



SONORA INDEPENDENT SCHOOL DISTRICT

807 SOUTH CONCHO * SONORA, TEXAS 76950
325/387-6940 * FAX: 325/387-5090

Sonora Independent School District has a Catastrophic Sick Leave Pool to provide a potential source of sick leave for those employees who have experienced a catastrophic illness or injury. "Catastrophic illness or injury" shall mean life-threatening illness or disability requiring medical treatment or medical care of an employee or a member of the employee's immediate family and;

- Requires the services of a licensed physician
- Causes the employee to exhaust all state and local sick leave, personal leave and vacation days, if applicable.

Part I. Employee Information

Employee Name: _____ ID # _____

Home Address: _____
Number City State Zip

Home Phone: _____ Campus _____

Part II. Request for Establishment of Sick Leave Pool

I request establishment of a sick leave pool on behalf of (check one) ___ myself or ___ an immediate family member because of catastrophic illness or injury.

I understand that voluntary contributions by District Staff on my behalf may only consist of a maximum number of **30** local sick days total. (*Extraordinary circumstances subject to review by Administration*)

I understand that my sick leave pool shall cease to exist when I return to work or if the **30** (number) of local sick days in the pool has been exhausted.

If the request is because of an illness or injury of an immediate family member, please provide:

1. The name of the ill/injured individual: _____ and
2. The relationship to the employee: _____

Part III Verifications

I understand that I must meet the requirements set out in the Sick Leave Pool Policy to be eligible to establish sick leave pool. I understand that the decision of the Superintendent or designee concerning my request for establishment of sick leave pool is final. I understand that I must authorize my licensed practitioner to release the information requested on the Licensed Practitioner Statement form, and other necessary information, to the Superintendent or designee. I understand that I authorize Superintendent to release what medical information is necessary in order to request voluntary donations from District Staff on my behalf.

Employee Signature

Date

Part IV to be completed by Payroll Department

1. Employee's last day worked: _____
2. Has the employee exhausted all sick leave due to the condition for which they are applying for establishment of Sick Leave Pool? _____ Date: _____
3. Has the employee exhausted, or is likely to exhaust vacation time or compensatory time, due to the condition for which they are applying to establish sick leave pool? _____
4. Indicate the date the employee exhausted, or is likely to exhaust all accrued and available leave balances _____.

Part V Sick Leave Pool Administrator

Date completed application reviewed: _____

Eligibility for Sick Leave Pool Establishment met: _____ Yes _____ No

Approval Signature: _____

Date: _____