

G-2550 GCCA
PROFESSIONAL / SUPPORT STAFF
UNDIFFERENTIATED LEAVE

Undifferentiated Leave for Illness or Personal Leave

Undifferentiated leave for certificated and support staff is a designated amount of compensated leave that is to be granted to an employee member for personal business reasons, personal illness, family illness, injury, or quarantine.

Each full-time staff member shall be credited with an undifferentiated leave allowance at the appropriate following rate:

Twelve (12) month employment.....twelve (12) days annually
Eleven (11) month employment.....fifteen (15) days annually
Ten (10) month employment.....fourteen (14) days annually

All staff members can accumulate any unused portion to a maximum of fifty (50) days, at which time no more undifferentiated leave can be earned. As accumulated undifferentiated leave days are used and drop below fifty (50) days, an eligible employee may again accumulate undifferentiated leave up to the maximum limit.

Undifferentiated leave of any employee who does not serve a full school year shall be prorated at the rate of number of employee contracted days. If the employee uses more days than were accrued their last pay check will be docked for the difference.

When an employee exhausts all days of accumulated undifferentiated leave, an unpaid leave of absence must be requested, pursuant to District policy. If circumstances warrant it, employee may request leave assistance through district Accumulated Leave Assistance Program. See district policy G-3100, GCCG.

How Leave May Be Used:

Leave may be used for personal or family illness, personal or family injury, quarantine, childbirth, personal business, or family matters.

Personal Illness, Family Illness, Injury, Childbirth, or Quarantine

Illness is defined as a temporary physical condition that would keep the employee from performing their duties. Family, for purposes of family illness, shall include anyone in your home for whom you share responsibility, or:

Spouse Grandchildren
Children Parents of spouse
Parents Brothers or sisters of spouse

Brothers or sisters Sons-in-law or daughters-in-law
Aunts or uncles Nieces or nephews
Grandparents

The District may, at District expense, require the employee to submit to medical or psychiatric examination by a physician or psychiatrist selected by the District to determine (1) whether or not the continued use of undifferentiated leave is appropriate or (2) whether return to duty is appropriate.

Anticipated long-term use of leave for illness, injury, or childbirth will be reported to the District in a manner consistent with the Family and Medical Leave Act (FMLA).

Undifferentiated leave may include other excused absences, such as medical, dental, or optical examination or treatment impossible to schedule on non-duty days.

Personal Business

Requests for undifferentiated leave for personal business must be received at least four (4) working days prior to the first day of leave, and must be approved by the District Administrator.

Requests shall be acted upon in order of receipt. Availability of substitutes may limit the number of requests granted at any one time.

Undifferentiated leave for personal business will not be granted, unless prior approval has been granted by the District Administrator for extenuating circumstances, during the following periods:

- On the day immediately proceeding or following a holiday or vacation.
- During the first two (2) weeks of school or the last two (2) weeks of school.

Any Classified staff that resigns from the District must give a ten (10) working days written notice. Certified staff must be released by the school board from their current contract.

Any employee who can be shown to have willfully violated or misused the District's undifferentiated leave policy or misrepresented any statement or condition will be subject to discipline, which may include reprimand, suspension, and/or dismissal.

Vacation Days

Only certain employees qualify for vacation days:

- 9, 10, and 11 month employees do not qualify for vacation days.
- 12 month employees:

Employee Years of Service		Number of Day Earned per Year
Non-exempt*	Exempt**	
0-4		10
5-9		14
10-16	0-4	17
17 or more	5-9	20
	10-16	22
	17 or more	24

*Non-exempt: employees paid hourly

**Exempt: salaried employees

- Certified employees (non-administrative), do not qualify for vacation days.
- Administrators (Classified/Certified) who are 12 month employees are given vacation days up front on the first pay period of the school year and must be used by the end of the school year. Vacation days are not accumulative.

An employee working 30 hours or more per week will accrue vacation at a pro-rated amount. Any employee under 30 hours per week will not be eligible for vacation days.

Vacation time may be accrued, but not used until an employee has worked for six (6) months. An employee may use accrued vacation time after six (6) months of employment, but vacations must be at the convenience of the District. School District Superintendent may allow employee use of accrued vacation days earlier than six (6) months at his/her discretion. An employee who resigns or is dismissed before the end of six (6) months of employment will be granted no vacation time.

Vacations will be arranged with the employee's immediate supervisor and at the convenience of the District.

Vacation time will be accumulated between July 1 and June 30. It must be used before the end of the following year unless prior written approval by the Superintendent or designee has been granted. Such accumulated of vacation time may be granted for up to six (6) months.

Violation or misuse of any leave policy will result in disciplinary action.

Compensation for Unused Undifferentiated Leave for
Employees Leaving School District

Except in cases where a staff member is dismissed for cause, a district employee shall have the rate of thirty-four dollars (\$34) per day if the employee terminates employment after a minimum of five (5) years service in the District or the employee officially retires according to Arizona Retirement Law prior to age sixty-five (65) with fewer than five (5) years service. The estate of an employee who deceases while under contract shall be paid thirty-four dollars (\$34) per accumulated leave day.

Notice of intent to retire or resign should be made by March 15 of the year prior in order for the amount to be properly budgeted. Notice of intent to retire or resign does not obligate the employee to retire/resign the following year. Failure to report by March 15 of the intent to retire or resign will result in forfeiture of the cumulative leave payoff unless otherwise agreed to by the Superintendent. Employees must notify the Superintendent of their decision to retire no later than March 15 of the year of retirement.

LEGAL REF.: A.R.S. 15-502

REGULATION

REGULATION

PROFESSIONAL STAFF LEAVE

Leave Incentive Program

Purpose: This program is designed to decrease the usage of substitute positions in the School District. The program can also help provide an opportunity for school district employees to participate in a districtwide sick leave bank. This is accomplished by incentivizing employees in positions that require a substitute to not call off during regular workdays or donating days to the school district sick leave bank.

Eligibility:

- The position must be eligible to accrue or receive leave per Board policy or contract.
- The position must be in a role requiring a substitute for when they are out for the day. For example, a classroom teacher. Human resources will maintain a list of eligible positions.
- Only leave hours accrued or allotted during the current contract or school year can be considered. Previously banked or rolled over leave hours are not considered. Vacation hours, or any other paid time off amounts are not part of the incentive program.

Program Details:

- After the last contract day of the school year, each eligible position shall have the below options for unused accumulated leave:
 - Request to have fifty percent (50%) of their unused annual leave accrual paid out via their existing payroll agreement.
 - Request to have their unused annual leave placed into the district sick leave bank for employee use (See details in Accumulated Leave Assistance Program document).
 - Request to use above a combination of "paid out" or placed in "sick leave bank".

Note: The employee that has the maximum 50 days of accumulated leave as of June 30 for current school year will be allowed to use up to 50% of accrued annual leave for either pay-out or donation to the sick leave bank. If the employee does not wish a pay-out they can donate 100% of the annual unpaid leave up to a maximum of 14 days per year to the district sick leave bank.

Prior to June 1st of each school year a school employee must indicate their preference for distribution of unused annual leave. Any unused accumulated leave not designated for compensation or to sick leave bank will be put into the district sick leave bank on July 1st when the employee has maxed out their 50 days of leave.

- Requests will be made in writing. The request process closes on June 1.
- Payroll will process the payout amounts by the last pay-date in June and take the appropriate payroll deductions from the gross amount.
- *If a request is not received:* The days are automatically placed into the leave bank and rolled over to the next year per District policy. These days are not eligible for the payout program.

Payout Process:

- For every day remaining in the current year bank, the payout is seventy-five dollars (\$75) per full day.
- The payout request can only be for fifty percent (50%) of total available balance accrued for the previous twelve (12) months in whole days. Partial days (less than six [6] hours) are not considered.
- Days in the employee's previous year leave bank are not considered.
- Any unused days will roll over to the following year unless employee is maxed out of accumulated leave of 50 days.

