

**Dawson Springs Independent School District
Sick Leave Donation Program
Guidelines & Procedures**

1. **Employees of the Dawson Springs Independent School District may donate sick days to other employees under certain circumstances.**
 - A. Any employees may donate to other employees regardless of whether the employee category is certified or classified.
 - B. Employees with more than 15 sick days may contribute if the contribution does not lower their totals below fifteen days.
 - C. Employees must request in writing on this form to the superintendent that sick days to be assigned to another employee and how many days are being assigned. If these days are used, they are lost forever to the donating employee. If they are not used, they will be returned. If more than one employee donates to a particular employee, and all of the days are not used, they will be returned in the same proportion as they were donated.
2. **Before employees can receive donated sick days, they must meet the following guidelines:**
 - A. Employees must be careful not to abuse sick days if they are hopeful that others will donate to them if they face medical emergencies.
 - B. Employees or members of their immediate families must suffer from 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 days.
 - C. Employees' need for the absences and use of leave must be certified by a licensed physician.
 - D. Employees must have exhausted all accumulated sick leave and personal leave.
 - E. Employees must have complied with the school district's policies governing the use of sick leave.
 - F. Employees who use days donated under this provision remain employees with full benefits, rights and privileges while on leave.

Sick Leave Designation Form

I have contacted the Personnel Office and have found that I have accumulated _____ sick days. I request that _____ of those days be transferred to the account of _____.

I understand that if these days are used, they are lost to me forever, but if all of them are not used, they will be returned to me in the same proportion as they were given by all employees for this particular emergency.

Donating Employee's Name _____

Signature _____ **Date** _____