



EMPLOYEE RELATIONS SERVICES

Telephone No. (562) 997-8220 * FAX No. (562) 997-8283

APPENDIX C

SICK LEAVE DONATION PROGRAM

(Refer to Article VIII.W for Additional Information)

The attached program is designed to benefit employees suffering from a **catastrophic illness or injury** who have exhausted all accrued sick leave.

Please note the attached definition of “catastrophic” and the following key elements/process:

1. **Who may donate?**
Any employee may donate accrued monthly sick leave.
2. **Who may receive donations?**
Donations from TALB members must go to TALB members. Other employees may donate to any LBUSD employee.
3. **What kind of leave may be donated?**
An employee may donate only accrued monthly sick leave.
4. **How many days may be donated by a single individual?**
An individual employee may donate from one (1) to five (5) days of accrued monthly sick leave.
5. **At what point in an extended illness can donated leave be used?**
Donated sick leave can be used after the receiving employee has exhausted all available paid leave (i.e., sick leave, vacation), but before statutory leave begins.
6. **What is the process for approval, issuing a request for donations, and monitoring distribution of sick leave donations?**

STEP	Person Involved	Action Required
1	Requesting Employee	The process begins with a requesting employee submitting a <i>Request to Participate in Sick Leave Donation Program (Request)</i> to his/her principal/site administrator. These forms are available from Employee Relations Services. The <i>Request</i> should be submitted before the employee's own accrued sick leave is exhausted, if possible, and should be accompanied by medical verification of the employee's catastrophic illness or injury.
2	Principal/ Site Administrator	Within three (3) working days the principal/site administrator shall forward the request to the appropriate Assistant/Deputy Superintendent or Chief Financial Officer indicating their recommendation for approval/disapproval and the medical verification.
3	Assistant/Deputy Superintendent or CFO	The Assistant/Deputy Superintendent or Chief Financial Officer will, within three (3) more working days, approve or deny the <i>Request</i> and communicate this decision to the principal/site administrator.
4	Principal/ Site Administrator	If the <i>Request</i> is denied, the principal/site administrator will immediately notify the requesting employee.
5	Principal/ Site Administrator	If the <i>Request</i> is approved, the principal/site administrator shall, within three (3) days after receiving confirmation, distribute an <i>Appeal for Donations, Extended Sick Leave (Appeal)</i> form to all schools and offices. The <i>Appeal</i> shall include copies of the <i>Donation of Sick Leave Hours form (Donation Form)</i> .
6	Employees Donating Sick Leave	Employees wishing to donate accrued <u>monthly</u> sick leave shall complete the <i>Donation Form</i> and submit this form to the Director of Payroll.
7	Payroll Director	The Director of Payroll shall be responsible for processing <i>Donation Forms</i> and for notifying the payroll clerk at the site/office to which the recipient is assigned that initial and successive increments of extended sick leave have been credited to the receiving employee.
8	Payroll Director	The Director of Payroll shall also notify payroll clerks at the sites/offices to which donating employees are assigned that records of sick leave balances need to be adjusted to reflect the donations.
9	Payroll Director	The Director of Payroll shall monitor distribution of extended sick leave/adjustments to sick leave balances for donors.
10	Principal/ Site Administrator	In the event the initial increment of donated sick days is depleted and the employee continues to need additional days, the principal/site administrator shall be notified and he/she will be responsible for issuing yet another <i>Appeal for Donations</i> in a timely manner following the same procedures used in making the initial request.

If you have questions regarding any step in the process described here, please contact the Director of Payroll, for answers and clarification.

Attachments



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E-Mail: decung@lbschools.net

REQUEST TO PARTICIPATE IN SICK LEAVE DONATION PROGRAM

Date: _____

To: _____
Principal/Site Administrator

Subject: Sick Leave Donation Program

I hereby request that a *Request for Donations, Extended Sick Leave* be sent to District employees on my behalf. I will soon exhaust the sick leave and vacation that I have accrued. I understand that the purpose of this program is to provide me with the opportunity to benefit from sick leave donations due to a catastrophic illness or injury.

Medical verification of my catastrophic illness/injury from my attending physician is attached to this form (required).

Name _____

Position Title _____ Department/Site _____

Date Submitted _____ Signature _____

RECOMMENDATION OF PRINCIPAL/SITE ADMINISTRATOR

The employee listed above has my *recommendation* to accept donated sick leave.

The employee listed above is denied *my recommendation* for the use of donated sick leave.

Print Name of Principal/
Site Administrator

Signature

Date of Action

APPROVAL OF ASSISTANT SUPERINTENDENT/DEPUTY SUPERINTENDENT/ CHIEF FINANCIAL OFFICER

The employee listed above is approved to receive donated sick leave.

The employee listed above is denied the use of donated sick leave.

Print Name

Signature

Date of Action

DO NOT ATTACH THIS FORM FOR DISTRIBUTION TO EMPLOYEES

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Payroll Branch

Telephone No. (562) 997-8156 * FAX No. (562) 997-8625

**APPEAL FOR DONATIONS,
EXTENDED SICK LEAVE**

Employee: _____

Position Title: _____

Department/Site: _____

The employee listed above has received approval to accept donated sick leave.

If you would like to donate from your accrued monthly sick leave, complete one of the attached *Donation of Sick Leave Hours* forms and give it to your department/site payroll clerk. You will be advised when your contribution is deducted from your accrued monthly sick leave.

Principal/Office Manager

Date Posted

- Step 1: Attach to "Request to Participate" form, send for approvals (attach Dr. note)
- Step 2: Forms will be returned to site, attach "Appeal" form to "Donation of Hours" form, and distribute (White out all Social Security Numbers before distributing to staff)
- Step 3: Employees to send forms directly to payroll



Payroll Branch

Telephone No. (562) 997-8156 * Fax No. (562) 997-8625

Donation of Sick Leave Hours

Please read the following Guidelines before donating:

- The required minimum donation shall be **one day (eight hours)**. However, depending on your FTE, you may donate less than eight hours. For example, if your FTE is 50% the minimum shall be one half day (four hours).
- If an employee wishes to contribute more than one day, he/she may donate up to a total of **five (5) days** per year. However, if an employee wishes to donate more than one (1) day he/she must have a balance of twenty **(20) days or 160 hours** of accrued sick leave at the time of donation.
- Donating employees must acknowledge in writing the donation is voluntary, irrevocable, and confidential. Leave donated within the provisions of this program shall be deducted from the employee's accrued **monthly** sick leave days only.
- Any donated sick leave hours that are **not** used by the receiving employee will be placed in a bank to be used by other employees with catastrophic leave. **(note: certificated, classified and non-bargaining unit employees have their own bank: this means that certificated bank may only be used for certificated personnel, classified bank may only be used for classified personnel and so forth.)**

Upon reading the above guidelines I wish to donate _____hours of monthly accrued sick leave from my current balance. I understand that if the receiving employee does not use these donated hours for his/her current illness/injury, these hours will **not** be returned to me and will be placed in a bank.

Name _____ Site _____

Social Security No. _____

Signature _____ Date _____

***** **NOTE:** Your site secretary will be notified when your sick leave balance is transferred .*****
Keep a copy of for your records.

Name of Receiving Employee _____

Site _____

MAIL TO PAYROLL OFFICE

FOR PAYROLL USE ONLY:

Name _____ Balance of accrued monthly sick leave _____

Social Security No. _____

Verified by Payroll Department (initials) _____ Date _____