information:
 - 6.1 Name of the employee;
 - 6.2 Name of donor;
 - 6.3 A letter from a physician must accompany this request. The letter must provide sufficient information to make a determination as to whether an employee (or member of the employee's immediate family) is incapacitated within the meaning of "catastrophic medical emergency;"
 - 6.4 If the employee needs the donated leave in order to care for a member of his/her immediate family, a brief narrative explaining the need.
 - 6.5 Whether or not the employee is a member of a leave bank and whether the individual has made application for or received an award of leave bank days.
7. Time of Donation: An employee may donate days to another employee under this policy at any time during the contract year.
8. Effective Date of Policy: This policy shall be retroactive to July 1, 2007, upon adoption.

Adopted by Board of Education: December 17, 2007

Reviewed by Board February 19, 2013

See attached forms

SICK LEAVE DONATION

An employee of Monroe County Schools may donate sick leave days to another employee upon the completion of the following information, which shall then be presented to the superintendent.

I, _____ donate _____ days of my unused sick leave days to _____, another employee of Monroe County Schools, who has exhausted all of their sick leave or personal leave due to a catastrophic medical emergency. I understand this donation is irrevocable and I also understand the following stipulations:

- The number of days donated are no longer available for my personal use.
- The number of days donated can no longer be applied toward extended insurance coverage at the time of my retirement, if I am eligible for this benefit.
- The number of days donated can no longer be used toward additional credited service in the computation of monthly benefits at the time of my retirement.
- A day donated is a day for the recipient, regardless of the pay classification differential between the donor and the recipient.
- I understand that if the days I donate are not used by the recipient for whatever reason, they will be returned to me.

Date: _____ Signed: _____

State of _____ County of _____

I, _____, a notary public in and for the county and state as aforesaid, do hereby certify that _____ did sign his/her name to this Request before me this _____ day of _____, 20____.

Notary Public

My Commission Expires: _____

APPLICATION FOR DESIGNATED SICK LEAVE

PERSONAL DATA

Recipient Employee: _____

Donor Employee: _____

Mailing Address: _____

Telephone Numbers: _____

Is the donor a member of your immediate family? If so, please explain: _____

Do you belong to the Employee Leave Bank? _____ yes _____ no If yes, explain how you

have utilized the services of the Leave Bank: _____

You must accompany this application with a letter from a licensed physician providing enough information that the superintendent can make a determination as to whether an employee (or member of the employee's immediate family) is incapacitated within the meaning of "catastrophic medical emergency."

Is there any other information you wish to share to be part of the application for donated sick leave? If so, please write below:

For Central Office Use Only

Approved: _____ yes _____ no Date: _____

Signature of superintendent: _____