Scenarios:

- *Example 1:* Employee is given fourteen (14) leave days annually and does not use any days. The employee can request to receive payment for seven (7) of those days. $\$75 \times 7 = \525 (less taxes) at the end of the school year. The remaining seven (7) days are placed into their rollover bank unless employee is maxed out of accumulated leave of 50 days.
- *Example 2:* The employee is given fourteen (14) days and uses fourteen (14) days. No payout and no additional roll-over days to their leave bank.
- *Example 3:* The employee has the maximum allowable days of accumulated days (50) on June 30th of current school year. The employee will be allowed to use 50% of annual accrual days to be paid out. The remaining days will be placed in the district sick leave bank.

G-3100 GCCG
PROFESSIONAL STAFF VOLUNTARY
TRANSFER OF ACCRUED SICK LEAVE

Accumulated Leave Assistance Program

Purpose

The purpose of the Sick Leave Bank is to establish an equitable way of allowing employees to share their accumulated sick leave with others in need of additional sick leave until the employee is eligible for the District's short-term and the State's long term-disability programs.

The intent of this program is to protect benefit eligible employees (who work a minimum of .75 FTE) who may face financial hardship because they have exhausted all their own vacation, sick, or personal leave due to an extended serious, catastrophic, or unforeseen illness, injury or impairment. This program also can be applied to the employee who must be absent long term to care for a close family member.

Scope

All benefit eligible employees who accrue and use sick leave, are eligible to donate and withdraw from the Sick Leave Bank. This program is not available to temporary employees.

Policy

1. All eligible employees, even those employees that do not have 30 or more accumulated leave days may contribute 1 day to the district sick leave bank. The contribution of one day each fiscal year will help support our district's sick leave bank. Employees may contribute more days to sick leave bank at any time during the school year. An employee can only contribute days to sick leave bank when their personal leave bank is over 30 days.
2. Contributions to the sick leave bank are voluntary.
3. The school district will be responsible for guarding the privacy of sick leave bank recipients and donors.
4. Contributions will be accepted by completing a Sick Leave Pool Donation Form available at the school district office. A benefit eligible employee may contribute a maximum of 14 sick days per fiscal year.
5. Any eligible employee may request a withdrawal. All requests for withdrawal from the Sick Leave Bank must be made in advance of anticipated use.
6. Withdrawals from Sick Leave Bank may only be in increments of full days.
7. Withdrawals may only occur to the extent of Sick Leave Bank contributions available for withdrawal and the beneficiary has no leave time available.
8. A participating employee who is receiving workman's compensation, short term disability or long-term disability may not withdraw from the Sick Leave Bank.
9. An eligible employee may not withdraw more than 30 days per illness, injury, or condition. If employee anticipates being unable to work, the employee should contact HR regarding districts short term disability policy.
10. An eligible employee receiving sick leave days from the bank will not accrue additional leave for those days.
11. At the end of any fiscal year, all Sick Leave Bank days are carried over to the next year.
12. The administration of the policy and approved of Sick Leave Bank withdrawals are the responsibility of the Superintendent and Business Manager.

13. At termination of employment, sick leave days can go through the district payout process or can be donated to the sick leave bank or both. The employee must inform the district of how they want to handle excess sick leave days.

Procedures

1. Benefit eligible employees must complete a Sick Leave Donation form and submit to the Business Manager Office.
2. If an employee is incapacitated a family member or designee may request from the Sick Leave Bank on the employee's half with medical documentation.
3. Sick Leave Bank Request Forms should be submitted to the school district superintendent.
4. The school district business manager will review request considering the following:
 - Nature of the illness
 - Anticipated duration indicated by health care provider (if needed)
 - The number of sick days requested
 - Underlying facts of request
 - Available days in sick day bank
 - Other relevant factors the business manager deem relevant
5. The unused days will remain in the sick leave bank.
6. In case of an appeal, all information will be submitted to the school district superintendent who will then make the final decision.

GCCG-EB
EXHIBIT
**PROFESSIONAL STAFF VOLUNTARY
TRANSFER OF ACCRUED SICK LEAVE**
(Medical Leave Assistance Program)

SICK LEAVE DONATION FORM

Directions:

Please read carefully the information below, sign and submit it to school district superintendent. A copy of this form will be returned to you and to the employee receiving the donated sick leave.

Employee name _____ Date _____

School/department _____ SS No. _____

I desire to donate sick leave and verify the following:

1. I have currently accrued thirty (30) or more days of sick leave and understand that the maximum of days I can donate is 14 days. I further understand that I can, on a yearly basis, donate 1 day to the sick leave bank even if I am under 30 days of accrued leave.
2. I understand that my donated leave becomes the permanent property of the school district sick leave bank and may not be returned to me if unused.
4. I understand that days of leave - not my actual wage/salary - will be donated.
5. Information relative to this donation will remain confidential.
6. I make this donation voluntarily.
 - Donated days to school district sick bank _____

Employee or Authorized Designee's Signature

Date

☐ Approved ☐ Disapproved

Superintendent or designee

Date

GCCG-EB
EXHIBIT
**PROFESSIONAL STAFF VOLUNTARY
TRANSFER OF ACCRUED SICK LEAVE**
(Medical Leave Assistance Program)

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5. Information relative to this donation will remain confidential.
6. I make this donation voluntarily.
 - Donated days to school district sick bank _____

Employee or Authorized Designee's Signature

Date

☐ Approved ☐ Disapproved

Superintendent or designee

Date

GCCG-EB
EXHIBIT
**PROFESSIONAL STAFF VOLUNTARY
TRANSFER OF ACCRUED SICK LEAVE**
(Medical Leave Assistance Program)

SICK LEAVE DONATION FORM

Directions:

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School/department _____ SS No. _____

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2. I understand that my donated leave becomes the permanent property of the school district sick leave bank and may not be returned to me if unused.
4. I understand that days of leave - not my actual wage/salary - will be donated.
5. Information relative to this donation will remain confidential.
6. I make this donation voluntarily.
 - Donated days to school district sick bank _____

Employee or Authorized Designee's Signature

Date

☐ Approved ☐ Disapproved

Superintendent or designee

Date

GCCG-EA
EXHIBIT
PROFESSIONAL STAFF VOLUNTARY
TRANSFER OF ACCRUED SICK LEAVE
(Medical Leave Assistance Program)

MEDICAL LEAVE ASSISTANCE PROGRAM REQUEST

Directions:

Please read carefully the requirements for participation in the Medical Leave Assistance Program listed below, sign and submit to school district superintendent. A copy of this form will be returned to you.

Employee name _____ Date _____

School/department _____

I request to participate in the Medical Leave Assistance Program and verify the following:

1. I have depleted my accrued sick and personal and/or vacation leave because of a serious illness or injury to me or a family member. I understand that upon approval of this request any personal leave days will be converted to sick leave for use prior to using donated days.
2. I understand that "serious illness or injury" is defined as a "non-work-related illness that is required for more than ten (10) work days' absence for the same illness/injury within the school year. (Ordinarily, childbirth is not considered a serious illness.) I understand that I may also request coverage for a specified number of days for intermittent treatment that is necessitated because of the qualifying serious illness or injury.
3. I understand that I am not eligible for this program once I qualify for short term or long-term disability coverage.
4. I give my permission, if necessary, for the superintendent to verify or request additional information and/or documentation from the office of my attending licensed health care practitioner.
5. Based on the latest medical prognosis, I anticipate I will need _____ days.
6. I understand that it is possible for my need for sick leave to be posted so that other employees may be made aware of my need.
8. I understand that falsification of information on any medical leave assistance documents will result in denial of medical leave assistance for the school year.

Check the following for understanding:

- ☐ I request that my need for sick leave be shared with all district employees.

Employee or Authorized Designee's Signature

Date

Superintendent or Designee

Date