



**Proviso Area for Exceptional Children**

**SEJA #803**

1000 Van Buren Street  
Maywood, IL 60153-1989  
708.450.2100 Office  
708.450.1116 Fax

Mr. Michael James, Executive Director  
Ms. April Cohen, Assistant Executive Director  
Ms. LaShonda McDaniel, Business Manager

**Cooperating Districts**

87 Berkeley  
88 Bellwood  
92 Broadview  
93 Hillside  
209 Proviso Township  
High Schools

## **Sick Leave Donation Policy for Non-Union Staff Members**

In the event that a regular full-time employee has exhausted all accrued paid leave for a catastrophic illness, injury, impairment, or physical or mental condition affecting the employee or an immediate family member, he or she may be eligible for a donation of sick leave time from any regular full-time employee.

Employees who would like to make a request to receive donated sick time are required to complete a Sick Leave Donation Request Form which includes authorization to present their request to the employees of the Cooperative for the sole purpose of soliciting donations. Participation in the sick leave donation process as a recipient or donor is entirely voluntary. PAEC will facilitate the clear intent of employees to utilize this policy but will not directly solicit donations for employees. The transfer of leave time remains the personal voluntary choice of any employee.

The following full-time employees shall be eligible to **receive** donated sick leave time:

- The employee must not be employed in a position covered by the bargaining agreement and must not be eligible to participate in the Sick Leave and Bereavement Leave Pool; and
- The employee has exhausted all his/her paid leave; and
- The employee has a minimum of one (1) year of full-time service; and
- The employee requests and has received written approval for the request of the donation of leave from the Executive Director; and
- The employee must be eligible for and taking (or have exhausted) FMLA leave and not receiving benefits under workers' compensation or any other disability benefit plan.

The following full-time employees shall be eligible to **donate** sick leave time:

- The request to donate is approved by the Executive Director in writing; and
- The donation is made in minimum 4-hour increments; and
- The employee may only donate a maximum of forty (40) hours or 50% of the employee's current sick leave balance, whichever is less. Donations cannot exhaust an employee's sick leave bank. Employees cannot donate sick leave time that has been donated to the Sick Leave Pool under the collective bargaining agreement. Employees on an approved leave of absence cannot donate sick leave time.

In addition, the following guidelines shall guide sick leave time donation:

- Donated leave will be considered on an hour-for-hour basis, regardless of the pay level of the donor and recipient.
- The employee receiving or requesting leave donation may be required to provide a physician's statement or other medical evidence necessary to establish that the employee's, or member of the employee's immediate family, illness, injury, impairment, or physical or mental condition is severe or catastrophic.
- Donated leave may only be used for the duration of the employee's or member of the employee's immediate family's illness, injury, impairment, or physical or mental condition.
- The maximum amount a qualified employee may receive in accrued paid leave donations from other employees is the difference between the twelve (12) weeks of authorized leave under FMLA and the qualified employee's accrued paid leave total at the time of their FMLA request. The Executive Director may agree to permit additional time due to extenuating circumstances or when it is in the best interest of the Cooperative.
- Sick/personal time donated that is in excess of the time off needed will be returned to the donor or allocated proportionally among donors. Donated leave will be transferred in the order of receipt of approved requests.

Employees receiving donated leave time must comply with Board policies to obtain an approved leave of absence or approved absences.

For purposes of this policy, catastrophic illness, injury, impairment, or physical or mental condition means a condition that poses a threat to life and/or is seriously incapacitating and/or requires sudden or extended inpatient or hospice health care. For an employee, this means a non-job-related illness, injury, impairment or condition. Immediate family member is defined as spouse, child, parent or other relationship in which the employee is the legal guardian or sole caretaker.



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**Sick Leave Donation Request**

TO: \_\_\_\_\_  
Executive Director

Name of Staff Member  
**Requesting Sick Leave Day(s):** \_\_\_\_\_

I am requesting to solicit employees for a donation of sick leave because my current leave time is or will be exhausted and I require additional leave due to a catastrophic illness involving

\_\_\_\_\_  
[identify employee/immediate family member].

I understand the receipt of donated sick time is not approval for a leave of absence and I must comply with all Board policies governing leaves of absences and reporting absences.

Number of Days Requested  
(Days donated must be in half-day increments): \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_



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**Sick Leave Donation Form**

TO: \_\_\_\_\_  
Executive Director

Name of Staff Member \_\_\_\_\_

Donating Sick Leave Day(s): \_\_\_\_\_

I understand and agree that the donation of sick time is strictly voluntary. I relinquish all claims and interests in the sick leave being donated. I understand that I cannot retract this donation.

I am donating \_\_\_\_\_ days (must be in half-day increments) of my current leave to \_\_\_\_\_ [name of employee receiving donation].

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

Current sick leave balance: \_\_\_\_\_

New sick leave balance: \_\_\_\_\_