

VALLEY VIEW ISD DISTRICT SICK LEAVE POOL ELIGIBILITY and PROCEDURE CRITERIA

1. Only full time district employees are eligible to participate in the Sick Leave Pool
2. Only full time employees may be recipients of days from the Sick Leave Pool.
3. The sick leave pool is on a voluntary basis
4. Employees may contribute from 1- 3 existing local sick days to the sick leave pool on a yearly basis.
5. Days will be taken from your local sick leave balance.
6. When an employee is in need of days due to a catastrophic illness, a memorandum will be sent to all departments and campuses.
7. All employees wishing to participate in the sick leave pool must pick up a Sick Pool Leave Donation Form from your campus or department and turn it in to the Personnel office.
8. Members wishing to activate the Sick Leave Pool must fill out a request form that will be turned in to the Superintendent for approval. A family member may initiate the request on behalf of the employee or the Superintendent can activate the Sick Leave Pool if neither the employee nor family member is available.
9. Once the form has been signed by the Superintendent, it will be returned to the employee and disseminated to campus/departments as needed.
10. Once days are donated, they cannot be taken back.
11. A maximum of 30 days may be contributed to one employee per school year.
12. Employees may qualify for the Sick Leave Pool Leave through a catastrophic illness or disability if they have exhausted all paid leave.
13. Pregnancies without complications are not considered a catastrophic illness.
14. The employee must present proof of catastrophic illness or disability.
15. The Sick Leave Pool for that employee will stop to exist when the employee returns to work or when all contributing members have exhausted their three contributing days.

16. All unused contributing days will be left in the fund balance and used during the next Sick Leave Pool activation or transferred to next year's Sick Leave Pool

17. If the employee that is using the Sick Leave Pool exhausts all days available in the pool and continues to be absent, they will be docked for days absent.

I hereby understand and agree to comply with all rules set forth by the Sick Leave Pool as per policy DEC (Local).

Donor

Date

Witness

Date

Xc: Employee
Personnel File
Supervisor



**VALLEY VIEW INDEPENDENT SCHOOL DISTRICT
Sick Leave Pool Donation Form**

Name of contributing employee_____	Date_____
Campus/Department_____	Assignment_____
Soc. Sec. #_____	No. of days donating_____
Name of recipient_____	Campus/Dept_____

I have read the Valley View ISD Board Policy DEC (Local), Sick Leave Pool and I wish to contribute to the Sick Leave Pool.

I understand that these days once donated to someone they will be subtracted from available accrued local sick leave days. I also understand that once I donate my days, I cannot take them back. I further understand that should I be absent from work and exceed the number of days available, I will have the absence deduction deducted from my pay.

I authorize Valley View ISD to place the number of days mentioned above from local sick leave days in the name of _____ who has a catastrophic illness/disability.

Donating Employee Signature

Date

Copies to: Employee's Personnel File
District Attendance
Payroll Dept.
Campus/Dept

**VALLEY VIEW INDEPENDENT SCHOOL DISTRICT
REQUEST FOR SICK LEAVE POOL**



Name of employee _____	Date _____
SSN _____	Home No. _____
	Cell No. _____

I have (or will have) used all my available sick leave days for this year. Yes ___ No ___

- How many days do you anticipate you will need? _____
- Are you eligible to receive any days from another source? Yes _____ No _____

If yes, please specify. _____

The above requested days are needed for the reason of personal illness as described in the attached statement from my attending licensed physician.

Information to be included in the doctor's statement:

- Identification and nature of illness and or extent of injury (In laymen's term).
- Anticipated date eligible to return to work
- Anticipated days, if any, for follow-up examination or treatment

The doctor's statement is attached YES _____ NO _____

Name of Physician (s)	
Address of Physician (s)	
Phone number of Physician (s)	

I hereby certify that the information given is valid to the best of my knowledge and I authorize release of my medical records to the Superintendent or designee.

I hereby further authorize the District to disclose to campuses/departments that I have requested to activate the Sick Leave Pool.

Employee Signature/Designee _____
Date

Approved _____ **Effective date for Sick Leave Pool** _____

Denied _____ **Reason** _____

Superintendent _____
Date

Copies to: Personnel File
Employee
Payroll
District Attendance
Campus/Dept.

DEFINITION OF CATASTROPHIC ILLNESS

An acute or prolonged illness usually considered to be life-threatening or with the threat of serious residual disability. Treatment may be radical and is frequently costly.

Severe illness requiring prolonged hospitalization or recovery; usually involves high costs for hospitals and doctors and medicines.

LIMITATIONS

Catastrophic illness is defined as an extended critical illness, surgery, injury, or temporary disability due to injury or illness. It requires the services of a licensed medical practitioner for a prolonged period of time and an extended absence from work for treatment or recovery. Pregnancies, without complications are not considered catastrophic illnesses.

CONFIDENTIALITY

All contributions to Sick Leave Pools shall be voluntary and confidential donations. Employees violating this provision shall be considered in violation of District Policy and the standards of ethic outlined.....and shall be subject to disciplinary action in accordance with DH (local).

VALLEY VIEW ISD SICK LEAVE POOL

PURPOSE

The Sick Leave Pool was established and approved on June 6, 2005. The purpose of the Sick Leave Pool is to assist a fellow full-time employee with voluntary donations from District Staff local sick leave days who has a catastrophic illness or disability and has exhausted all paid leave.

ESTABLISHMENT

A request for the establishment of a Sick Leave Pool shall be in writing to the Superintendent or designee by the employee or by a member of the employee's immediate family. The Superintendent or designee shall then initiate the sick leave pool for the employee and shall notify District staff. The Superintendent may also initiate a pool for an employee in need when neither the employee nor a family member is able to do so.

CONTRIBUTIONS

The Sick Leave Pool shall be created by voluntary contributions of local leave days by District staff for a specific individual and donated days shall be designated to a specific pool. Contribution may consist from one to three local leave days per person. A maximum of 30 days may be contributed to a Sick Leave Pool per school year.

CESSATION OF SICK LEAVE POOL

The Sick Leave ceases to exist when the employee returns to work or when each voluntary donation reaches the three-day maximum contribution and the Sick Leave Pool is exhausted. Unused Sick Leave Pool days shall be transferred to the next Sick Leave Pool that the District establishes.