



PROFESSIONAL / SUPPORT STAFF VOLUNTARY TRANSFER OF ACCRUED ANNUAL OR SICK LEAVE

The District recognizes the existence of circumstances under which non-job-related, seriously incapacitating, and extended illnesses and injury may exhaust accrued leave of employees. To provide some measure of relief in such situations, a limited mechanism, based upon voluntary transfer of accrued annual or sick leave, is established. The mechanism will be termed transfer of accrued annual or sick leave for a medical emergency. The definition of a 'medical emergency' will be as follows: A medical condition of the employee or a family member of the employee that will require the prolonged absence of the employee from duty and will result in a substantial loss of income to the employee because the employee will have exhausted all paid leave available apart from the leave-sharing plan.

Limits to Donations:

- The donated leave will be limited to annual leave or sick leave (sick leave will be any paid leave that the district, by policy, allows to be used for that purpose).
- Donations will be limited by organizational structure to prevent undue influence and conflict of interest issues. *
 - Employees who are certificated professional educators shall be limited to donating leave for use by those who are certificated professional educators.
 - Employees who are non-certified (classified) shall be limited to donating leave for use by other classified staff employees.
 - Central office and building level professional staff supervisory personnel may only donate to other professional staff supervisory employees.
- The person donating may only donate already accrued leave up to twenty (20) days and shall maintain in accrued leave at least twenty-eight (28) days of sick leave (or the equivalent) at the time of the donation. *
- All donations shall be for the current contract year and shall not exceed that period based upon the current contract earnings of the person to whom the donation is made.
- All donations shall be on behalf of a specific recipient with the donation made to the district plan for transfer of leave based upon a medical emergency.
- All unused donated leave shall revert to the donating employees on a prorated basis.

Notice and receipt of donations.

- Notice of need for leave donations will be emailed by need for certified staff and classified staff including the name of the individual. (*)
- Voluntary Transfer of Accrued Annual or Sick Leave Google Forms link will be emailed to which employees may make their donations known to the Human Resource District Office.

Eligibility (for use of transferred leave). The approved applicant shall:

- Be a full-time employee (an employee eligible to earn sick leave).
- Have a "medical emergency" as defined in this policy.
- Have exhausted all earned/accrued leave of any nature or kind including compensatory time and be eligible for an unpaid leave of absence.
- Not be eligible at the time of request for disability benefits, including but not limited to Social Security.
- Be one whose return to duty is projected to occur no later than the beginning of their next contract year. *
- Submit an application, which shall be received by the Human Resource District Office at least ten (10) days prior to the beginning of the applicant's unpaid leave status, when practicable.

Determining eligibility:

- The Human Resources Assistant Superintendent shall receive the applications and make the final determination of eligibility using the criterion of eligibility.

The application must be in writing.

The application must be supported by a certified document by a health care provider that describes the nature, severity, and anticipated duration of the emergency medical condition of the recipient and that includes a statement that the recipient is unable to work all or a portion of the recipient's work hours.

The application should be received by the District office prior to the applicant beginning unpaid.



**PROFESSIONAL/ SUPPORT STAFF
VOLUNTARY TRANSFER OF
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TRANSFER OF LEAVE REQUEST FORM**

Name: _____

Date of Application: _____

Mailing Address: _____

Home Phone Number

Work Location

Job Title

Submit this request form to the Human Resource District Office at least ten (10) days before the leave is to commence, when practicable. Use of the transferred leave counts towards The Family and Medical Leave Act (FMLA) leave used by employees.

I am requesting ____ days after I have exhausted earned/accrued leave.

For determination of eligibility, please answer each of the following questions. Check the appropriate box.

YES NO

Is this your first claim for this particular condition?

Have you exhausted all earned/accrued leave of any nature or kind including compensatory time?

Have you attached to this application a signed STATEMENT OF A HEALTH CARE PROFESSIONAL verifying this condition?

By my signature below I give permission to the District to use my name and employment information in requesting transfer of leave donations.

In addition to the statement provided by my health care professional, I also agree to submit to an examination by a health care provider of the School Board's choice, if requested to do so, at the school District's expense.

Employee Signature

Date

Human Resource Assistant Superintendent Signature