

# DEC(LOCAL) Policy Development Worksheet

## *Compensation and Benefits: Leaves and Absences*

Contact Information
District:
County-District number:
Your name:

The **Leaves and Absences Starting Points** incorporates changes from a number of new laws (discussed in the explanatory material accompanying this worksheet) along with editorial changes designed to make policy DEC(LOCAL) easier to read and use. Completing the worksheet that follows will help the district review and update its practices regarding leaves and absences.

Even if your district does not amend its existing practices regarding leaves and absences, it is crucial that you complete the worksheet so that your policy will reflect the changes in law.

**Please Note:** Because leave provisions are incorporated into employee contracts, TASB attorneys caution that a district should not reduce an employee's leave entitlement after the penalty-free resignation date (45 days before the first day of instruction). Please contact the district's attorney or TASB Legal Services if you have questions.

### Completing the worksheet electronically

Your policy consultant will be able to process this policy change more quickly if you complete this worksheet in Word using the document provided online in the *Policy Service Resource Library* at [http://www.tasb.org/services/policy/mytasb/starting\\_points/leave/](http://www.tasb.org/services/policy/mytasb/starting_points/leave/).

**Please be aware** that the district's current DEC(LOCAL) policy will be replaced by new policy text based on your responses to this worksheet. You will need to paste into the worksheet or attach any provisions from your current DEC(LOCAL) policy you wish to retain.

### Key Steps:

1. Please make certain you have completed the contact information at left.
2. Read carefully through the attached explanatory material that accompanies this document (also available online in the **Starting Points** section of the *Policy Service Resource Library*). Sections and blocks in the worksheet match corresponding labels in the explanatory text.
3. In the worksheet's left-hand column labeled **Make choices here**, type an "X" beside every statement that applies for each block of policy. If you have questions or extra comments, please type them below the heading labeled "District comments/questions."
4. In the right-hand column labeled **Make changes here**, you can fill in empty blanks, alter the default policy text, or paste locally crafted policy text where you think it ought to go. Word's "Track Changes" feature will annotate all of your edits. If you need help with Track Changes (to turn off the "balloons," for instance) Ctrl+click the following links for instructions in [Word 2007](#) and [Word 2003](#).
5. *Before* the board has adopted your new policy, **e-mail** the completed worksheet to your policy consultant or [Policy.Service@TASB.org](mailto:Policy.Service@TASB.org) with the words "DEC Worksheet" in the subject line. Your policy consultant will prepare a draft of the new policy for you and your board of trustees to review and adopt.
6. Make plans to communicate the new policy to your staff and to adjust or develop administrative regulations or procedures, as needed, to align with this new policy. DEC is considered an employment policy that must be provided to contract employees.
7. Be sure to notify us of adoption at [pol-support@tasb.org](mailto:pol-support@tasb.org) so we can update the district's *Policy On Line* and our records.

**Call your policy consultant at 800-580-7529 or 512-467-0222 if you have any questions.**

# DEC(LOCAL) Policy Development Worksheet

## *Compensation and Benefits: Leaves and Absences*

### **Completing the worksheet on paper**

If completing the worksheet electronically and e-mailing it are not options for you, then please mark a hard copy of the worksheet clearly and mail the completed form to:

TASB Policy Service  
P.O. Box 400  
Austin, TX 78767-0400

***Keep a copy for your records!***

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This document is provided for educational purposes only and contains information to facilitate a general understanding of the law. It is not an exhaustive treatment of the law on this subject nor is it intended to substitute for the advice of an attorney. It is important for you to consult with the district's attorneys in order to apply these legal principles to specific fact situations.

**Recommended Local Policy Provisions**

<b>Section I—Definitions and Administration</b>	
<b>Make choices here</b>	<b>Make changes here</b>
<p><b>Section I, block 1</b></p> <p><i>Indicate your choice by typing an “x” below:</i></p> <p>___ The text is acceptable as presented.</p> <p>___ The text needs the modifications shown at right.</p> <p><i>District comments/questions (type below):</i></p>	<p><b>DEFINITIONS</b></p> <p><b>FAMILY</b></p> <p>The term “immediate family” is defined as:</p> <ol style="list-style-type: none"> <li>1. Spouse.</li> <li>2. Son or daughter, including a biological, adopted, or foster child, a son- or daughter-in-law, a stepchild, a legal ward, or a child for whom the employee stands <i>in loco parentis</i>.</li> <li>3. Parent, stepparent, parent-in-law, or other individual who stands <i>in loco parentis</i> to the employee.</li> <li>4. Sibling, stepsibling, and sibling-in-law.</li> <li>5. Grandparent and grandchild.</li> <li>6. Any person residing in the employee’s household at the time of illness or death.</li> </ol> <p>For purposes of the Family and Medical Leave Act (FMLA), the definitions of spouse, parent, son or daughter, and next of kin are found in DECA(LEGAL).</p> <p><b>FAMILY EMERGENCY</b></p> <p>The term “family emergency” shall be limited to disasters and life-threatening situations involving the employee or a member of the employee’s immediate family.</p> <p><b>WORKDAY</b></p> <p>A “workday” for purposes of earning, use, or recording shall mean the number of hours per day equivalent to the employee’s usual assignment, whether full-time or part-time.</p>

**Recommended Local Policy Provisions**

<b>Section I—Definitions and Administration</b>	
<b>Make choices here</b>	<b>Make changes here</b>
<p><b>Section 1, block 2 (optional)</b></p> <p><i>Indicate your choice by typing an “x” below:</i></p> <p>___ Omit this text—the district does not use this provision.</p> <p>___ The text is acceptable as presented.</p> <p>___ The text needs the modifications shown at right.</p> <p><i>District comments/questions (type below):</i></p>	<p><b>DEFINITIONS, continued</b></p> <p><b>Optional paragraph:</b></p> <p><b>CATASTROPHIC ILLNESS OR INJURY</b></p> <p>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.</p>
<p><b>Section I, block 3</b></p> <p><i>Indicate your choice by typing an “x” below:</i></p> <p>___ Alternative #1 is preferred.</p> <p>___ Alternative #2 is preferred.</p> <p>___ The text needs the modifications shown at right.</p> <p><i>District comments/questions (type below):</i></p>	<p><b>AVAILABILITY</b></p> <hr/> <p><i>Alternative #1</i></p> <p>The District shall make paid leave for the current year available for use at the beginning of the school year.</p> <hr/> <p><i>Alternative #2</i></p> <p>The District shall make state personal leave for the current year available for use at the beginning of the school year. Local leave shall be made available as earned.</p> <hr/>

