



## West Hardin County CISD ADMINISTRATIVE GUIDELINES

**GUIDELINE NUMBER:** 1  
**SUBJECT:** Establishment of Local/Sick Leave Pool/Donation and Use  
**EFFECTIVE DATE:** January 29, 2018  
**ORIGINAL AUTHOR:** Jim Armstrong  
**UPDATED/AUTHOR:**

In the event an employee experiences circumstances requiring an extended leave of absence, said employee may request the establishment of a Sick Leave Pool. Other district employees may, in accordance with all requirements of this guideline, donate personal *local* leave (state leave does not apply to this guideline) to the employee once that employee has exhausted all state and personal leave. The terms of this guideline are listed below.

### **Donation of Personal Local Leave:**

Employees who wish to donate to another employee may do so under the following terms:

1. Employee must have available local leave.
2. Employee must specify the employee to whom they are donating the leave.
3. Leave can only be donated if the receiving employee has exhausted all compensatory time, all personal and state leave as well as any extended leave.
4. An employee can only donate one (1) personal local leave day per month per person.
5. An employee can only donate a maximum of two (2) personal local leave days to the same employee during any school year.
6. Once an employee has voluntarily donated leave to another employee, said leave is no longer recoverable by the donating employee.
7. Any donated leave days left in an account, will be kept in the "sick leave pool bank" for use in the next approved sick leave pool. The pool may not accrue more than 30 total days.

### **Use of Donated Personal Local Leave:**

1. Employee must complete a *Request for Sick Leave Pool* form and forward it to their immediate supervisor and then the front office. Exhaustion of all personal and state leave will be verified and the form will be forwarded to the superintendent for approval. Superintendent approval must be received prior to the employee using any donated leave.
2. Employee can only accept donated personal local leave if all personal and state leave has been exhausted.
3. Employee cannot accumulate unused leave days.
4. The circumstances causing the extended leave of absence must meet the requirements of the Family and Medical Leave Act (FMLA) The criteria are listed below.

### **Superintendent Approval**

The immediate supervisor (if applicable) and the superintendent must approve the *Request for Sick Leave Pool* form prior to any donated days being used. Whether or not the employee's immediate supervisor approves the leave, the superintendent has sole discretion in approving the request. Even if the circumstance causing the extended leave of absence meets FMLA criteria, the superintendent has the discretion to deny any request if approving the request will have a negative impact on the district.

**Upon receipt in the front office, availability of the day for donation (bottom of form 2) should be verified. After verification, forward both form to the superintendent for final review.**

**FORM 1-to be completed by requesting employee****REQUEST TO ESTABLISH/USE A LOCAL/SICK LEAVE POOL**

Employee's Name: \_\_\_\_\_

Campus/Department: \_\_\_\_\_

WHCCISD policy (DEC-Local) notes that, with superintendent approval, the establishment of a Sick Leave Pool is available for qualifying full-time district employees who have exhausted all compensatory time, state personal, local and extended leave days. A maximum of 30 days can be donated per sick leave pool request.

I am requesting the establishment of a Sick Leave Pool and that I be approved to use any days donated to the Sick Leave Pool.

The circumstance(es) causing my request are:

- Birth of son or daughter and to care for such son or daughter
- Placement of a child for adoption or foster care
- To care for spouse, child, or parent with a serious health condition
- Because of my own serious health condition that makes me unable perform my job functions

My signature indicates that I understand policy DEC (Local) and the guidelines noted above and that I have used or will use all of my compensatory time, state, local and extended leave days before using any donated sick days. I further understand that a maximum of 30 days can be donated and used for this sick leave pool request.

\_\_\_\_\_  
**Signature of Employee**\_\_\_\_\_  
**Date**

*To be completed by immediate supervisor:* Will the absence of this employee create an undue hardship for the district and significantly limit our ability to provide services to students and/or staff?  **Yes**  **No**

\_\_\_\_\_  
**Immediate Supervisor Signature**\_\_\_\_\_  
**Date**

Comments:

\_\_\_\_\_  
**Superintendent Signature**\_\_\_\_\_  
**Date** **Approved** **Not Approved**

Comments:

CC: Employee (requesting)  
Campus  
Front Office

*Form 2-to be completed by donating employee*

**EMPLOYEE DONATION TO SICK LEAVE POOL**

Donating Employee's Name: \_\_\_\_\_

Campus/Department \_\_\_\_\_

WHCCISD policy (DEC-Local) notes that full-time district employees may donate days to a Local Sick Leave Pool for use by approved applicants. My signature acknowledges that I am aware of the guidelines of the program. I also acknowledge that once these days are donated these days are not recoverable.

I wish to donate one (1) leave day for the month of \_\_\_\_\_ to the person noted below.

\_\_\_\_\_  
**Name of Recipient**

Comments:

\_\_\_\_\_  
**Signature of Employee**

\_\_\_\_\_  
**Date**

Comments:

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*This section for front office use only*  
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One day \_\_\_\_\_ IS \_\_\_\_\_ IS NOT available to be donated: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of front office designee

Comments: