



Raymondville Independent School District

VOLUNTARY LEAVE DONATION FORM

Date Requested: _____

DONOR'S FULL NAME: _____ Campus: _____

____ Administrator (CAN ONLY DONATE TO ANOTHER ADMINISTRATOR)

____ Professional

____ Paraprofessional

____ Auxiliary

____ Amount of Local Days Donated (DEC Local) - Only 2 days per year per donor

RECIPIENT'S FULL NAME: _____ Campus: _____

____ Administrator (CAN ONLY RECEIVE FROM ANOTHER ADMINISTRATOR)

____ Professional

____ Paraprofessional

____ Auxiliary

Reason(s) for use of local donated days (specify) _____

Supervisor must verify with the office of Human Resources that the recipient has exhausted all allotted and accumulated state and local leave benefits, as per Policy DEC (LOCAL).

* * * * *

For Office Use Only:

Catastrophic Personal Illness/Injury

Family Emergency

Catastrophic Family Illness

Death in Immediate Family

Approved

Denied (Does not meet qualifications)

* * * * *

Employee (Donor) Signature

Employee (Recipient) Signature

Supervisor's Approval: _____

Date Received: _____

Superintendent's Approval: _____

Date Received: _____

Original: Office of Human Resources

Yellow: Recipient/Employee

Pink: Supervisor

****An employee who retires from employment with the District shall be eligible for reimbursement of local leave. (See Board Policy DEC (Local))**

Raymondville ISD, an equal opportunity employer, does not discriminate on basis of race, color, national origin, sex, religion, age or disability in employment or provision of services, programs or activities. REVISED 2011

CATASTROPHIC
ILLNESS OR INJURY

A catastrophic illness or injury is a severe condition or combination of conditions affecting the mental or physical health of the employee or a member of the employee's immediate family that requires the services of a licensed practitioner for a prolonged period of time and that forces the employee to exhaust all leave time earned by that employee and to lose compensation from the District. Complications resulting from pregnancy shall be treated the same as any other condition.

DONATING LOCAL
SICK LEAVE

Any District employee may donate to another District employee up to two local leave days earned during the current school year. The employee receiving the leave (donee) shall be entitled to all benefits attached to the leave. The District employee making such donation shall have the amount of the donated leave deducted from his or her local leave balance.

An employee shall submit a written request to the Business Office by completing the appropriate form.

The Superintendent shall have final authority for approval of donation requests; changes shall not be made once final approval has been given.

An employee shall not use the District's e-mail system to solicit donated days. Donated days shall not be accrued to an employee without the prior approval from the Superintendent.

On a voluntary basis, any district employee may donate up to two local leave days per year from the employee's accumulated balance to other employees by classification as follows:

1. Administrator employees may donate days to other administrator employees.
2. Professional employees may donate days to other professional employees, paraprofessional employees, or auxiliary employees.
3. Paraprofessional employees may donate days only to other paraprofessional employees or auxiliary employees.

An employee who has exhausted all available leave, including extended leave if applicable, shall be eligible to receive donated leave.

To be eligible for donate leave, the employee shall have been absent at least five workdays without pay before requesting donated days. No retro adjustments shall be allowed on donated days at the end of each semester. The donated days may be used for purposes of catastrophic personal illness or injury, catastrophic illness or injury in the immediate family, family emergency, or death in the immediate family.