

**CERTIFIED EMPLOYEE MEDICAL LEAVE POOL APPLICATION**

Name: \_\_\_\_\_

Dates Requested to be drawn from the sick leave pool : \_\_\_\_\_  
 (Maximum number = 15 days per year)

**1. Establishment**

The Medical Leave Pool will be established for the use of employees who choose to participate. The intent of the medical leave pool is to provide staff members with additional medical leave benefits for themselves, in the event that an employee or their family has a serious illness or injury and has used all of their available sick and personal leave.

**2. Participation**

Participation in the sick leave bank will be on a voluntary basis and each participating individual employee's contribution will be made in the form of one (1) day of sick leave from his/her current year's allocation. The maximum number of days in the medical leave pool will not exceed the number of participants. An employee needs to contribute a day that year to be eligible to draw from the pool.

**3. Enrollment**

Enrollment will take place, for the purpose of determining membership, within the first week of school, but no later than September 1, or if an employee is hired by the district after the start of the school year, within ten (10) days after beginning employment with the district. The days contributed to the pool become the property of the pool and will not be returned to the employee, except as requested through the application process for use of the medical leave pool.

**4. Use of Medical Leave Pool Days**

The medical leave pool will be the responsibility of the Board and Association jointly. The member will make application to the Board, the Association President, and the Board Secretary for days from the bank. A committee of five (2 LCEA members, 2 Board of Education members, and Board Secretary) will oversee the pool, accept and review applications, and will approve or deny the application after determining that all other sick leave and personal days have been used.

Requested use of the medical leave pool must be done in a timely manner; after an employee has exhausted his/her own sick leave and personal leave without being eligible for long term disability, worker's compensation, and/or social security disability. Use of medical leave pool may be requested for no more than 15 days per year.

**5. Unused Days in Pool.**

Assets of the pool will not accumulate. The leave pool will reset to zero (0) on July 1 of each year.

- ☐ Yes ☐ No Is the employee requesting sick leave for a life-threatening, terminal illness, or serious injury requiring hospitalization or long term care of an employee, spouse, or child (not maternity)?
- ☐ Yes ☐ No Did the employee contribute a day to the medical leave pool this school year?
- ☐ Yes ☐ No Has the employee used all available sick and personal leave?
- ☐ Yes ☐ No Is the employee eligible for long-term disability, worker's compensation, and/or social security disability?
- ☐ Yes ☐ No Has the employee drawn more than 15 days from the medical leave pool?

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Approved ☐ Denied Board Secretary: \_\_\_\_\_

If denied, please state reason(s):  
 \_\_\_\_\_

**Cross Reference:** 409.2 Employee Leave of Absence  
409.4 Certified Employee Medical Leave Pool

**Adopted:** 06/16/2025

**Modified:**

**Reviewed:**