

# SHERMAN INDEPENDENT SCHOOL DISTRICT

## GUIDELINES FOR DONATION OF LOCAL SICK LEAVE DAYS

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### A. Purpose

The local sick leave policy will allow Sherman ISD employees an opportunity to donate local sick leave days to other district employees who, due to a catastrophic (life-threatening) situation, has exhausted their leave days. A physician's certification is required to document the life-threatening condition.

### B. Eligibility

1. All "regular employees" of the Sherman ISD shall be eligible to donate local sick leave days.
2. All "regular employees" of the Sherman ISD shall be eligible to receive local sick leave days.

"Regular employee" refers to those persons employed over 20 hours per week by the district.

### C. Regulations for Donating Local Sick Leave Days

1. Sick leave donations may be made in catastrophic situations only. If an employee exhausts all leave, he or she may complete the Request for Sick Leave Donation form. Approval will be granted only in the following situations:
  - a. Illness of the employee - The employee has a terminal illness, such as cancer, heart trouble, etc., or has been in an accident that could cause death. The Superintendent or designee will make the final decision as to whether or not the illness is catastrophic.
  - b. Illness of a member of the employee's immediate family that is of a life-threatening nature. "Immediate family" includes husband, wife, son, son-in-law, stepson, daughter, daughter-in-law, stepdaughter, father, father-in-law, stepfather, mother, mother-in-law, stepmother, brother, brother-in-law, stepbrother, sister, sister-in-law, stepsister, grandparent, grandchild, or any person who may be residing in the covered employee's household at the time of illness or death.
2. Upon approval of the Request for Sick Leave Donation, the Human Resources Office will send a memo to district employees to request donations.
3. An employee may, at his or her written request, donate any additional local sick leave days, up to a maximum of five (5) days each year, to another employee who has exhausted all leave days due to a life-threatening illness or injury. The Local Sick Leave Donation form must be completed and sent to the Human Resources Office.
4. Days shall be donated for absences from working days only and not for holidays or vacation days.
5. Days donated will be transferred from the donating employee's sick leave record to the receiving employee's sick leave record.
6. If an employee is unable to file a Request for Sick Leave Donation form, the school principal, immediate supervisor, or department head may initiate the form at the request of the employee or someone in the employee's family.

# SHERMAN INDEPENDENT SCHOOL DISTRICT

## LOCAL SICK LEAVE DONATION FORM

(Send completed form to the Human Resources Office)

An employee may, at his or her written request, donate any additional local sick leave, up to a maximum of five (5) days each year, to another employee who has exhausted all leave days due to a life-threatening illness or injury of self or a life-threatening illness or injury in the individual's immediate family.

From: Employee \_\_\_\_\_ Employee ID# \_\_\_\_\_

Location \_\_\_\_\_ I wish to donate \_\_\_\_\_ days

To: Employee \_\_\_\_\_

Location \_\_\_\_\_

I understand that following guidelines govern donation of local sick leave to another district employee:

- A. Sick leave donations may be made in catastrophic situations only.
- B. Days shall be donated only for absences from working days and not for holidays or vacation days.
- C. Days donated will be transferred from the donating employee's sick leave record to the receiving employee's sick leave record.
- D. Days donated will be subtracted from the local sick leave days for the current school year.

\_\_\_\_\_  
*Employee's (Donor's) Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*For Office Use Only*

Local Sick Leave Balance \_\_\_\_\_  
Number of Days Donated ( - ) \_\_\_\_\_ (Maximum 5 days per year)  
Balance \_\_\_\_\_

\_\_\_\_\_  
*Payroll Clerk's Signature*

\_\_\_\_\_  
*Date*

Reason for Disapproval \_\_\_\_\_

\_\_\_\_\_  
*Director of Human Resource's Signature*

\_\_\_\_\_  
*Date*

SHERMAN INDEPENDENT SCHOOL DISTRICT  
**REQUEST FOR SICK LEAVE DONATION**  
(Send completed form to the Human Resources Office)

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Name \_\_\_\_\_ Employee ID# \_\_\_\_\_

Campus/Program/Department \_\_\_\_\_

I have exhausted all accumulated state and local leave days. I am requesting that the Human Resources Office publish my need for additional sick leave days. The total number of days I require is \_\_\_\_\_.

The date(s) on which the donated days are to be used are \_\_\_\_\_ through \_\_\_\_\_.  
Beginning Date Ending Date

I understand that donated days may be used for sick leave purposes only and apply only in catastrophic (life-threatening) situations.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approval (Immediate Supervisor's Signature)

\_\_\_\_\_  
Date

Approved                       Not Approved

Note:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Director of Human Resources

\_\_\_\_\_  
Date

*\*Sick Leave Donation Forms will be sent to your campus or department first. If more leave days are needed, the notice will be published district wide.*