**NEWARK PUBLIC SCHOOLS SICK DAY DONOR PROGRAM**

**FOR INSTRUCTIONAL REGULAR SALARIED STAFF**

**Purpose**

The purpose of the Newark Public Schools sick day donor program is to support and provide terminally, seriously or chronically ill employees and family with coverage, and peace of mind in their moment of need.

**DEFINITION OF TERMINALLY ILL**: Person(s) with an incurable or irreversible illness at the end stage, which will result in death within a short time. (From O’Leary et al., Lexicon: Dictionary of Health Care Terms Organizations, and Acronyms for the Era of Reform, 1994, p. 780)

**DEFINITION OF CHRONICALLY ILL**: Diseases which have one or more of the following characteristics; they are permanent, leave residual disability, are caused by nonreversible pathological alteration, require special training of patient of rehabilitation, or may be expected to require a long period of supervision, observation, or care. (Dictionary of Health Services Management, 2d ed)

**PROCEDURES**

* Employee submits Sick Day Program Request Form and HIPPA form, executed by his/her certified medical doctor, to the Division of Health Services.
	+ If this information is not provided, the review for approval will be deferred and referred to the HR AOS unit for follow up to request the missing information and/or required form(s).
* The Division of Health Services must indicate receipt date and if approved, board physician indicates approval, signs and dates form, maintains certification form and notifies Human Resource Services-Technical Support, that employee has been approved for the program.
* Human Resource Services- Technical Support issues employee Sick Day Program Request Form (form B) and upon completion, employee returns executed form to Human Resource Services for review and form is submitted in Payroll.
* Payroll receives approved Sick Day Program Request Form, reviews for accuracy, reviews donor and recipient’s sick leave balances, debits donor’s sick leave and credits recipient’s leave.
* Payroll Director or Designee signs and dates Sick Day Program Request Form and forwards copies to donor, recipient, Division of Human Resource Services- Technical Support, and Division of Health Services and maintains original.
* An advisory committee comprised of an equal number of union and District representatives may review instances of denial for non-binding recommendation.

**ELIGIBILITY**

* Only regular salaried staff are eligible for program.
* The recipient must be **diagnosed with a terminal, serious, or chronic illnesses** as defined above.
* The recipient must be an employee of the District for a **minimum of one (1)** year, prior to applying for the program.
* The recipient must have **exhausted** all sick days and be absent on the long-term illness (six consecutive days or more).
* The recipient must have **exhausted** all the vacation days prior to the utilization of donated sick days
* The recipient can **only** solicit donor days from a colleague or superior, not a subordinate.
* The recipient **must** **not** and **should not** solicit donor days from subordinates, and days solicited and donated by recipient’s subordinates will be rejected.
* The recipient must have a satisfactory attendance record in the prior school years.

**RESTRICTIONS**

* Time can be debited only up to a maximum of twenty (20) days per request from one donor.
* Credited days **cannot** be purchased (buyback) by recipient.
* Credited days **cannot** be returned to donor.
* Donations are to the individual, not to a donor bank
* Donor sick days that are not used are lost.