## Recommended Local Policy Provisions

<b>Section I—Definitions and Administration</b>	
<b>Make choices here</b>	<b>Make changes here</b>
<p><b>Section I, block 4</b></p> <p><i>Indicate your choice by typing an "x" below:</i></p> <p>___ The text is acceptable as presented.</p> <p>___ The text needs the modifications shown at right.</p> <p><i>District comments/questions (type below):</i></p>	<p><b>AVAILABILITY, continued</b></p> <p>The District shall not approve paid leave for more workdays than have been accumulated in prior years plus those to be earned during the current year. Any absences beyond available paid leave shall result in deductions from the employee's pay.</p>
<p><b>Section I, block 5</b></p> <p><i>Indicate your choice by typing an "x" below:</i></p> <p>___ The text is acceptable as presented.</p> <p>___ The text needs the modifications shown at right.</p> <p><i>District comments/questions (type below):</i></p>	<p><b>EARNING LEAVE</b></p> <p>An employee shall not earn leave when he or she is in unpaid status. An employee using full or proportionate paid leave shall be considered to be in paid status.</p> <p>When an employee has used more leave than he or she has earned, the District shall deduct the cost of unearned leave days from the employee's final paycheck for the year or from the last paycheck after the employee ceases to be employed by the District.</p>

## Recommended Local Policy Provisions

<b>Section I—Definitions and Administration</b>	
<b>Make choices here</b>	<b>Make changes here</b>
<p><b>Section I, block 6</b></p> <p><i>Indicate your choice by typing an "x" below:</i></p> <p>___ Alternative #1 is preferred.</p> <p>___ Alternative #2 is preferred.</p> <p>___ Alternative #3 is preferred.</p> <p>___ The text needs the modifications shown at right.</p> <p><i>See also PAID OFFSET LEAVE on page 6 of the explanatory text and in Section VI, block 2 of this worksheet.</i></p> <p><i>District comments/questions (type below):</i></p>	<p><b>RECORDING</b></p> <p>Leave shall be recorded as follows:</p> <hr/> <p><i>Alternative #1</i></p> <ol style="list-style-type: none"> <li>1. For positions for which a substitute is normally required, leave shall be recorded in half-day increments, even if a substitute is not employed.</li> <li>2. For positions for which a substitute is not normally required, leave shall be recorded on an hourly basis.</li> <li>3. If the employee is taking intermittent FMLA leave, leave shall be recorded in one-hour increments.</li> <li>4. <b>[for offsetting districts]</b> If the employee chooses to offset leave against workers' compensation benefits, leave shall be recorded in the amount used.</li> </ol> <hr/> <p><i>Alternative #2</i></p> <ol style="list-style-type: none"> <li>1. Leave shall be recorded in half-day increments for all employees.</li> <li>2. If the employee is taking intermittent FMLA leave, leave shall be recorded in one-hour increments.</li> <li>3. <b>[for offsetting districts]</b> If the employee chooses to offset leave against workers' compensation benefits, leave shall be recorded in the amount used.</li> </ol> <hr/> <p><i>Alternative #3</i></p> <ol style="list-style-type: none"> <li>1. Leave shall be recorded in increments of one hour for all employees.</li> <li>2. <b>[for offsetting districts]</b> If the employee chooses to offset leave against workers' compensation benefits, leave shall be recorded in the amount used.</li> </ol>

**Recommended Local Policy Provisions**

<b>Section I—Definitions and Administration</b>	
<b>Make choices here</b>	<b>Make changes here</b>
<p><b>Section I, block 7</b></p> <p><i>Indicate your choice by typing an "x" below:</i></p> <p>___ The text is acceptable as presented.</p> <p>___ The text (or the list order) needs the modifications shown at right.</p> <p><i>For more on extended sick leave, see page 7 of the explanatory text and Section VIII of this worksheet.</i></p> <p><i>For more on sick leave pools, see page 7 of the explanatory text and Section IX of this worksheet.</i></p> <p><i>For more on sick leave banks, see page 7 of the explanatory text and Section X of this worksheet.</i></p> <p><b><i>District comments/questions (type below):</i></b></p>	<p><b>ORDER OF USE</b></p> <p>Earned compensatory time shall be used before any available paid state and local leave. [See DEA]</p> <p>Available paid state and local leave shall be used in the following order, as applicable:</p> <ol style="list-style-type: none"> <li>1. Local leave.</li> <li>2. State sick leave accumulated before the 1995–96 school year.</li> <li>3. State personal leave.</li> <li>4. Extended sick leave. <b>(optional)</b></li> <li>5. Leave bank/pool. <b>(optional)</b></li> </ol>

**Recommended Local Policy Provisions**

<b>Section I—Definitions and Administration</b>	
<b>Make choices here</b>	<b>Make changes here</b>
<p><b>Section I, block 8</b></p> <p><i>Indicate your choice by typing an "x" below:</i></p> <p><input type="checkbox"/> Alternative #1 is preferred.</p> <p><input type="checkbox"/> Alternative #2 is preferred.</p> <p><input type="checkbox"/> The text needs the modifications shown at right.</p> <p><i>District comments/questions (type below):</i></p>	<p><b>CONCURRENT USE OF LEAVE</b></p> <p>When an absent employee is eligible for FMLA leave, the District shall designate the absence as FMLA leave.</p> <hr/> <p><i>Alternative #1</i></p> <p>The District shall require the employee to use temporary disability leave and paid leave, including compensatory time, concurrently with FMLA leave.</p> <hr/> <p><i>Alternative #2</i></p> <p>Temporary disability leave shall apply after all paid leave and compensatory time is exhausted, and all shall run concurrently with FMLA leave.</p> <hr/>
<p><b>Section I, block 9</b></p> <p><i>Indicate your choice by typing an "x" below:</i></p> <p><input type="checkbox"/> The text is acceptable as presented.</p> <p><input type="checkbox"/> The text needs the modifications shown at right.</p> <p><i>District comments/questions (type below):</i></p>	<p>An employee receiving workers' compensation income benefits may be eligible for paid or unpaid leave. An absence due to a work-related injury shall be designated as FMLA leave, temporary disability leave, and/or assault leave, as applicable.</p>



**Recommended Local Policy Provisions**

<b>Section I—Definitions and Administration</b>	
<b>Make choices here</b>	<b>Make changes here</b>
<p><b>Section I, block 10</b></p> <p><i>Indicate your choice by typing an "x" below:</i></p> <p>_____ The text is acceptable as presented (with the value for consecutive workdays provided at right).</p> <p>_____ The text needs the modifications shown at right, in addition to the value provided for consecutive workdays.</p> <p><i>District comments/questions (type below):</i></p>	<p><b>MEDICAL CERTIFICATION</b></p> <p>An employee shall submit medical certification of the need for leave if:</p> <ol style="list-style-type: none"> <li>1. The employee is absent more than <span style="background-color: yellow;">      </span> consecutive workdays because of personal illness or illness in the immediate family;</li> <li>2. The District requires medical certification due to a questionable pattern of absences or when deemed necessary by the supervisor or Superintendent;</li> <li>3. The employee requests FMLA leave for the employee's serious health condition or that of a spouse, parent, or child; or</li> <li>4. The employee requests FMLA leave for military caregiver purposes.</li> </ol> <p>In each case, medical certification shall be made by a health-care provider as defined by the FMLA. [See DECA(LEGAL)]</p> <hr/> <p><b>Note:</b> For District contribution to employee insurance during leave, see CRD(LOCAL).</p> <hr/>

**Recommended Local Policy Provisions**

<b>Section II—State Personal Leave</b>	
<b>Make choices here</b>	<b>Make changes here</b>
<p><b>Section II, block 1</b></p> <p><i>Indicate your choice by typing an “x” below:</i></p> <p><input type="checkbox"/> The text is acceptable as presented.</p> <p><input type="checkbox"/> The text needs the modifications shown at right.</p> <p><i>District comments/questions (type below):</i></p>	<p><b>STATE PERSONAL LEAVE</b></p> <p>For purposes of this section, each employee shall earn state personal leave up to the statutory maximum of five workdays annually at the rate established in administrative regulations.</p> <p>The Board requires employees to differentiate the manner in which state personal leave is used:</p> <p><b>NON-DISCRETIONARY USE</b></p> <p>Non-discretionary use of leave shall be for the same reasons and in the same manner as state sick leave accumulated before May 30, 1995. [See DEC(LEGAL)]</p>
<p><b>Section II, block 2 (optional)</b></p> <p><i>Indicate your choice by typing an “x” below:</i></p> <p><input type="checkbox"/> Omit this text—the district does not use this provision.</p> <p><input type="checkbox"/> The text is acceptable as presented.</p> <p><input type="checkbox"/> The text needs the modifications shown at right.</p> <p><i>District comments/questions (type below):</i></p>	<p><b>Optional paragraph:</b></p> <p>Non-discretionary use also includes leave for well-baby care within the first year after birth, adoption, or placement of a child.</p>

**Recommended Local Policy Provisions**

<b>Section II—State Personal Leave</b>	
<b>Make choices here</b>	<b>Make changes here</b>
<p><b>Section II, block 3</b></p> <p><i>Indicate your choice by typing an “x” below:</i></p> <p>___ The text is acceptable as presented.</p> <p>___ The text needs the modifications shown at right.</p> <p><i>District comments/questions (type below):</i></p>	<p><b>STATE PERSONAL LEAVE, continued</b></p> <p><b>DISCRETIONARY USE</b></p> <p>Discretionary use of leave is at the individual employee’s discretion, subject to limitations set out below.</p> <p><b>LIMITATIONS</b></p> <p><b>REQUEST FOR LEAVE</b></p> <p>The employee shall submit a written request for discretionary use of state personal leave to the immediate supervisor or designee in advance in accordance with administrative regulations. In deciding whether to approve or deny state personal leave, the supervisor or designee shall not seek or consider the reasons for which an employee requests to use leave. The supervisor or designee shall, however, consider the effect of the employee’s absence on the educational program or District operations, as well as the availability of substitutes.</p>
<p><b>Section II, block 4 (optional)</b></p> <p><i>Indicate your choice by typing an “x” below:</i></p> <p>___ Omit this text—the district does not use this provision.</p> <p>___ The text is acceptable as presented (with the value for consecutive workdays provided at right).</p> <p>___ The text needs the modifications shown at right, in addition to the value provided for consecutive workdays.</p> <p><i>District comments/questions (type below):</i></p>	<p><b>Optional paragraph:</b></p> <p><b>DURATION OF LEAVE</b></p> <p>Discretionary use of state personal leave shall not exceed <span style="background-color: yellow;">    </span> consecutive workdays.</p>

**Recommended Local Policy Provisions**

<b>Section III—Local Leave</b>	
<b>Make choices here</b>	<b>Make changes here</b>
<p>_____ Place an "X" in the blank if the district does not provide local leave in addition to state personal leave, then skip forward to FAMILY AND MEDICAL LEAVE in Section IV below. (See page 4 of the explanatory text for more information.)</p>	
<p><b>Section III, block 1</b></p> <p><i>Indicate your choice by typing an "x" below:</i></p> <p>_____ Alternative #A-1 is preferred.</p> <p>_____ Alternative #A-2 is preferred.</p> <p>_____ Alternative #A-3 is preferred.</p> <p>_____ The text needs the modifications shown at right.</p> <p><i>District comments/questions (type below):</i></p>	<p><b>LOCAL LEAVE</b></p> <hr/> <p><i>Alternative #A-1</i></p> <p>All employees</p> <hr/> <p><i>Alternative #A-2</i></p> <p>Professional employees</p> <hr/> <p><i>Alternative #A-3</i></p> <p>Paraprofessional/auxiliary employees</p> <hr/>
<p><b>Section III, block 2</b></p> <p><i>Indicate your choice by typing an "x" below:</i></p> <p>_____ The text is acceptable as presented (with the number of workdays of local leave provided at right).</p> <p>_____ The text needs the modifications shown at right, in addition to the number of workdays of local leave provided.</p> <p><i>District comments/questions (type below):</i></p>	<p>shall earn _____ workdays of paid local leave per school year in accordance with administrative regulations.</p>

## Recommended Local Policy Provisions

<b>Section III—Local Leave</b>	
<b>Make choices here</b>	<b>Make changes here</b>
<p><b>Section III, block 3</b></p> <p><i>Indicate your choice by typing an “x” below:</i></p> <p><input type="checkbox"/> Alternative #B-1 is preferred.</p> <p><input type="checkbox"/> Alternative #B-2 is preferred (with the number of workdays provided at right).</p> <p><input type="checkbox"/> Alternative #B-3 is preferred.</p> <p><input type="checkbox"/> The text needs the modifications shown at right.</p> <p><i>District comments/questions (type below):</i></p>	<p><b>LOCAL LEAVE, continued</b></p> <hr/> <p><i>Alternative #B-1</i></p> <p>Local leave shall be noncumulative.</p> <hr/> <p><i>Alternative #B-2</i></p> <p>Local leave shall accumulate to a maximum of <span style="background-color: yellow; border: 1px solid black; padding: 0 10px;"> </span> workdays.</p> <hr/> <p><i>Alternative #B-3</i></p> <p>Local leave shall accumulate without limit.</p> <hr/>
<p><b>Section III, block 4</b></p> <p><i>Indicate your choice by typing an “x” below:</i></p> <p><input type="checkbox"/> Alternative #C-1 is preferred.</p> <p><input type="checkbox"/> Alternative #C-2 is preferred.</p> <p><input type="checkbox"/> The text needs the modifications shown at right.</p> <p><i>District comments/questions (type below):</i></p>	<hr/> <p><i>Alternative #C-1</i></p> <p>Local leave shall be used according to the terms and conditions of state sick leave accumulated before the 1995–96 school year. [See DEC(LEGAL)]</p> <hr/> <p><i>Alternative #C-2</i></p> <p>Local leave shall be used according to the terms and conditions of state personal leave. [See STATE PERSONAL LEAVE, above]</p> <hr/>
<p><b>Please note:</b> <i>If the district has an extended sick leave program, a sick leave pool, or a sick leave bank, your policy consultant will insert those provisions here in the district’s policy. To ensure that your consultant has the correct text, please complete the appropriate Supplemental Local Policy Provisions located at the end of this worksheet.</i></p>	

