



## EMPLOYEE RELATIONS SERVICES

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

### **SICK LEAVE DONATION PROGRAM (Refer to Appendix F 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?**

<b>STEP</b>	<b>Person Involved</b>	<b>Action Required</b>
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 to the appropriate Assistant/Deputy Superintendent or Chief Financial Officer the Request, indicating approval or denial, 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</i> form ( <i>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 call the Director of Payroll. They will be happy to provide answers and clarification.

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Attachments



**EMPLOYEE RELATIONS SERVICES**

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

**APPROVAL 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



**Payroll Branch**

Telephone No. (562) 997-8359 \* 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 send forms directly to payroll



**Payroll Branch**

Telephone No. (562) 997-8359 \* Fax No. (562) 997-8625

**Donation of Sick Leave Hours**

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.

Name \_\_\_\_\_ Site \_\_\_\_\_

Employee No. \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Receiving Employee \_\_\_\_\_  
Site \_\_\_\_\_

Mail to Payroll Office

FOR PAYROLL USE ONLY

	hours deducted from employee	Date		Initials	
	hours credited to employee	Date		Initials	



**Confirmation to donating employee**

Name \_\_\_\_\_ Site \_\_\_\_\_  
\_\_\_\_\_ hours of sick leave has been credited to \_\_\_\_\_  
Payroll Department (initials) \_\_\_\_\_ Date \_\_\_\_\_



**Confirmation to receiving employee**

Name \_\_\_\_\_ Site \_\_\_\_\_  
\_\_\_\_\_ hours of sick leave has been credited to your balance from your fellow employee.  
Payroll Department (initials) \_\_\_\_\_ Date \_\_\_\_\_