



EL PASO INDEPENDENT SCHOOL DISTRICT

Human Resources Office of Employee Benefits

Employee Emergency Leave Donation Pool

Form with fields: Name, Employee ID, Location, Position, Date, Phone Number.

As per DEC (Regulation): "The employee emergency leave donation pool is a benefit to assist employees in dealing with catastrophic illness* of the employee or the spouse, parent, or child of the employee, that requires them to exhaust all paid leave, as well as any compensatory time, nonduty days, and district catastrophic event paid administrative leave. The pool allows employees (contributors) to transfer accumulated local leave hours to another specified district employee (receiver)."

- 1. Funding: donated hours are solely voluntary, and irrevocable. The contributor must submit a "request for donation of leave hours" form to employee benefits specifying the employee's (receiver) name and amount of donated leave hours. If approved, the donated hours will be transferred from the contributor's accumulated local leave balance to that of the receiver's under a designated category.
2. The receiver is required to use all paid leave, as well as any applicable compensatory time, nonduty days, and district catastrophic event paid administrative leave (if applicable) prior to using the donated hours.
3. Each receiving employee shall have a request for donation of local leave hours considered in accordance with DEC (local) and the following provisions:
- Only absences due to catastrophic illness or injury of the employee or the spouse, parent, or child of the employee are eligible.
- Must have completed at least one year of employment with the district and be eligible for benefits.
- Medical certification by a health care provider as defined by the family and medical leave act must be submitted to determine eligibility to receive the donated leave. Upon request, the employee or qualifying family member shall execute an authorization for the release of medical information.
4. Donated hours shall be coordinated with any collateral benefits being received by the receiving employee so that sums of the amounts of collateral benefits and the amount of donated hours received do not exceed the employee's pre-illness or pre-injury rate of pay.

This plan is only available to employees once per year. The 12-month period shall be measured backward from the date an employee is approved.

*Catastrophic illness as defined in District Policy DEC (Local).

Receiving employee's name: _____ Receiving Employees ID: _____

Hours of sick time being donated: _____ (not exceed 240 hours or 30 days per school year at receiver's rate of pay.)

DONOR'S SIGNATURE

EMPLOYEE BENEFITS USE ONLY

Request: _____ Approved _____ Denied

Signature: _____ Date: _____
Employee Benefits/Human Resources