

COMANCHE INDEPENDENT SCHOOL DISTRICT

CATASTROPHIC SICK LEAVE POOL

PROCEDURES AND GUIDELINES

COMANCHE ISD SICK LEAVE POOL ADMINISTRATIVE PROCEDURES

PURPOSE

The Sick Leave Pool is a benefit to assist employees in dealing with a catastrophic illness or injury that forces them to exhaust all accumulated paid leave, vacation and comp time resulting in a loss of income. Such conditions typically require in-patient hospitalization or are expected to result in disability or death. Medical verifications will be required; second opinions may also be required.

DEFINITION OF CATASTROPHIC ILLNESS OR INJURY

According to Board Policy DEC (LOCAL), “a catastrophic illness or injury 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 from the District.” Complications resulting from pregnancy shall be treated the same as any other condition. A severe condition or combination of conditions occurs when: (1) a severely debilitating condition (meaning a condition that will prevent the individual from performing the essential functions of his/her job) or death will result if the condition is not treated promptly or at regularly scheduled intervals (e.g. chemotherapy treatments, radiation treatments, etc.); (2) the condition has been designated as terminal; or (3) the condition fully incapacitates the employee from working for a continuous period of 30 calendar days or more.

ELIGIBILITY

All full-time personnel who are eligible for sick leave are eligible to request days from the Sick Leave Pool. “Full-time employees” are those employees who are classified as full-time by Comanche ISD. Less than full-time personnel are eligible only if they are also eligible for local sick leave benefits. Sick Leave Pool days are available for employees dealing with catastrophic illness or injury or for the care of immediate family members, as defined below, unexpectedly suffering from a catastrophic illness or injury, after all paid leave has been exhausted by the employee. All benefits will run concurrently with Family Medical Leave (FMLA), if applicable.

Full-time employees are eligible to apply for Sick Leave Pool benefits beginning with the first official day of work. Less than full-time employees must have been employed 90 calendar days prior to eligibility to apply for Sick Leave Pool benefits.

For the purposes of the Comanche ISD Sick Leave Pool, “immediate family” is defined as an employee’s spouse, child (including a biological, adopted, or foster child, stepchild, legal ward, or child for whom the employee stands *in loco parentis*), parent, or stepparent.

PROCEDURES FOR APPLYING FOR SICK LEAVE POOL BENEFITS

Should an eligible employee have a catastrophic illness or injury necessitating the need for additional days after all accumulated paid state and local leave days have been used, the employee may submit a request for the establishment of and for days from the Sick Leave Pool.

An eligible employee who requests days from the Sick Leave Pool must submit a written request to the Human Resources Director. The employee must also submit a completed attending physician’s statement, which includes: identification of the nature of illness and/or extent of injury, date of initial onset of the particular condition or episode, anticipated date eligible to return to work on a full or part-time basis, whichever is appropriate, and anticipated days, if any, for follow-up examinations.

Forms for the above purposes have been prepared and are available from the Human Resources Department.

A written request for days from the Sick Leave Pool may be denied if the request does not contain the required information.

If an employee is critically ill and unable to file a request for days from the Sick Leave Pool, the employee's authorized agent, family member, or supervisor may submit the required forms.

If initially approved, the Sick Leave Pool Committee will submit, through the Superintendent or his designee, a District-wide request for donations to the Sick Leave Pool as outlined below. The request for donations will not contain the name or any medical information of the requesting employee.

Employees will not be required to provide more information than allowed under the FMLA regulations, 29 C.F.R. §§ 825.306-825.308, except as may be provided by these Procedures in connection with receipt of benefits from the Sick Leave Pool. If additional information is required, the Sick Leave Pool Committee, through the Human Resources Department, shall provide written notice to the employee that such information is necessary only in connection with receipt of benefits under these Procedures.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of employees or their family members. By requiring an employee to submit a physician's statement, neither the Sick Leave Pool nor the District is seeking genetic information. In order to comply with GINA, employees should not provide any genetic information when responding to the request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.

REGULATIONS CONCERNING DONATION OF DAYS TO THE SICK LEAVE POOL

Donations of days by any District employee to the Sick Leave Pool are strictly voluntary.

The Sick Leave Pool Committee will request donations from District employees only on an as needed basis, after initial approval by the Sick Leave Pool Committee.

To donate to the Sick Leave Pool, any employee eligible to receive sick leave benefits may contribute between one-half day and five days, in half-day increments, from the employee's accrued local sick leave.

The donated days will be subtracted from the donating employee's local sick leave record, become the property of the Sick Leave Pool, and may only be returned to the donating employee as provided in these Procedures.

The names of all donors will remain confidential.

REGULATIONS CONCERNING GRANTING OF SICK LEAVE POOL DAYS

Days from the Sick Leave Pool may be granted only to an eligible employee who has exhausted all accumulated paid state and local leave days.

Days from the Sick Leave Pool will be granted only for a catastrophic illness or injury of the employee or an immediate family member, which necessitates an absence from work for five days or longer.

Sick Leave Pool Days will only be granted for absences from working days and will not be granted for holidays, vacation days, or other such days for which the employee is not paid.

The maximum number of Sick Leave Pool Days that may be granted to an employee during the year (September 1 through August 31) will be 30 days, with a lifetime maximum of 60 days.

If an employee who has received fewer than 30 days from the Sick Leave Pool returns to work and then is ill again with the same or different catastrophic illness or injury, he/she may apply for additional days from the Sick Leave Pool, not to exceed a total of 30 days per year. Each separate illness or injury applied for must meet the criteria of a catastrophic illness or injury.

An employee shall only be reimbursed for the amount actually docked. Reimbursement will be made only in the employee's regular payroll check after the approval of requested days.

Days from the Sick Leave Pool may be used to supplement monies paid to the employee under the Workers' Compensation Act, but shall not exceed the employee's daily salary.

An employee will lose any remaining benefits of the Sick Leave Pool if the employee is terminated before or during the use of days granted to the employee from the Sick Leave Pool.

EXCLUSIONS

Pool days may not be used for elective procedures that could be scheduled at a time more compatible with work responsibilities without detriment to the employee's health.

Absences associated with normal pregnancies and deliveries of a healthy child are not eligible for this benefit. Any absences associated with complicated pregnancies will be eligible for consideration as any other catastrophic illness or injury as defined in DEC (LOCAL).

DECISION MAKING

The Sick Leave Pool will be administered by a committee of District employees (the "Sick Leave Pool Committee"). Meetings will be convened by the Superintendent or his designee as a non-voting member of the Sick Leave Pool Committee. Voting members of the Sick Leave Pool Committee shall be representative of the professional employees from each campus (4), paraprofessional and auxiliary staff (1), plus the school nurse. The Sick Leave Pool Committee shall have the responsibility of reviewing requests, verifying the validity of the requests, and determining eligibility for Sick Leave Pool benefits. The Sick Leave Pool Committee may request a second opinion from an acceptable choice of Health Care Practitioners, at the District's cost. An employee may be requested to appear before the Sick Leave Pool Committee to substantiate the request. All medical information provided shall remain confidential. The Sick Leave Pool Committee must not discuss any request with any person other than other Committee members, the employee, or the Human Resources Director, as necessary to make a determination on the employee's request for leave. The Sick Leave Pool Committee will maintain strict confidentiality of all medical information received through a request.

The Superintendent or his designee shall receive the requests and communicate the outcome of the Sick Leave Pool Committee's consideration to the employee.

Leave may be granted in increments of 5 day lots (consecutive or non-consecutive), not to exceed 30 days per contract year. The lifetime benefit shall not exceed 60 days. The Sick Leave Pool Committee will

determine the number of days approved, based on the information in the physician's statement and the number of days donated to the Sick Leave Pool. The Sick Leave Pool Committee reserves the right to approve, disapprove, or modify the days requested. Days shall be granted for absences from scheduled work days and will not be granted for holidays, vacation days, or other days for which the employee is not normally paid. Accrual of sick leave benefits ceases while receiving sick leave pool benefits.

PROCEDURES FOR OTHER ISSUES THAT MAY ARISE

Any questions concerning regulations, donations, or application for Sick Leave Pool days that may arise after adoption of this plan and not specifically covered herein, must be submitted to the Sick Leave Pool Committee who will make a recommendation to the Superintendent for a final decision.

