# The School Board of Nassau County, Florida

## REQUEST FOR DONATION OF SICK LEAVE

Florida Statute: 1012.61 (2)(e)(2) • NTA Contract: XIV Leaves (A)(1)(g)

Effective in the 2013-2014 school year, a teacher (recipient) of the District may receive donated sick leave from another teacher (donor) for his/her own personal serious illness or injury. The recipient must have depleted his/her own sick leave prior to using any donated sick leave. The minimum number of days needed, verified by the medical physician, shall be five (5) days. Donated days shall not have terminal pay value. The identity of the donor(s) may not be made public.

Donation of sick leave is for the employee's own personal illness or injury.

Directions: Employees requesting donation(s) of sick leave must complete Section I and III. Section IV needs to be completed by the physician treating the serious illness or injury. The entire Request for Donation of Sick Leave packet is to be submitted directly to the Personnel Department. Employees requesting donation(s) of sick leave acknowledge that the information disclosed in Section III may be shared with the Principal/Director at his/her respective work location in an effort to generate donation(s) of sick leave.

# SUBMIT THIS COMPLETED PACKET DIRECTLY TO THE PERSONNEL DEPARTMENT

SECTION I: TO BE COMPLETED BY THE EMPLOYEE  I have/will soon exhaust my sick leave and I am requesting a donation of sick leave from Nassau County School District employees who are eligible to donate sick leave time in accordance with the NTA Contract.						
Print Name			Employee Id			
Signature			Date			
SECTION II: OFFICE USE ONLY						
Approved:	L GOL ONLI					
Approved:	Personnel Services	s		Date		
	Business Services			Date		
Routed to Principal/Director:						
		By Name		Date		
Routed to Business Services:						
		By Name		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

### **SECTION III: EMPLOYEE STATEMENT**

Please detail the nature of the illness or injury.					
I acknowledge that the information contained within thi employees of the Nassau County School District by m donation(s) of sick leave.	s Employee Statement may be shared with ny Principal/Director in an effort to generate				
Printed Name	Employee Id				
Signature	Date				

### **SECTION IV: TO BE COMPLETED BY PHYSICIAN**

1.)				_			
	Pati	ent's N	ame				
2.)	Diag	iagnosis:					
3.)	Date	Date Condition Commenced:					
	Prol	Probable Duration:					
4.)	inclu nec	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:					
	h \	D. D. Continue Charles On the Work of the H. District					
	b.)	) By another provider of Health Services, if referred by Physician:					
PLE	ASE Yes		ER ITEMS 5-8 AS IT RELATES TO TH	E EMPLOYEE:			
5.)	( )	( )	Is inpatient hospitalization of the employee required?				
6.)	( )	( )	( ) Is employee able to perform work of any kind?				
7.)	( )	( )	( ) Will the employee require a minimum of five (5) days out of work (excluding weekends)?				
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.)					
Typed Name of Physician		Physician	Signature of Physician				
Date	)			Type of Practice (Field of Specialization, if any)			

#### NTA Contract ARTICLE XIV LEAVES

#### Sick Leave Α

- 1. Sick leave for the personal illness or disability of a teacher or for the illness or death of his/her father, mother, brother, sister, husband, wife, child, and other close relatives or member of the family living in the household, shall be credited annually to members covered under this agreement on the following basis:
  - a. Four (4) days of sick leave to be credited on the first day of employment each year.
  - b. Thereafter, one (1) day of sick leave for each month of employment to be credited to the employee at the end of the month. Such day is not to be used prior to the time it is earned and credited to the employee.
  - C. No more than one (1) day of sick leave times the number of months of employment can be earned in any one year.
  - Such days shall be cumulative from year to year without limit and the sick leave balance of each d. teacher shall be printed on his/her paycheck.
  - Earned sick leave days from other school systems in Florida may be transferred to the Nassau e. County System. The teacher must inform the Nassau County System of such days and request their transfer to the Nassau County System. Such leave shall be verified from the county where it was earned. Days transferred are not retroactive. The transfer to Nassau shall be at a rate of one day transferred in for one day earned in Nassau.
  - f. In accordance with Nassau County School Board policies, a teacher may authorize his or her spouse, child, parent, or sibling who is also an employee of the Nassau County School Board to use sick leave that has accrued to the authorizing teacher, provided that the recipient may not use the donated sick leave until all of his or her sick leave has been depleted, excluding sick leave from a sick leave pool, if the recipient participates in a sick leave pool. Donated sick leave under this paragraph shall have no terminal pay value as provided in section H (Terminal Sick Leave Pay)
  - A teacher (donor) may donate up to fifty percent (50%) of his/her accumulated sick leave, not to g. exceed twenty-five (25) days, to another teacher (recipient) who has been approved by the district payroll office to accept such donated leave with the following conditions:
    - (1) The donor must retain at least eight (8) sick leave days after authorized days have been donated:
    - (2) The identity of the donor may not be made public except as required for audit purposes and to the extent required by law.
    - Sick leave deducted from each donor's sick leave balance shall be in proportion to the (3) need approved.
    - (4) Unused donated sick leave shall be returned to the donor(s) in proportion to that donated by all donors.
    - (5) The recipient must file a request for donated leave with Payroll that is accompanied by a statement signed by the recipient establishing the need for donated leave for his / her own personal serious illness or injury with a statement signed by a medical physician treating the illness or injury substantiating the seriousness of the illness or injury and the need for the days requested.
    - The minimum number of days requested by the recipient and verified by the medical (6) physician as needed shall be five (5) days.
    - (6)The recipient may not use any donated days until his / her leave balance has been depleted excluding days donated to the sick leave bank.
    - (7) The donated days shall not have terminal pay value for the recipient.