



PECOS-BARSTOW-TOYAH INDEPENDENT SCHOOL DISTRICT

P.O. Box 869
PECOS, TEXAS 79772

**Sick Leave Pool
REQUEST**

I, _____, would like to request a sick leave pool to be
(please print your name)
established for voluntary local sick leave donations by District staff.

For purposes of the sick leave pool, catastrophic illness, injury, or disability shall be defined as a severe mental or physical condition, including pregnancy related illness or disability, requiring ongoing care of a physician and major medical treatment such as surgery, chemotherapy, or radiation.

To be eligible to request this pool to be established, I must submit a health care provider statement with this request that I am suffering from a catastrophic health condition and I must have used all available paid leave.

Only one leave pool per school year may be established per employee. A maximum of **30** days may be donated for any one pool for an individual employee.

A sick leave pool shall cease to exist when I no longer need the sick leave days or when the **30** day per-pool limit is exhausted. Unused sick leave pool days shall revert to the donors in half-day increments divided proportionately according to the amount contributed by each individual. No general pool shall remain in existence.

Signature of employee: _____

Social security number: _____

Campus: _____

Date: _____