



Bullitt County Public Schools

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TO: Dr. Jesse Bacon, Superintendent *JAB*
Mrs. Adrienne Usher, Assistant Superintendent
Ms. Becky Sexton, Assistant Superintendent

FROM: Althea Hurt, Director of Human Resources *AH*

DATE: July 13, 2021

RE: Item for the July Board Meeting - Procedure Change - Sick Leave

Presented for the Board's review are updates to procedures 03.2232.AP1 (Sick Leave Donations Classified), 03.1232AP1 (Sick Leave Donations Certified), and 03.1232AP22 (Request To Receive Donated Sick Leave). The verbiage, "*Exhaustion of earned emergency leave days shall not be required if the event or occurrence generating the basis for the employee's request for donated days does not satisfy Policies 03.1236 & 03.2236*" has been added. The changes have been reviewed by Board Counsel, Buckman, Farris, and Mills. The changes, made in red font, are necessary to make sure the procedures are clear, concise, and consistent with the current Sick Leave Bank policy.

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- CERTIFIED PERSONNEL -**Sick Leave Donations**

Certified employees shall meet all of the following conditions in order to be eligible to receive donated days:

1. The receiving employee suffers from a catastrophic loss to his/her personal or real property, due to either a natural disaster or fire, that either has caused or will likely cause the employee to be absent for at least ten (10) consecutive working days; and/or
2. The employee or a member of his/her immediate family suffers from a medically certified illness, injury, impairment, or physical or mental condition that has caused or is likely to cause the employee to be absent for at least ten (10) days.
3. As appropriate, the need for the absence and use of leave is certified by a licensed physician or verified with documentation from a qualifying event.
4. The employee has exhausted his/her accumulated sick leave, personal leave, and any other leave granted by the Board. **Exhaustion of earned emergency leave days shall not be required, if the event or occurrence generating the basis for the employee's request for Donated Days does not satisfy Policies 03.1236 & 03.2236.**
5. The employee has complied with the District's policies governing the use of sick leave.
6. The employee must submit, in writing, permission to release details to potential donors regarding the need for leave and thus waive confidentiality rights by sharing the need for leave.

SICK LEAVE DONATION PROCEDURES

An employee needing donated sick leave shall submit a request in writing to the Director for Human Resources Services. Appropriate qualifying event and/or medical documentation must accompany the request.

The Human Resources Department shall, upon receiving the request and medical documentation, communicate the employee's status and need to other District employees.

Employees volunteering to donate leave in this program shall submit approval in writing to the Human Resources Department. The approval must specify the specific number of days to be donated not to exceed thirty (30) work days. Leave may be donated only to a specific eligible employee.

Sick leave shall not be donated or used in an amount less than one (1) day.

Employees who are recipients of donated days may not use donated days on an intermittent basis for the sole purpose of extending benefits. A recipient may use donated days on medical documentation that she/he will require periodic medical treatment relating to the original condition for which leave was donated.

LENGTH FOR DONATIONS

The request for donated days, once the Human Resource Department has communicated the employees' status and need to other District employees, shall remain in effect for ten (10) working days.

Review/Revised:5/15/12

- CLASSIFIED PERSONNEL -**Sick Leave Donations**

Classified employees shall meet all of the following conditions in order to be eligible to receive donated days:

1. The receiving employee suffers from a catastrophic loss to his/her personal or real property, due to either a natural disaster or fire, that either has caused or will likely cause the employee to be absent for at least ten (10) consecutive working days; and/or
2. The employee or a member of his/her immediate family suffers from a medically Classified illness, injury, impairment, or physical or mental condition that has caused or is likely to cause the employee to be absent for at least ten (10) days.
3. As appropriate, the need for the absence and use of leave is Classified by a licensed physician or verified with documentation from a qualifying event.
4. The employee has exhausted his/her accumulated sick leave, personal leave, and any other leave granted by the Board. **Exhaustion of earned emergency leave days shall not be required, if the event or occurrence generating the basis for the employee's request for Donated Days does not satisfy Policies 03.1236 & 03.2236.**
5. The employee has complied with the District's policies governing the use of sick leave.
6. The employee must submit, in writing, permission to release details to potential donors regarding the need for leave and thus waive confidentiality rights by sharing the need for leave.