TERMINATION OF THE SICK LEAVE POOL

In the event that the Sick Leave Pool is terminated or dissolved for any reason while days remain in the Sick Leave Pool, any remaining days will be returned to the employees who donated days on a pro rata basis. The amount returned to the donating employees will be rounded to the nearest one-quarter day and will be credited to their personal local sick leave accumulation.

AMENDMENTS

These guidelines may be amended upon recommendation of the Sick Leave Pool Committee followed by approval of the Superintendent of Comanche ISD.

COMPENSATION AND BENEFITS
LEAVES AND ABSENCES

DEC
(LOCAL)

DEFINITIONS

The term "immediate family" is defined as:

FAMILY

1. Spouse.
2. Son or daughter, including a biological, adopted, or foster child, a son- or daughter-in-law, a stepchild, a legal ward, or a child for whom the employee stands *in loco parentis*.
3. Parent, stepparent, parent-in-law, or other individual who stands *in loco parentis* to the employee.
4. Sibling, stepsibling, and sibling-in-law.
5. Grandparent and grandchild.
6. Any person residing in the employee's household at the time of illness or death.

For purposes of the Family and Medical Leave Act (FMLA), the definitions of spouse, parent, son or daughter, and next of kin are found in DECA(LEGAL).

FAMILY
EMERGENCY

The term "family emergency" shall be limited to disasters and life-threatening situations involving the employee or a member of the employee's immediate family.

LEAVE DAY

A "leave day" for purposes of earning, use, or recording of leave shall mean the number of hours per day equivalent to the employee's usual assignment, whether full-time or part-time.

CATASTROPHIC
ILLNESS OR INJURY

A catastrophic illness or injury 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 from the District. Complications resulting from pregnancy shall be treated the same as any other condition.

AVAILABILITY

The District shall make state personal leave and local leave for the current year available for use at the beginning of the school year.

EARNING LOCAL
LEAVE

An employee shall not earn any local leave when he or she is in unpaid status. An employee using full or proportionate paid leave shall be considered to be in paid status.

DEDUCTIONS

LEAVE WITHOUT
PAY

The District shall not approve paid leave for more leave days than have been accumulated in prior years plus leave currently available. Any unapproved absences or absences beyond accumulated and available paid leave shall result in deductions from the employee's pay.

COMPENSATION AND BENEFITS
LEAVES AND ABSENCES

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(LOCAL)

LEAVE PRORATION EMPLOYED FOR LESS THAN FULL YEAR	<p>If an employee separates from employment with the District before his or her last duty day of the year, or begins employment after the first duty day, state personal leave and local leave shall be prorated based on the actual time employed.</p> <p>If an employee separates from employment before the last duty day of the school year, the employee's final paycheck shall be reduced for:</p> <ol style="list-style-type: none">1. State personal leave the employee used beyond his or her pro rata entitlement for the school year; and2. Local leave the employee used but had not earned as of the date of separation.
EMPLOYED FOR FULL YEAR	<p>If an employee uses more local leave than he or she earned and remains employed with the District through his or her last duty day, the District shall deduct the cost of the excess leave days from the employee's pay in accordance with administrative regulations.</p>
RECORDING	<p>Leave shall be recorded as follows:</p> <ol style="list-style-type: none">1. Leave shall be recorded in half-day increments for all employees.2. If the employee is taking intermittent FMLA leave, leave shall be recorded in one-hour increments.
ORDER OF USE	<p>Earned compensatory time shall be used before any available paid state and local leave. [See DEA]</p> <p>Unless an employee requests a different order, available paid state and local leave shall be used in the following order, as applicable:</p> <ol style="list-style-type: none">1. Local leave.2. State sick leave accumulated before the 1995–96 school year.3. State personal leave. <p>Use of extended sick leave or sick leave pool days shall be permitted only after all available state and local leave has been exhausted.</p>
CONCURRENT USE OF LEAVE	<p>When an absent employee is eligible for FMLA leave, the District shall designate the absence as FMLA leave.</p> <p>The District shall require the employee to use temporary disability leave and paid leave, including compensatory time, concurrently with FMLA leave.</p> <p>An employee receiving workers' compensation income benefits may be eligible for paid or unpaid leave. An absence due to a</p>

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MEDICAL
CERTIFICATION

work-related injury or illness shall be designated as FMLA leave, temporary disability leave, and/or assault leave, as applicable.

