

Emergency Sick Leave Pool

Employees may voluntarily transfer their accrued personal and sick days to the district's Emergency Sick Leave Pool, for another School District of Westfield employee, in critical need of extending paid leave prior to commencing an unpaid medical leave for a documented life threatening or catastrophic illness for themselves or immediate family members as defined below.

If there are extenuating circumstances that preclude an employee from making the request as outlined above, the District Administrator may initiate a leave donation request on behalf of the employee.

Employees may not use the sick leave bank for absences caused by medical conditions resulting from workers' compensation or self-inflicted injuries, or injuries that may have occurred during the course of committing a criminal act, i.e. felony or assault. Employees may not use donated sick leave during a period of disciplinary suspension.

The days donated to the pool will be collected quarterly. Donated unused days will remain in the Sick Bank and can be used for future Sick Bank circumstances. Donors and recipients must fill out the appropriate donation or application form and submit it to the District Administrator for approval. Donation pool balance is capped at 100 days.

Donor Criteria:

1. Must be a current employee eligible for sick/personal leave.
2. Donations must be in whole day increments.
3. Donations are irrevocable.
4. In a school calendar year the first donated day must be a personal day.
5. A total of one personal day and 4 sick days may be donated per year, per employee.
6. Sick days must come from accruable sick leave and not beyond an individual's allowed accumulated maximum of 60 or 90 days.

Recipient Criteria:

1. Has a life threatening or catastrophic illness for self or a qualifying family member that is documented by a licensed physician.
2. Must be a current employee eligible for sick/personal leave.
3. All accrued vacation, sick, and personal days must be exhausted first.
4. Is not receiving long term disability or Workers' Compensation Insurance benefits or have a Workers' Compensation claim pending that is allegedly related to the absence.
5. Total days requested cannot exceed projected length of time medically certified as necessary or determined by FMLA certification for the covered condition.
6. Must submit appropriate medical documentation or FMLA paperwork.
7. Unused donated time is revocable and shall be returned to the pooled account.

Procedures:

1. The District Administrator shall be responsible for reviewing and authorizing all leave donation requests and ensuring compliance with all applicable policies and administrative guidelines. All requests are subject to the submission of a written request by both donor and recipient and must comply with the aforesaid Donor and Recipient Criteria.
2. Participation in the program is voluntary.
3. The donor's leave records shall be reduced the amount of days being donated.
4. The recipient's leave records shall be allocated with the amount of days approved pursuant to this policy and these procedures. During the receipt of donated leave time, the recipient shall remain eligible to accrue vacation, sick days and personal days but those must be used prior to any additional sick bank time.
5. If medically necessary, the ill staff member may reapply for an additional amount of available days needed to reach the date for qualifying for long term disability.
6. The District Administrator will make the final decision for sick bank qualifications and donations.

Definitions:

1. Life-threatening or catastrophic illness: An illness, injury, impairment, or physical or mental condition that a licensed physician or certified practitioner certifies as life threatening or terminal. A life-threatening or catastrophic illness is one for which the employee would be away from job tasks for ten days or more.
2. Immediate family member: A spouse, child, stepchild, parent, parent-in-law or step-parent.
3. Parent: A person who is the biological, adoptive or foster parent; step-parent, parent-in law or legal guardian, having a "parent-child relationship" with a child as defined by law; or, having sole or joint legal or physical custody, care, guardianship, or visitation with a child.
4. Child: A biological, adopted, or foster child, stepchild, legal ward, or child of a parent who fits the following criteria:
 - A. under (18) years of age; or
 - B. eighteen (18) years of age or older but incapable of self-care because of a mental or physical impairment.

Adopted: January 16, 2019

School District of Westfield
Emergency Sick Leave Pool
Application for Days

This application for use of days from the School District of Westfield must meet the criteria listed below in accordance with Board Policy. Complete the information below and submit to the District Administrator

Recipient Criteria:

1. Has a documented life threatening or catastrophic illness for self or a qualifying family Member. Must submit appropriate medical documentation or FMLA paperwork. Please attach documentation/ FMLA paperwork from your physician stating an ongoing need for work absenteeism.

2. Please have the Business Manager verify the following and initial:
 - a. All accrued vacation, sick, and personal days are exhausted. _____ date _____
 - b. Is not receiving long term disability or Workers' Compensation Insurance benefits or have a Workers' Compensation claim pending that is allegedly related to the absence. _____ date _____
 - c. Must be a current employee eligible for sick/personal leave. _____ date _____

3. Days Requested _____ (up to 20)
 - a. Total donated time cannot exceed projected length of time medically certified or determined by FMLA certification for the covered condition.
 - b. Unused donated time is revocable and shall be returned to the pooled account.

Applicant's Name (printed) _____

Applicant's Signature _____ Date _____

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Office Use Only:

Approved number of days _____ Dates of use _____

Notes: _____

District Administrator's Signature _____

School District of Westfield
Emergency Sick Leave Pool
Donation Request

This application to donate personal leave and sick leave to the School District of Westfield's Emergency Sick Leave Bank must meet the criteria listed below in accordance with Board Policy. Donations are accepted quarterly. Please complete and submit to the District Administrator if interested in donating.

Donor Criteria:

1. Must be a current employee eligible for sick/personal leave.
2. Donations must be in whole day increments.
3. Donations are irrevocable.
4. In a school calendar year the first donated day must be a personal day.
5. A total of one personal day and up to 4 sick days may be donated per year, per employee.
6. Sick days must come from accruable sick leave and not beyond an individual's allowed accumulated maximum of 60 or 90 days.

Please place check the box acknowledging the number of days you would like to donate:

- 1 Personal Day and 0 additional sick days
- 1 Personal Day and 1 additional sick day
- 1 Personal Day and 2 additional sick days
- 1 Personal Day and 3 additional sick days
- 1 Personal Day and 4 additional sick days

I hereby authorize the School District of Westfield Business Office to deduct a total of ____ days from my accrued personal and sick days to be donated to the School District of Westfield Emergency Sick Bank. I knowingly, willingly and voluntarily donate these days and understand once these days are deducted from my time I cannot reclaim them.

Employee's Name (printed) _____

Employee's Signature _____ Date _____

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Office Use Only:

Approved number of days _____ Date Approved _____

Notes: _____

District Administrator's Signature _____