



School District / Charter School Sick Leave Policy Certification

Purpose of the Form

- Use this form for Annual School District Sick Leave Policy Certification.

Instructions

- Form must be signed by the District Superintendent, Charter School Director, or Board Chair as applicable.
- Enter the effective date and end date of the policy, if no end date, enter N/A for end date.
- Enter amount of sick leave accrued for Certificated, Administrative and Non-Certificated employees (i.e., 1 day per month or 12 days per year, etc.)
- Attach a copy of all applicable Sick Leave policies.
- Return this form to PERSI by November 30 of effective year.

School District / Charter School Information

School District/ Charter School Name

PERSI Employer number

Sick Leave Policy Effective Period

Effective Date of Policy (mm/ dd/ yyyy): _____ End Date (mm/ dd/ yyyy): _____

Certificated Employee Sick Leave Accrual

Accrual Rate: _____ Day(s) per _____ Maximum Accrual: _____ Days

Work week (choose one): ☐ 5 day ☐ 4 day

This is a change from the prior year: ☐ Yes ☐ No

Special conditions: _____

Administrative Employee Sick Leave Accrual

Accrual Rate: _____ Day(s) per _____ Maximum Accrual: _____ Days

Work week (choose one): ☐ 5 day ☐ 4 day

This is a change from the prior year: ☐ Yes ☐ No

Special conditions: _____

Non-Certificated Employee Sick Leave Accrual

Accrual Rate: _____ Day(s) per _____ Maximum Accrual: _____ Days

Work week (choose one): ☐ 5 day ☐ 4 day

This is a change from the prior year: ☐ Yes ☐ No

Special conditions: _____

Employer Certification

I certify the Sick Leave Accrual information provided is accurate and in accordance with applicable Idaho statutes and rules.

School District Superintendent, Charter School Director, Board Chair Name

Position Title

Signature

Date