An employee shall submit medical certification of the need for leave if:

1. The employee is absent more than three consecutive work-days because of personal illness or illness in the immediate family;
2. The District requires medical certification due to a questionable pattern of absences or when deemed necessary by the supervisor or Superintendent;
3. The employee requests FMLA leave for the employee's serious health condition or that of a spouse, parent, or child; or
4. The employee requests FMLA leave for military caregiver purposes.

In each case, medical certification shall be made by a health-care provider as defined by the FMLA. [See DECA(LEGAL)]

Note: For District contribution to employee insurance during leave, see CRD(LOCAL).

STATE PERSONAL
LEAVE

The Board requires employees to differentiate the manner in which state personal leave is used:

NON-
DISCRETIONARY
USE

1. Non-discretionary use of leave shall be for the same reasons and in the same manner as state sick leave accumulated before May 30, 1995. [See DEC(LEGAL)]

Non-discretionary use includes leave related to the birth or placement of a child and taken within the first year after the child's birth, adoption, or foster placement.

DISCRETIONARY
USE

2. Discretionary use of leave is at the individual employee's discretion, subject to limitations set out below.

LIMITATIONS
REQUEST FOR
LEAVE

The employee shall submit a written request for discretionary use of state personal leave to the immediate supervisor or designee in advance in accordance with administrative regulations. In deciding whether to approve or deny state personal leave, the supervisor or designee shall not seek or consider the reasons for which an employee requests to use leave. The supervisor or designee shall, however, consider the effect of the employee's absence on the educational program or District operations, as well as the availability of substitutes.

COMPENSATION AND BENEFITS
LEAVES AND ABSENCES

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(LOCAL)

DURATION OF LEAVE	Discretionary use of state personal leave shall not exceed five consecutive workdays.
LOCAL LEAVE	<p>All employees shall earn three paid local leave days per school year in accordance with administrative regulations.</p> <p>Local leave shall be noncumulative.</p> <p>Local leave shall be used according to the terms and conditions of state personal leave. [See STATE PERSONAL LEAVE, above]</p>
EXTENDED SICK LEAVE	<p>After all available state and local leave days have been exhausted, a full-time employee shall be granted in a school year a maximum of 30 leave days of extended sick leave to be used for the employee's catastrophic illness or injury, including pregnancy-related illness or injury, or for absences related to the catastrophic illness or injury of a member of the employee's immediate family.</p> <p>A written request for extended sick leave must be accompanied by medical certification of the illness or injury.</p> <p>For professional employees, the average daily rate of pay of a substitute shall be deducted for each day of extended sick leave taken, whether or not a substitute is employed. For employees other than professionals, an amount equal to one-third the individual employee's daily rate of pay shall be deducted for each day of extended sick leave taken.</p>
SICK LEAVE POOL	<p>An employee who has exhausted all paid leave and who suffers from a catastrophic illness or injury may request the establishment of a sick leave pool, to which District employees may donate local leave or state personal leave for use by the eligible employee.</p> <p>If the employee is unable to submit the request, a member of the employee's family or the employee's supervisor may submit the request to establish a sick leave pool.</p> <p>The pool shall cease to exist when the employee no longer needs leave for the purpose requested, uses the maximum number of days allowed under a pool, or exhausts all leave days donated to the sick leave pool.</p> <p>The Superintendent or designee shall develop regulations for the implementation of the sick leave pool that address the following:</p> <ol style="list-style-type: none"><li data-bbox="561 1692 1419 1724">1. Procedures to request the establishment of a sick leave pool;<li data-bbox="561 1751 1419 1814">2. The maximum number of days an employee may donate to a sick leave pool;<li data-bbox="561 1841 1370 1902">3. The maximum number of days per school year an eligible employee may receive from a sick leave pool; and

COMPENSATION AND BENEFITS
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(LOCAL)