SICK LEAVE DONATION PROCEDURES

An employee needing donated sick leave shall submit a request in writing to the Director for Human Resources Services. Appropriate qualifying event and/or medical documentation must accompany the request.

The Human Resources Department shall, upon receiving the request and medical documentation, communicate the employee's status and need to other District employees.

Employees volunteering to donate leave in this program shall submit approval in writing to the Human Resources Department. The approval must specify the specific number of days to be donated not to exceed thirty (30) work days. Leave may be donated only to a specific eligible employee.

Sick leave shall not be donated or used in an amount less than one (1) day.

Employees who are recipients of donated days may not use donated days on an intermittent basis for the sole purpose of extending benefits. A recipient may use donated days on medical documentation that she/he will require periodic medical treatment relating to the original condition for which leave was donated.

LENGTH FOR DONATIONS

The request for donated days, once the Human Resource Department has communicated the employees' status and need to other District employees, shall remain in effect for ten (10) working days.

Review/Revised:5/15/12

Request to Receive Donated Sick Leave

AN EMPLOYEE REQUESTING TO RECEIVE DONATED SICK LEAVE MUST MEET ALL OF THE ELIGIBILITY CRITERIA LISTED BELOW AND MUST FILE THIS FORM WITH THE SUPERINTENDENT/DESIGNEE. EMPLOYEES SHALL BE INELIGIBLE TO MAKE DONATION REQUESTS FOR PURPOSES OF MATERNITY EXCEPT IN CASES INVOLVING COMPLICATIONS.

Name of Receiving Employee _____

School/Work Site _____

Employee Identification Number _____

Number of Days Requested _____ Anticipated Date to Return to Work _____

ELIGIBILITY CRITERIA TO BE VERIFIED BY SUPERINTENDENT/DESIGNEE

- The receiving employee suffers from a catastrophic loss to his/her personal or real property, due to either a natural disaster or fire, that either has caused or will likely cause the employee to be absent for at least ten (10) consecutive working days; and/or
- The employee or a member of his/her immediate family suffers from a medically certified illness, injury, impairment, or physical or mental condition that has caused or is likely to cause the employee to be absent for at least ten (10) days.
- The employee has completed and returned the "Request to Receive Donated Sick Leave" form and the physician's documentation of certified illness is attached certifying the need for the absence and use of leave.
- The employee has exhausted his/her accumulated sick leave, personal leave, **emergency leave**, and any other paid leave granted by the Board. **Exhaustion of earned emergency leave days shall not be required, if the event or occurrence generating the basis for the employee's request for Donated Sick Leave does not satisfy Board Policies 03.1236 or 03.2236.**
- The employee has complied with the District's policies governing the use of sick leave.

I hereby give my permission to the Superintendent/designee to notify District employees of my need for the use of donated sick leave days, including a general description of the reason for the need, e.g. sick leave (personal), sick leave (family), sick leave (other), sick leave (bereavement).

Employee's Signature *Date*

I certify that the above-mentioned criteria have been met by this employee and that his/her name and a general description of the reason for need will be given to supervising administrators for circulation to District employees.

Superintendent/designee's Signature *Date*

TO BE COMPLETED BY SUPERINTENDENT/DESIGNEE

Leave shall be granted as follows:

- Entire/successive days Partial/successive days
- Intermittent leave Entire days, intermittent leave

Partial days, intermittent leave

Other (explain) _____
Review/Revised:4/28/14

Sick Leave Donation Program Request Form

To request participation in the Sick Leave Donation Program, use Procedure 03.1232 AP.22.

Review/Revised:5/15/12