**Recommended Local Policy Provisions**

<b>Section IV—Family and Medical Leave</b>	
<b>Make choices here</b>	<b>Make changes here</b>
<p>_____ Place an "X" in the blank if the district has fewer than 50 employees and does not extend FMLA benefits to employees, then skip forward to TEMPORARY DISABILITY LEAVE in Section V below. (See page 5 of the explanatory text for more information.)</p>	
<p><b>Section IV, block 1</b></p> <p><i>Indicate your choice by typing an "x" below:</i></p> <p>_____ Alternative #1 is preferred.</p> <p>_____ Alternative #2 is preferred.</p> <p>_____ Alternative #3 is preferred.</p> <p>_____ Alternative #4 is preferred.</p> <p>_____ Alternative #5 is preferred.</p> <p>_____ The text needs the modifications shown at right.</p> <p><i>District comments/questions (type below):</i></p>	<p><b>FAMILY AND MEDICAL LEAVE</b></p> <p><b>TWELVE-MONTH PERIOD</b></p> <p>For purposes of an employee's entitlement to FMLA, the 12-month period shall</p> <hr/> <p><i>Alternative #1</i></p> <p>begin on the first duty day of the school year.</p> <hr/> <p><i>Alternative #2</i></p> <p>be July 1 through June 30.</p> <hr/> <p><i>Alternative #3</i></p> <p>be the calendar year.</p> <hr/> <p><i>Alternative #4</i></p> <p>be measured backward from the date an employee uses FMLA leave.</p> <hr/> <p><i>Alternative #5</i></p> <p>be measured forward from the date an individual employee's first FMLA leave begins.</p> <hr/>

**Recommended Local Policy Provisions**

<b>Section IV—Family and Medical Leave</b>	
<b>Make choices here</b>	<b>Make changes here</b>
<p><b>Section IV, block 2</b></p> <p><i>Indicate your choice by typing an "x" below:</i></p> <p>___ Alternative #1 is preferred.</p> <p>___ Alternative #2 is preferred.</p> <p>___ The text needs the modifications shown at right.</p> <p><i>District comments/questions (type below):</i></p>	<p><b>FAMILY AND MEDICAL LEAVE, continued</b></p> <p><b>COMBINED LEAVE FOR SPOUSES</b></p> <hr/> <p><i>Alternative #1</i></p> <p>If both spouses are employed by the District, the District shall limit FMLA leave for the birth, adoption, or placement of a child, or to care for a parent with a serious health condition, to a combined total of 12 weeks. The District shall limit military caregiver leave to a combined total of 26 weeks. [See DECA(LEGAL)]</p> <hr/> <p><i>Alternative #2</i></p> <p>If both spouses are employed by the District, the District shall not limit FMLA leave for the birth, adoption, or placement of a child, or to care for a parent with a serious health condition, to a combined total of 12 weeks, nor shall the District limit military caregiver leave to a combined total of 26 weeks. [See DECA(LEGAL)]</p> <hr/>

**Recommended Local Policy Provisions**

<b>Section IV—Family and Medical Leave</b>	
<b>Make choices here</b>	<b>Make changes here</b>
<p><b>Section IV, block 3</b></p> <p><i>Indicate your choice by typing an "x" below:</i></p> <p>___ Alternative #1 is preferred.</p> <p>___ Alternative #2 is preferred.</p> <p>___ The text needs the modifications shown at right.</p> <p><i>District comments/questions (type below):</i></p>	<p><b>FAMILY AND MEDICAL LEAVE, continued</b></p> <p><b>INTERMITTENT OR REDUCED SCHEDULE LEAVE</b></p> <hr/> <p><i>Alternative #1</i></p> <p>The District shall not permit use of intermittent or reduced schedule FMLA leave for the care of a newborn child or for the adoption or placement of a child with the employee. [See DECA(LLEGAL) for use of intermittent or reduced schedule leave due to a medical necessity.]</p> <hr/> <p><i>Alternative #2</i></p> <p>The District shall permit use of intermittent or reduced schedule FMLA leave for the care of a newborn child or for the adoption or placement of a child with the employee. [See DECA(LLEGAL) for use of intermittent or reduced schedule leave due to a medical necessity.]</p> <hr/>



**Recommended Local Policy Provisions**

<b>Section IV—Family and Medical Leave</b>	
<b>Make choices here</b>	<b>Make changes here</b>
<p><b>Section IV, block 4</b></p> <p><i>Indicate your choice by typing an "x" below:</i></p> <p>___ The text is acceptable as presented.</p> <p>___ The text needs the modifications shown at right.</p> <p><i>District comments/questions (type below):</i></p>	<p><b>FAMILY AND MEDICAL LEAVE, continued</b></p> <p><b>CERTIFICATION OF LEAVE</b></p> <p>If an employee requests leave, the employee shall provide certification, as required by FMLA regulations, of the need for leave. [See DECA(LLEGAL)]</p> <p><b>FITNESS-FOR-DUTY CERTIFICATION</b></p> <p>If an employee takes FMLA leave due to the employee's own serious health condition, the employee shall provide, before resuming work, a fitness-for-duty certification. If the District will require certification of the employee's ability to perform essential job functions, the District shall provide a list of essential job functions to the employee with the FMLA designation notice.</p> <p><b>END OF SEMESTER LEAVE</b></p> <p>If a teacher takes leave near the end of the semester, the District may require the teacher to continue leave until the end of the semester. [See DECA(LLEGAL), LEAVE AT THE END OF A SEMESTER]</p> <p><b>FAILURE TO RETURN</b></p> <p>If, at the expiration of FMLA leave, the employee is able to return to work but chooses not to do so, the District may require reimbursement of premiums paid by the District during the leave. [See DECA(LLEGAL), RECOVERY OF BENEFIT COST]</p>

**Recommended Local Policy Provisions**

<b>Section V—Temporary Disability Leave</b>	
<b>Make choices here</b>	<b>Make changes here</b>
<p><b>Section V, block 1</b></p> <p><i>Indicate your choice by typing an "x" below:</i></p> <p>___ The text is acceptable as presented.</p> <p>___ The text needs the modifications shown at right.</p> <p><i>District comments/questions (type below):</i></p>	<p><b>TEMPORARY DISABILITY LEAVE</b></p> <p>Any full-time employee whose position requires educator certification by the State Board for Educator Certification or by the District shall be eligible for temporary disability leave. The maximum length of temporary disability leave shall be 180 calendar days. [See DBB(LOCAL) for temporary disability leave placement and DEC(LEGAL) for reinstatement.]</p> <p>An employee's notification of need for extended absence due to the employee's own medical condition shall be forwarded to the Superintendent or designee as a request for temporary disability leave.</p>

**Recommended Local Policy Provisions**

<b>Section VI—Workers' Compensation</b>	
<b>Make choices here</b>	<b>Make changes here</b>
<p><b>Section VI, block 1</b></p> <p><i>Indicate your choice by typing an "x" below:</i></p> <p><input type="checkbox"/> The text is acceptable as presented.</p> <p><input type="checkbox"/> The text needs the modifications shown at right.</p> <p><i>District comments/questions (type below):</i></p>	<hr/> <p><b>Note:</b> Workers' compensation is not a form of leave. The workers' compensation law does not require the continuation of the District's contribution to health insurance. [See CRD(LOCAL) regarding payment of insurance contribution during employee absences.]</p> <hr/> <p><b>WORKERS' COMPENSATION</b></p> <p>An absence due to a work-related injury shall be designated as FMLA leave, temporary disability leave, and/or assault leave, as applicable.</p>
<p><b>Section VI, block 2</b></p> <p><i>Indicate your choice by typing an "x" below:</i></p> <p><input type="checkbox"/> Alternative #1 is preferred.</p> <p><input type="checkbox"/> Alternative #2 is preferred.</p> <p><input type="checkbox"/> The text needs the modifications shown at right.</p> <p><i>District comments/questions (type below):</i></p>	<hr/> <p><b>Alternative #1</b></p> <p>An employee eligible for workers' compensation income benefits, and not on assault leave, may elect in writing to use paid leave instead of receiving income benefits.</p> <hr/> <p><b>Alternative #2</b></p> <p><b>PAID LEAVE OFFSET</b></p> <p>An employee eligible for workers' compensation income benefits, and not on assault leave, may elect in writing to use available partial-day increments of paid leave to make up the difference between the employee's income benefits and the pre-injury wage. [See CRE]</p> <hr/>

**Recommended Local Policy Provisions**

<b>Section VII—Miscellaneous</b>	
<b>Make choices here</b>	<b>Make changes here</b>
<p><b>Section VII, block 1</b></p> <p><i>Indicate your choice by typing an "x" below:</i></p> <p>___ The text is acceptable as presented.</p> <p>___ The text needs the modifications shown at right.</p> <p><i>District comments/questions (type below):</i></p>	<p><b>COURT APPEARANCES</b></p> <p>Absences due to compliance with a valid subpoena or for jury duty shall be fully compensated by the District and shall not be deducted from the employee's pay or leave balance.</p>
<p><i><b>Please note:</b> If the district has an annual reimbursement of leave program or reimburses leave upon separation of employment, your policy consultant will insert those provisions here in the district's policy. To ensure that your consultant has the correct text, please complete the appropriate Supplemental Local Policy Provisions located at the end of this worksheet.</i></p>	

## **Supplemental Local Policy Provisions**

Along with the policy text above, we have developed a supplemental worksheet of optional provisions pertaining to extended sick leave, sick leave pools, sick leave banks, annual reimbursement of leave, and reimbursement of leave upon separation. These provisions will not be appropriate for every district. Since many districts use one or more of these concepts, however, the enclosed samples may serve as the basis for policy text. Please consider these provisions carefully, complete only the portions of this worksheet that are applicable to your district, and review the provisions with the district's attorney.

Section VIII—Extended Sick Leave (Optional)	
Make choices here	Make changes here
<p>_____ Place an X in the blank if the district does not currently offer or wish to adopt an extended sick leave program, then please skip forward to the next section of the worksheet.</p>	
<p><b>Section VIII, block 1</b></p> <p><b>Which group of employees would be eligible for extended sick leave?</b></p> <p><b>Indicate your choice by typing an "x" below:</b></p> <p>_____ Alternative #1 is preferred.</p> <p>_____ Alternative #2 is preferred.</p> <p>_____ Alternative #3 is preferred.</p> <p>_____ The text needs the modifications shown at right.</p> <p><b>District comments/questions (type below):</b></p>	<p><b>EXTENDED SICK LEAVE</b></p> <p>After all available state and local leave days have been exhausted,</p> <hr/> <p><b>Alternative #A-1</b></p> <p>an employee</p> <hr/> <p><b>Alternative #A-2</b></p> <p>a full-time employee</p> <hr/> <p><b>Alternative #A-3</b></p> <p>a professional employee</p> <hr/>

<b>Section VIII—Extended Sick Leave (Optional)</b>	
<b>Make choices here</b>	<b>Make changes here</b>
<p data-bbox="176 240 405 264"><b>Section VIII, block 2</b></p> <p data-bbox="176 284 795 341"><i>(Please fill in the blank at right with the maximum number of workdays.)</i></p> <p data-bbox="176 360 724 384"><b>For what purposes can extended sick leave be used?</b></p> <p data-bbox="176 404 669 428"><b>Indicate your choice by typing an “x” below:</b></p> <p data-bbox="176 448 541 472">___ Alternative #B-1 is preferred.</p> <p data-bbox="176 492 541 516">___ Alternative #B-2 is preferred.</p> <p data-bbox="176 535 541 560">___ Alternative #B-3 is preferred.</p> <p data-bbox="176 579 541 604">___ Alternative #B-4 is preferred.</p> <p data-bbox="176 623 741 647">___ The text needs the modifications shown at right.</p> <p data-bbox="176 716 655 740"><b><i>District comments/questions (type below):</i></b></p>	<p data-bbox="844 240 1234 264"><b>EXTENDED SICK LEAVE, continued</b></p> <p data-bbox="844 284 1608 337">shall be granted in a school year a maximum of <span style="background-color: yellow;">      </span> workdays of extended sick leave to be used</p> <hr/> <p data-bbox="844 375 1031 399"><b><i>Alternative #B-1</i></b></p> <p data-bbox="844 418 1547 472">only for the employee’s own personal illness or injury, including pregnancy-related illness or injury.</p> <hr/> <p data-bbox="844 509 1031 534"><b><i>Alternative #B-2</i></b></p> <p data-bbox="844 553 1587 607">only for the employee’s own catastrophic illness or injury, including pregnancy-related illness or injury.</p> <hr/> <p data-bbox="844 644 1031 669"><b><i>Alternative #B-3</i></b></p> <p data-bbox="844 688 1640 776">for the employee’s personal illness or injury, including pregnancy-related illness or injury, or for absences related to the illness or injury of a member of the employee’s immediate family.</p> <hr/> <p data-bbox="844 813 1031 837"><b><i>Alternative #B-4</i></b></p> <p data-bbox="844 857 1612 945">for the employee’s catastrophic illness or injury, including pregnancy-related injury, or for absences related to the catastrophic illness or injury of a member of the employee’s immediate family.</p> <hr/>