4. The return of unused days to donors.

APPEAL	All decisions regarding the establishment or implementation of the District's sick leave pool may be appealed in accordance with DGBA(LOCAL), beginning with the Superintendent or designee.
FAMILY AND MEDICAL LEAVE	For purposes of an employee's entitlement to FMLA leave, the 12-month period shall begin on the first duty day of the school year.
TWELVE-MONTH PERIOD COMBINED LEAVE FOR SPOUSES	If both spouses are employed by the District, the District shall not limit FMLA leave for the birth, adoption, or placement of a child, or to care for a parent with a serious health condition, to a combined total of 12 weeks, nor shall the District limit military caregiver leave to a combined total of 26 weeks. [See DECA(LEGAL)]
INTERMITTENT OR REDUCED SCHEDULE LEAVE	The District shall permit use of intermittent or reduced schedule FMLA leave for the care of a newborn child or for the adoption or placement of a child with the employee. [See DECA(LEGAL) for use of intermittent or reduced schedule leave due to a medical necessity.]
CERTIFICATION OF LEAVE	If an employee requests leave, the employee shall provide certification, as required by FMLA regulations, of the need for leave. [See DECA(LEGAL)]
FITNESS-FOR-DUTY CERTIFICATION	If an employee takes FMLA leave due to the employee's own serious health condition, the employee shall provide, before resuming work, a fitness-for-duty certification. If the District will require certification of the employee's ability to perform essential job functions, the District shall provide a list of essential job functions to the employee with the FMLA designation notice.
END OF SEMESTER LEAVE	If a teacher takes leave near the end of the semester, the District may require the teacher to continue leave until the end of the semester. [See DECA(LEGAL), LEAVE AT THE END OF A SEMESTER]
FAILURE TO RETURN	If, at the expiration of FMLA leave, the employee is able to return to work but chooses not to do so, the District may require reimbursement of premiums paid by the District during the leave. [See DECA(LEGAL), RECOVERY OF BENEFIT COST]
TEMPORARY DISABILITY LEAVE	Any full-time employee whose position requires educator certification by the State Board for Educator Certification or by the District shall be eligible for temporary disability leave. The maximum length of temporary disability leave shall be 180 calendar days. [See DBB(LOCAL) for temporary disability leave placement and DEC(LEGAL) for return to active duty.]

COMPENSATION AND BENEFITS
LEAVES AND ABSENCES

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(LOCAL)

An employee's notification of need for extended absence due to the employee's own medical condition shall be forwarded to the Superintendent or designee as a request for temporary disability leave.

WORKERS'
COMPENSATION

Note: Workers' compensation is not a form of leave. The workers' compensation law does not require the continuation of the District's contribution to health insurance. [See CRD(LOCAL) regarding payment of insurance contribution during employee absences.]

An absence due to a work-related injury or illness shall be designated as FMLA leave, temporary disability leave, and/or assault leave, as applicable.

An employee eligible for workers' compensation income benefits, and not on assault leave, may elect in writing to use paid leave.

COURT
APPEARANCES

Absences due to compliance with a valid subpoena or for jury duty shall be fully compensated by the District and shall not be deducted from the employee's pay or leave balance.

COMANCHE INDEPENDENT SCHOOL DISTRICT

TO THE ATTENDING PHYSICIAN:

Patient: _____

Employee ID#: _____

Your patient is requesting sick leave benefits from the Comanche Independent School District, which may afford the patient payment for a specific number of days lost from work.

Prior to approving any payment for days lost, a physician's statement is required concerning the patient's illness.

Please complete the attached form and return it to:

COMANCHE ISD
ATTN: HUMAN RESOURCES DIRECTOR
1414 N. AUSTIN
COMANCHE, TX 76442

This form may be given to the patient or mailed directly to Comanche ISD. If you have any questions concerning this request, please feel free to call me at 325-356-2727.

Respectfully,

Kathy Herring
Director of Finance
Comanche ISD

I, _____, authorize Dr. _____, to release information regarding results of the medical examination to Comanche Independent School District ("CISD") and I allow CISD's Sick Leave Pool Committee to discuss my medical condition and review my medical records, if required.

Signature

Printed Name

Date

**COMANCHE INDEPENDENT SCHOOL DISTRICT
CATASTROPHIC SICK LEAVE POOL
ATTENDING PHYSICIAN'S STATEMENT**

Patient's Name: _____ Relation to Employee: _____

Employee ID# _____ Campus/Dept.: _____

Description of Sickness or Injury: _____

Nature of sickness or injury: Under the Comanche ISD Sick Leave Pool Procedures as attached, is patient's condition a catastrophic illness or injury? [] Yes [] No See attached form.

