

The School Board of Nassau County, Florida

REQUEST TO SHARE SICK LEAVE

Administrative Rule 3.33 (VI) Sick Leave • Florida Statute: 1012.61 (2)(e)

Effective 7/1/02 an employee of the District may authorize his/her spouse, child, parent, or sibling, who is also an employee of the District to use sick leave that has accrued to the authorizing employee, in conformance with Nassau County District School Board Administrative Rule 3.33 (VI).

Sick leave transfer between employees is provided for the purpose of extending paid sick leave time in the event of a personal illness or the illness of an immediate family member.

Directions: The application should be completed by the donating employee and the receiving employee prior (if possible) to the effective payroll when all types of the receiving employee's leave is depleted. The receiving employee must have the back of the form completed by a physician. **Once the form has been completed it should then be submitted to the Personnel Department for processing.**

Section I. Donating Employee

I certify that I am the *spouse child parent sibling* (circle one) of the employee listed in **Section II**. I, hereby, give permission to transfer _____ days to his/her sick leave balance to be used for sick leave purposes. I further understand that any leave not used for this specified illness/incident, will be returned to my sick leave balance.

Print Name of Donating Employee

Employee Id

Signature of Donating Employee

Date

Section II. Receiving Employee

I certify that the above employee is my *spouse child parent sibling* (circle one).

I further understand that I am entitled to use the donated sick leave specified in **Section I** after all of my own leave has been depleted. I also understand that any leave not used for this illness/incident will be given back to the employee designated as the donating employee in **Section I**, subject to the provision of Board policy.

Print Name of Receiving Employee

Employee Id

Signature of Receiving Employee

Date

Approved

Director of Personnel Services

Date

Payroll Period

days trans

Signature

Finance Department

Date

Nassau County School District Equity Statement

The Nassau County School District does not discriminate on the basis of race, color, national origin, gender, age, disability or marital status in its educational programs, services or activities, or in its hiring or employment practices. The district also provides equal access to its facilities to the Boy Scouts and other patriotic youth groups, as required by the Boys Scout of America Equal Access Act. Questions, complaints, or requests for additional information regarding discrimination or harassment may be sent to:

Equity Coordinator - Nassau County School District - 1201 Atlantic Ave., Fernandina Beach, FL 32034 Phone (904)491-9888 Fax (904)277-9044

TO BE COMPLETED BY PHYSICIAN

1. _____ PATIENT'S NAME _____ RELATIONSHIP _____

2. DIAGNOSIS: _____

3. DATE CONDITION COMMENCED: _____ PROBABLE DURATION: _____

5. Regimen of treatment to be prescribed (Indicate number of visits, general nature and duration of treatment, including referral to other provider of health services. Include schedule of visits or treatment if it is necessary for the employee to be off work on an intermittent basis or to work less than the employee's normal schedule of hours per day or days per week):

a.) By Physician: _____

b.) By another provider of Health Services, if referred by Physician: _____

IF THIS CERTIFICATION RELATES TO THE EMPLOYEE, PLEASE DETAIL ITEMS 6 – 8:

Yes No

6. () () Is inpatient hospitalization of the employee required?

7. () () Is employee able to perform work of any kind? (If no, skip 8)

8. () () Is employee able to perform the functions of the employee's position? (Answer after reviewing statement from employer describing the essential functions of the employee's position or, if none provided, after discussing with the employee.)

IF THIS CERTIFICATION RELATES TO THE CARE OF THE EMPLOYEE'S SERIOUSLY ILL FAMILY MEMBER, PLEASE DETAIL ITEMS 9 – 12:

Yes No

9. () () Is inpatient hospitalization of the family member (patient) required?

10. () () Does (or will) the patient require assistance for basic medical, hygiene, nutritional needs, safety or transportation?

11. () () After review of the employee's signed statement (Section One), is the employee's presence necessary or would it be beneficial to the care of the patient? (This may include psychological comfort.)

12. Estimate the period of time that care is needed or the employee's presence would be beneficial:

Typed Name of Physician

Signature of Physician

Date

Type of Practice (Field of Specialization, if any)

**ADMINISTRATIVE RULE
CHAPTER 3: PERSONNEL**

SECTION 3.33 SICK LEAVE

- VI. Sharing of Sick Leave: effective 7/01/02, in accordance with section 1012.61(2)(e) an employee of the District may authorize an appropriate family member who is also an employee of the District to use sick leave that has accrued to the authorizing employee subject to the following guidelines and stipulations:
- A. Sick leave transfer between employees is provided for the purpose of extending paid sick leave time in the event of a personal illness or the illness of an immediate family member. A completed "Certificate of Physician or Practitioner" form shall accompany any sick leave transfer request to document that such a qualifying illness has occurred.
 - B. Transferred sick leave will be available for use upon approval of a properly completed request for transfer of leave and depletion of all of the receiving employee's leave including annual leave, if applicable.
 - C. If the receiving employee is a member of a sick leave bank, he/she must use donated sick leave days before drawing days from the bank.
 - D. Requests for transferring of leave may be submitted only for the current payroll cycle applicable to the receiving employee. Credit of transferred sick leave will be processed upon receipt in the Payroll Office of all required forms in complete and proper format. Request shall not be processed retroactively.
 - E. Only days used in any given pay period will be transferred.
 - F. The number of sick leave days donated to an employee within a single fiscal year shall be limited to the number of days remaining in the receiving employee's standard working calendar. The same employee may receive additional donated days in subsequent fiscal years by filing additional leave-transfer request.
 - G. Leave donated but not used will revert back to the donating employee. However, the Board shall not be responsible to make retroactive adjustments to retired employees who, prior to retirement, donated sick leave days that could have been used for terminal pay purposes.
 - H. "Upfront" days are defined as sick leave days credited to employees before they are earned, as required in F.S. 1012.61(2)(e). Such days may not be eligible for transfer until the employee has worked the required duration to earn the days.
 - I. Sick leave days transferred from one family member to another under this policy may not be used for personal leave.
 - J. Transferred sick leave days may not be held or used for terminal leave purposes.
 - K. Sick leave transferred from one family member to another will result in payment of wages/salary applicable to the recipient of the leave, and the District will not be responsible for differences in the value of sick leave transferred under this policy.
- VII. When an employee of the Nassau School District interrupts service and subsequently returns to duty in the district without having transferred his or her sick leave credit to another Florida school district, such accrued sick leave credit shall become valid on the first (1st) day of contractual service.
- VIII. When an employee retires and receives terminal pay benefits based on unused sick leave, all unused sick leave credit shall become immediately invalid.
- IX. An employee may transfer sick leave earned in a similar capacity with another Florida school district to Nassau County. However, no transferred leave shall be credited to an employee's account at a rate, or in an amount exceeding that earned while an employee of the Nassau County School Board. The employee is responsible for the request for transfer of sick leave.

Authority: 1001.41(2), 1001.42, F.S.

Law Implemented: 1012.61, F.S.

History--New 6/28/90 Amended 8/08/02, 11/14/02, 8/01/10