<b>Section VIII—Extended Sick Leave (Optional)</b>	
<b>Make choices here</b>	<b>Make changes here</b>
<p><b>Section VIII, block 3</b></p> <p><i>Choose <u>one or both</u> of the following <u>only</u> if the district wishes to restrict or delay eligibility for extended sick leave.</i></p> <p><i>Indicate your choice by typing an “x” below:</i></p> <p><input type="checkbox"/> Omit this text—the district does not use either restriction.</p> <p><input type="checkbox"/> Alternative #C-1, with the number of workdays filled in at right.</p> <p><input type="checkbox"/> Alternative #C-2, with the number of workdays filled in at right.</p> <p><input type="checkbox"/> Alternatives #C-1 and #C-2, with the numbers of workdays filled in at right.</p> <p><input type="checkbox"/> The text needs the modifications shown at right.</p> <p><i>District comments/questions (type below):</i></p>	<p><b>EXTENDED SICK LEAVE, continued</b></p> <p>To be eligible for extended sick leave, the employee shall have been absent at least</p> <hr/> <p><i>Alternative #C-1</i></p> <p><input type="text"/> consecutive workdays.</p> <hr/> <p><i>Alternative #C-2</i></p> <p><input type="text"/> workdays without pay.</p> <hr/>
<p><b>Section VIII, block 4</b></p> <p><i>Indicate your choice by typing an “x” below:</i></p> <p><input type="checkbox"/> The text is acceptable as presented.</p> <p><input type="checkbox"/> The text needs the modifications shown at right.</p> <p><i>District comments/questions (type below):</i></p>	<p>A written request for extended sick leave must be accompanied by medical certification of the illness or injury.</p>



<b>Section VIII—Extended Sick Leave (Optional)</b>	
<b>Make choices here</b>	<b>Make changes here</b>
<p data-bbox="176 240 405 264"><b>Section VIII, block 5</b></p> <p data-bbox="176 285 806 342"><i>What amount will be deducted from the employee's pay for each day of extended sick leave taken?</i></p> <p data-bbox="176 362 669 386"><i>Indicate your choice by typing an "x" below:</i></p> <p data-bbox="176 406 546 430">___ Alternative #D-1 is preferred.</p> <p data-bbox="176 449 546 474">___ Alternative #D-2 is preferred.</p> <p data-bbox="176 493 546 518">___ Alternative #D-3 is preferred.</p> <p data-bbox="176 537 546 561">___ Alternative #D-4 is preferred.</p> <p data-bbox="176 581 743 605">___ The text needs the modifications shown at right.</p> <p data-bbox="176 672 657 696"><i>District comments/questions (type below):</i></p>	<p data-bbox="842 240 1234 264"><b>EXTENDED SICK LEAVE, continued</b></p> <hr/> <p data-bbox="842 300 1031 324"><i>Alternative #D-1</i></p> <p data-bbox="842 344 1644 428">The average daily rate of pay of a substitute for the employee's position shall be deducted for each day of extended sick leave taken, whether or not a substitute is employed.</p> <hr/> <p data-bbox="842 467 1031 492"><i>Alternative #D-2</i></p> <p data-bbox="842 511 1644 686">For professional employees, the average daily rate of pay of a substitute shall be deducted for each day of extended sick leave taken, whether or not a substitute is employed. For employees other than professionals, an amount equal to one-third the individual employee's daily rate of pay shall be deducted for each day of extended sick leave taken.</p> <hr/> <p data-bbox="842 725 1031 750"><i>Alternative #D-3</i></p> <p data-bbox="842 769 1644 883">The average daily rate of pay of a substitute (or a proportionate amount established by the Board by personnel classification) shall be deducted for each day of extended sick leave taken, whether or not a substitute is employed.</p> <hr/> <p data-bbox="842 922 1031 946"><i>Alternative #D-4</i></p> <p data-bbox="842 966 1451 990">Extended sick leave shall be taken with no loss in pay.</p> <hr/>

**Supplemental Local Policy Provisions**

<b>Section IX—Sick Leave Pool (Optional)</b>	
<b>Make choices here</b>	<b>Make changes here</b>
<p>_____ Place an X in the blank if the district does not currently use or wish to adopt a sick leave pool program, then please skip forward to the next section of the worksheet.</p>	
<p><b>Section IX, block 1</b></p> <p><i>Is the pool available only for an employee’s illness or for the illness of a family member as well?</i></p> <p><i>Indicate your choice by typing an “x” below:</i></p> <p>_____ Alternative #A-1 is preferred.</p> <p>_____ Alternative #A-2 is preferred.</p> <p>_____ The text needs the modifications shown at right.</p> <p><i>District comments/questions (type below):</i></p>	<p><b>SICK LEAVE POOL</b></p> <p>An employee who has exhausted all paid leave and</p> <hr/> <p><i>Alternative #A-1</i></p> <p>who suffers from a catastrophic illness or injury</p> <hr/> <p><i>Alternative #A-2</i></p> <p>who suffers from a catastrophic illness or injury or is absent due to the catastrophic illness or injury of a member of the employee’s immediate family</p> <hr/>
<p><b>Section IX, block 2</b></p> <p><i>Which type of leave may be donated to the pool?</i></p> <p><i>Indicate your choice by typing an “x” below:</i></p> <p>_____ Alternative #B-1 is preferred.</p> <p>_____ Alternative #B-2 is preferred.</p> <p>_____ Alternative #B-3 is preferred.</p> <p>_____ The text needs the modifications shown at right.</p> <p><i>District comments/questions (type below):</i></p>	<p>may request the establishment of a sick leave pool, to which District employees may donate</p> <hr/> <p><i>Alternative #B-1</i></p> <p>only local leave</p> <hr/> <p><i>Alternative #B-2</i></p> <p>only state personal leave</p> <hr/> <p><i>Alternative #B-3</i></p> <p>local leave or state personal leave</p> <hr/>