Date of Diagnosis: _____

Dates of Treatment: _____

If hospitalized please complete the following information:

Date admitted: _____ Date discharged: _____

Name of hospital: _____

Address of hospital: _____

To your knowledge, what was the earliest day the patient was treated for this condition? _____

Is the patient still under your care? Yes _____ No _____

How long was or will the patient be unable to work? _____

Date patient can return to work: _____

I certify that the information provide on this Statement is true and correct.

Physician's Signature

Date

**COMANCHE INDEPENDENT SCHOOL DISTRICT
CATASTROPHIC SICK LEAVE POOL
REQUEST FOR DAYS**

Name: _____ Date: _____

Position/Assignment: _____ School/Department _____

Employed by Comanche ISD since _____ (date)

Days absent current school year _____

Reason For Requesting Sick Leave Pool Days:

I have used all of my available state and local sick leave days for this school year.

Number of days requested from the Pool: _____

Pool sick leave days should begin: _____/_____/_____ and end: _____/_____/_____
Month Day Year Month Day Year

Do you anticipate any additional days to be needed for follow-up examinations or treatment?

Yes _____ No _____ If yes, please explain: _____

The above requested days are needed for the reason of personal illness or injury as described:

Date of catastrophic illness/injury: _____ Date physician consulted: _____

Name, address and phone number of treating physician:

A statement from my physician is attached: Yes _____ No _____

Did the condition require hospitalization? Yes _____ No _____

Name of hospital: _____

Dates of hospitalization: Beginning: _____/_____/_____ and Ending: _____/_____/_____
Month Day Year Month Day Year

I certify that the information provided in this request is true and correct.

Signature

Date

FOR SCHOOL USE ONLY

Date Received: _____

Date Leave Request Granted: _____ **OR** Denied: _____

Date Employee Notified: _____

**COMANCHE INDEPENDENT SCHOOL DISTRICT
CATASTROPHIC SICK LEAVE POOL
AUTHORIZATION FOR USAGE**

Applicant: _____ Employee ID No: _____

Sick Leave History

Days brought forward _____

Days earned this year _____

Days used this year _____

Number of days requested from Pool _____

Committee Action

Granted _____ Denied _____

Number of days approved _____

Chairperson _____ Date _____

Vice-Chairperson or Secretary _____

cc: Applicant Personnel File
Business Office
Committee File
Applicant

**COMANCHE INDEPENDENT SCHOOL DISTRICT
CATASTROPHIC SICK LEAVE POOL
EMPLOYEE DONATION AUTHORIZATION FORM**

Name: _____ Date: _____

Position/Assignment: _____ School/Department _____

Employed by Comanche ISD since _____ (date)

Number of Local Leave Days Accumulated _____

Number of Days I Wish to Donate _____ (no less than ½ day, no more than 5 days)

I have read and understand the Comanche ISD Sick Leave Pool Procedures. I further understand and agree as follows:

1. My donation to the Comanche ISD Sick Leave Pool is strictly voluntary, and I have not been coerced or otherwise pressured by any District employee or administrator to make this donation. My donation is not a condition of my employment with Comanche ISD.
2. I am eligible to receive local sick leave benefits from Comanche ISD, and have accumulated no less than the number of local sick leave days I request to donate to the Sick Leave Pool.
3. My donated days will be subtracted from my local sick leave record.
4. My donated days become the property of the Comanche ISD Sick Leave Pool, and may only be returned to me as provided in the Sick Leave Pool Procedures.
5. In the event days are eligible to be returned to me, I understand that may only receive a pro rata share of those days remaining, and in no event will the number of days returned be in excess of what I donated.
6. I have not been provided any personal or medical information regarding the Comanche ISD employee requesting leave from the Sick Leave Pool.

I certify that the information provided in this request is true and correct.

Signature

Date

FOR SCHOOL USE ONLY

Date Received: _____

Date Donation Request Granted: _____ **OR** Denied: _____

Date Employee Notified: _____