

**JOAQUIN ISD DONATION OF SICK LEAVE POOL DAYS**

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The Superintendent has approved a SICK LEAVE POOL effective \_\_\_/\_\_\_/\_\_\_ for an employee who has experienced a CATASTROPHIC ILLNESS OR INJURY as defined in JISD Board Policy-DEC (Local). *(This is a severe condition or combination of conditions affecting the mental or physical health of the employee or a member of the employee's immediate family that requires the services of a licensed practitioner for a prolonged period of time and that forces the employee to exhaust all leave time earned by that employee and to lose compensation. Such conditions typically require prolonged hospitalization or recovery or are expected to result in disability or death. Conditions relating to pregnancy or childbirth shall be considered catastrophic if they meet the requirements of this paragraph.)*

As of \_\_\_/\_\_\_/\_\_\_ this employee has exhausted all their LOCAL & STATE paid leave, including EXTENDED SICK LEAVE which is partially paid, compensatory time, vacation days and non-duty days. This pool will begin with a maximum of 10 days. Additional days, if needed, will be granted in 5 day increments up to a maximum of 20 days for this employee.

Employee Name: \_\_\_\_\_

Number of Days to Donate to Pool: \_\_\_\_\_  
*(Maximum of 10% of your balance)*

I understand the following terms of this SICK LEAVE POOL:

- No more than 10% of my current Local Sick and State Personal Leave balance may be donated
- Donated days will be from my LOCAL SICK LEAVE first then STATE PERSONAL LEAVE
- No more than 7 days per year may be donated from my leave balances from 9/1 to 8/31 for all pools
- Donated days pledged to the pool will be deducted from my balance during the pay period that the SICK LEAVE POOL DONOR form is submitted
- Donated days from the various employees will be applied to an employee's pool in a first come first serve basis and donations received after the pool has reached its maximum initial days will be returned to the donor
- Unused donated days remaining after the pool ceases will be returned to donors on a pro-rated basis

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>For Administration Office Use Only</b>	
Date Received: _____	
Superintendent Signature _____	Date: _____
Number of Pool Days to be deducted from	
Local Sick Leave Balance: _____	State Personal Leave Balance: _____
Date Deducted from Employee's Leave Balance: _____ By: _____	