## Supplemental Local Policy Provisions

<b>Section IX—Sick Leave Pool (Optional)</b>	
<b>Make choices here</b>	<b>Make changes here</b>
<p><b>Section IX, block 3</b></p> <p><i>Indicate your choice by typing an “x” below:</i></p> <p>___ The text is acceptable as presented.</p> <p>___ The text needs the modifications shown at right.</p> <p><i>District comments/questions (type below):</i></p>	<p><b>SICK LEAVE POOL, continued</b></p> <p>for use by the eligible employee. If the employee is unable to submit the request, a member of the employee’s family or the employee’s supervisor may submit the request to establish a sick leave pool.</p> <p>The pool shall cease to exist when the employee no longer needs leave for the purpose requested, uses the maximum number of days allowed under a pool, or exhausts all leave days donated to the sick leave pool.</p> <p>The Superintendent or designee shall develop regulations for the implementation of the sick leave pool that address the following:</p> <ol style="list-style-type: none"> <li>1. Procedures to request the establishment of a sick leave pool;</li> <li>2. The maximum number of days an employee may donate to a sick leave pool;</li> <li>3. The maximum number of days per school year an eligible employee may receive from a sick leave pool; and</li> <li>4. The return of unused days to donors.</li> </ol>
<p><b>Section IX, block 4</b></p> <p><i>Indicate your choice by typing an “x” below:</i></p> <p>___ The text is acceptable as presented.</p> <p>___ The text needs the modifications shown at right.</p> <p><i>District comments/questions (type below):</i></p>	<p><b>APPEAL</b></p> <p>All decisions regarding the establishment or implementation of the District’s sick leave pool may be appealed in accordance with DGBA(LOCAL), beginning with the Superintendent or designee.</p>

**Supplemental Local Policy Provisions**

<b>Section X—Sick Leave Bank (Optional)</b>	
<b>Make choices here</b>	<b>Make changes here</b>
<p>_____ Place an X in the blank if the district does not currently use or wish to adopt a sick leave bank program, then please skip forward to the next section of the worksheet.</p>	
<p><b>Section X, block 1</b></p> <p><b>Which type of leave may be contributed to the bank?</b></p> <p><b>Indicate your choice by typing an “x” below:</b></p> <p>_____ Alternative #A-1 is preferred.</p> <p>_____ Alternative #A-2 is preferred.</p> <p>_____ Alternative #A-3 is preferred.</p> <p>_____ The text needs the modifications shown at right.</p> <p><b>District comments/questions (type below):</b></p>	<p><b>SICK LEAVE BANK</b></p> <p>The District shall establish a sick leave bank that employees may join through contribution of</p> <hr/> <p><b>Alternative #A-1</b></p> <p>local leave.</p> <hr/> <p><b>Alternative #A-2</b></p> <p>state personal leave.</p> <hr/> <p><b>Alternative #A-3</b></p> <p>local leave or state personal leave.</p>
<p><b>Section X, block 2</b></p> <p><b>Can leave be requested only for an employee’s illness or for the illness of a family member as well?</b></p> <p><b>Indicate your choice by typing an “x” below:</b></p> <p>_____ Alternative #B-1 is preferred.</p> <p>_____ Alternative #B-2 is preferred.</p> <p>_____ The text needs the modifications shown at right.</p> <p><b>District comments/questions (type below):</b></p>	<p>Leave contributed to the bank shall be solely for the use of participating employees. An employee who is a member of the bank may request leave from the bank if</p> <hr/> <p><b>Alternative #B-1</b></p> <p>the employee experiences a catastrophic illness or injury and has exhausted all paid leave.</p> <hr/> <p><b>Alternative #B-2</b></p> <p>the employee or a member of the employee’s immediate family experiences a catastrophic illness or injury and the employee has exhausted all paid leave.</p>

**Supplemental Local Policy Provisions**

<b>Section X—Sick Leave Bank (Optional)</b>	
<b>Make choices here</b>	<b>Make changes here</b>
<p><b>Section X, block 3</b></p> <p><i>Indicate your choice by typing an "x" below:</i></p> <p>___ The text is acceptable as presented.</p> <p>___ The text needs the modifications shown at right.</p> <p><i>District comments/questions (type below):</i></p>	<p><b>SICK LEAVE BANK, continued</b></p> <p>If the employee is unable to request leave from the sick leave bank, a member of the employee’s family or the employee’s supervisor may submit the request.</p> <p>The Superintendent or designee shall develop regulations for the operation of the sick leave bank that address the following:</p> <ol style="list-style-type: none"> <li>1. Membership in the sick leave bank, including the number of days an employee must donate to become a member;</li> <li>2. Procedures to request leave from the sick leave bank;</li> <li>3. The maximum number of days per school year a member employee may receive from the sick leave bank;</li> <li>4. The committee or administrator authorized to consider requests for leave from the sick leave bank and criteria for granting requests;</li> <li>5. Other procedures deemed necessary for the operation of the sick leave bank.</li> </ol>
<p><b>Section X, block 4</b></p> <p><i>Indicate your choice by typing an "x" below:</i></p> <p>___ The text is acceptable as presented.</p> <p>___ The text needs the modifications shown at right.</p> <p><i>District comments/questions (type below):</i></p>	<p><b>APPEAL</b></p> <p>All decisions regarding the sick leave bank may be appealed in accordance with DGBA(LOCAL), beginning with the Superintendent or designee.</p>

## Supplemental Local Policy Provisions

<b>Section XI—Annual Reimbursement of Leave (Optional)</b>	
<b>Make choices here</b>	<b>Make changes here</b>
<p>_____ <i>Place an X in the blank if the district does not currently reimburse leave on an annual basis or wish to adopt an annual reimbursement program, then please skip forward to the next section of the worksheet.</i></p>	
<p><b>Section XI, block 1</b></p> <p><b><i>Which group of employees would be eligible for an annual reimbursement of leave?</i></b></p> <p><b><i>Indicate your choice by typing an “x” below:</i></b></p> <p>_____ Alternative #A-1 is preferred.</p> <p>_____ Alternative #A-2 is preferred.</p> <p>_____ Alternative #A-3 is preferred.</p> <p>_____ The text needs the modifications shown at right.</p> <p><b><i>District comments/questions (type below):</i></b></p>	<p style="text-align: center;"><b>ANNUAL REIMBURSEMENT OF LEAVE</b></p> <hr/> <p><b><i>Alternative #A-1</i></b></p> <p>All employees</p> <hr/> <p><b><i>Alternative #A-2</i></b></p> <p>All full-time employees</p> <hr/> <p><b><i>Alternative #A-3</i></b></p> <p>All professional employees</p> <hr/>

**Supplemental Local Policy Provisions**

<b>Section XI—Annual Reimbursement of Leave (Optional)</b>	
<b>Make choices here</b>	<b>Make changes here</b>
<p><b>Section XI, block 2</b></p> <p><b><i>Will the district automatically make annual reimbursement to all eligible employees or will the district reimburse leave only if the employee requests reimbursement?</i></b></p> <p><b><i>Indicate your choice by typing an "x" below:</i></b></p> <p><input type="checkbox"/> Alternative #B-1 is preferred (with the value for maximum reimbursement of unused leave provided at right).</p> <p><input type="checkbox"/> Alternative #B-2 is preferred (with the value for maximum reimbursement of unused leave provided at right).</p> <p><input type="checkbox"/> The text needs the modifications shown at right, in addition to the value provided for maximum reimbursement of leave.</p> <p><b><i>What type of leave does the district reimburse?</i></b></p> <p><input type="checkbox"/> state</p> <p><input type="checkbox"/> local</p> <p><input type="checkbox"/> state and local</p> <p><b><i>District comments/questions (type below):</i></b></p>	<p align="center"><b>ANNUAL REIMBURSEMENT OF LEAVE, continued</b></p> <hr/> <p><b><i>Alternative #B-1</i></b></p> <p>shall receive an annual reimbursement of unused <b>[state/local]</b> leave to a maximum of <span style="background-color: yellow;">      </span> days per school year.</p> <hr/> <p><b><i>Alternative #B-2</i></b></p> <p>may request annual reimbursement of unused <b>[state/local]</b> leave to a maximum of <span style="background-color: yellow;">      </span> days per school year.</p> <p>An employee who wishes to receive reimbursement for unused leave must submit his or her written request in accordance with administrative procedures.</p> <hr/>

## Supplemental Local Policy Provisions

<b>Section XI—Annual Reimbursement of Leave (Optional)</b>	
<b>Make choices here</b>	<b>Make changes here</b>
<p><b>Section XI, block 3</b></p> <p><i>Indicate your choice by typing an "x" below:</i></p> <p>___ The text is acceptable as presented.</p> <p>___ The text needs the modifications shown at right.</p> <p><i>District comments/questions (type below):</i></p>	<p><b>ANNUAL REIMBURSEMENT OF LEAVE, continued</b></p> <p>Leave shall be reimbursed at a rate established by the Board. Days that are reimbursed shall not be available to that employee for use in the District.</p> <p>The rate established by the Board shall be in effect until a new rate is adopted. Any changes to the rate shall apply beginning with the school year following the adoption of the rate change.</p>



## Supplemental Local Policy Provisions

Section XII—Reimbursement of Leave Upon Separation (Optional)	
Make choices here	Make changes here
<p>_____ Place an X in the blank if the district does not currently reimburse leave upon separation or wish to adopt such a program, then please skip forward to the next section of the worksheet.</p>	
<p><b>Section XII, block 1</b></p> <p><i>Indicate your choice by typing an “x” below:</i></p> <p>_____ The text is acceptable as presented.</p> <p>_____ The text needs the modifications shown at right.</p> <p><b><i>What type of leave does the district reimburse? (Note: This choice will apply throughout this section of the worksheet.)</i></b></p> <p>_____ state</p> <p>_____ local</p> <p>_____ state and local</p> <p><b><i>District comments/questions (type below):</i></b></p>	<p><b>REIMBURSEMENT OF LEAVE UPON SEPARATION</b></p> <p>The following leave provisions shall apply to <b>[state/local]</b> leave earned beginning on the original effective date of this program.</p> <p>An employee who separates from employment with the District shall be eligible for reimbursement of <b>[state/local]</b> leave under the following conditions:</p> <ul style="list-style-type: none"> <li>• The employee’s separation from employment is voluntary, i.e., the employee is retiring or resigning and is not being discharged or nonrenewed.</li> <li>• The employee provides advance written notice of intent to separate from employment. Contract employees must provide written notice at least 90 days before the last day of employment. Non-contract employees must provide written notice at least two weeks before the last day of employment.</li> </ul>

## Supplemental Local Policy Provisions

<b>Section XII—Reimbursement of Leave Upon Separation (Optional)</b>	
<b>Make choices here</b>	<b>Make changes here</b>
<p><b>Section XII, block 2</b></p> <p><i>Indicate your choice by typing an "x" below:</i></p> <p>___ Requirement #1 (with the value for years of service provided at right)</p> <p>___ Requirement #2 (with the value for days of available state/local leave provided at right)</p> <p>___ Requirements #1 and #2 (with corresponding values provided at right)</p> <p>___ The text needs the modifications shown at right, in addition to the values provided for years of service and/or days of available leave.</p> <p> <i>District comments/questions (type below):</i></p>	<p style="text-align: center;"><b>REIMBURSEMENT OF LEAVE UPON SEPARATION, continued</b></p> <hr/> <p><i>Requirement #1</i></p> <ul style="list-style-type: none"> <li>• The employee has at least <span style="background-color: yellow; display: inline-block; width: 40px; height: 15px;"></span> years of service with the District.</li> </ul> <hr/> <p><i>Requirement #2</i></p> <ul style="list-style-type: none"> <li>• The employee has at least <span style="background-color: yellow; display: inline-block; width: 40px; height: 15px;"></span> days of available <b>[state/local]</b> leave.</li> </ul> <hr/>

## Supplemental Local Policy Provisions

<b>Section XII—Reimbursement of Leave Upon Separation (Optional)</b>	
<b>Make choices here</b>	<b>Make changes here</b>
<p><b>Section XII, block 3</b></p> <p><i>Indicate your choice by typing an "x" below:</i></p> <p>_____ The text is acceptable as presented (with the value for maximum number of days of reimbursement provided at right).</p> <p>_____ The text needs the modifications shown at right, in addition to the value provided for the maximum number of days of reimbursement.</p>  <p><i>District comments/questions (type below):</i></p>	<p><b>REIMBURSEMENT OF LEAVE UPON SEPARATION, continued</b></p> <p>The employee shall be reimbursed for each day of <b>[state/local]</b> leave, to a maximum of <span style="background-color: yellow;">      </span> days, at a rate established by the Board. If the employee is reemployed with the District, days for which the employee received payment shall not be available to that employee.</p> <p>The rate established by the Board shall be in effect until the Board adopts a new rate. Any changes to the rate shall apply beginning with the school year following the adoption of the rate change.</p>

## Supplemental Local Policy Provisions

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<b>Section XIII—Neutral Absence Control Policy (Optional)</b>	
<b>Make choices here</b>	<b>Make changes here</b>
<p>_____ <i>Place an X in the blank if the district currently has a neutral absence control policy. (For more information see page 8 of the explanatory text.)</i></p>	
<p><b>Section XIII, block 1</b></p> <p><i>If your district has a policy of Neutral Absence Control, please paste a copy of your policy text into the worksheet.</i></p> <p><i>District comments/questions (type below):</i></p>	<p><b>NEUTRAL ABSENCE CONTROL POLICY</b></p> <p style="background-color: yellow; display: inline-block; padding: 2px;">[paste text here]</p>