

ACT OF DONATION
(EMPLOYEE SICK LEAVE)

BEFORE ME, the undersigned notary public duly commissioned in the state and parish aforesaid, personally came and appeared _____, and employee of The Franklin Parish School Board (hereinafter "Donor"), who after being duly sworn did state and depose that he/she does hereby donate and transfer unto _____ also an employee of the Franklin Parish School Board (hereinafter "Donee"), _____ days of his/her accumulated sick leave. By doing so, Donor has been advised and understands that, once accepted by the Donee, such sick leave days are removed from Donor's accumulated sick leave balance and may no longer be used by Donor for any purpose.

THUS DONE AND SIGNED in the presence of the undersigned competent witnesses and Notary Public, on this _____ day of _____, 20____, in Winnsboro, Louisiana.

WITNESSES: (2)

_____ Witness Signature	_____ Donor*
_____ Print Name	_____ Address
_____ Witness Signature	_____ City/State/Zip
_____ Print Name	_____ Donor SS#

NOTARY PUBLIC_____
Print Name & ID#

BEFORE ME, the undersigned notary public and competent witnesses personally came and appeared _____, Donee, who after being duly sworn did state and depose that he/she does hereby accept the above-described donation of sick leave days.

WITNESSES: (2)

_____ Witness Signature	_____ Donee*
_____ Print Name	_____ Address
_____ Witness Signature	_____ City/State/Zip
_____ Print Name	_____ Donee SS#

NOTARY PUBLIC_____
Print Name & ID#_____
Superintendent's signature_____
Date

*(Revised March 23, 2005 - All signatures must be done in front of Notary)

DONATION OF SICK LEAVE

The School Board recognizes that catastrophic illness or injury may warrant the need for additional sick leave days by employees. Therefore, the Board shall permit employees to donate or receive sick leave days to or from another employee of the School Board in accordance with the following regulations.

Donor Eligibility

- A. Employees wishing to donate sick leave days shall have accrued at least thirty (30) days as of the date of the intended donation.
- B. Employees wishing to donate sick leave shall have been actively employed by the Franklin Parish School Board for a period of thirty-six (36) consecutive months as of the date of the intended donation.
- C. Employees wishing to donate sick leave shall complete the appropriate *Act of Donation Form*. Said form shall be verified by the personnel department as to the donor's eligibility per items A and B listed above.
- D. Employees wishing to donate sick leave shall agree to irrevocably relinquish all future claims and rights to such donated sick leave, and hold the Franklin Parish School Board harmless for such donation. The days donated shall be permanently deducted from the total number of accumulated sick leave days the employee has on the date the donation is approved.
- E. All donations shall be strictly voluntary with no coercion on the part of any School Board member, supervisor or other employee.
- F. No transfer shall become valid until all forms, verifications and signatures have been completed and signed by the Superintendent.
- G. Employees wishing to donate sick leave shall designate the specific individual to who the sick leave is donated. These procedures do not allow for donating sick leave days to a general sick leave pool or bank.
- H. All donations shall be in units of whole days; no fractional days may be donated.
- I. Employees must donate a minimum of five (5) days and no more than a maximum of ten (10) days of accrued sick leave each fiscal year (July 1 - June 30).
- J. To avoid administrative problems, only one (1) donation may be made by an individual in a fiscal year.

Recipient Eligibility (Starting with school year 2008-09 support personnel may get extended leave)

- A. Teachers, school bus drivers, and support personnel who are to be recipients shall have exhausted all current and accumulated regular sick leave, and have used all ninety (90) days of extended sick leave.
- B. Those employees who receive annual leave must also have exhausted all annual leave time before becoming eligible to receive donated sick leave.
- C. Recipients may only receive donated sick leave as the result of a *catastrophic illness or injury*, defined as an illness or injury which in the opinion of at least two (2) attending physicians would require, under normal circumstances, hospitalization for a period of at least ten (10) consecutive days and is in the opinion of the attending physicians to be life threatening. The cost of obtaining such statements from the (two) physicians shall be borne by the recipient and not by the School Board.
- D. The *catastrophic illness or injury* shall be for the employee or a member of the employee's immediate family, which includes husband, wife, children and parents. Employees may request leave under the *Family and Medical Leave Act* for illness or injury of a member of the employee's immediate family.

- E. Recipients shall have been employed by the Franklin Parish School Board for at least thirty-six (36) consecutive months as of the date of the donation.
- F. Recipients shall have been employed by the Franklin Parish School Board at the time that the *catastrophic illness* or *injury* occurs or is diagnosed.
- G. Recipients may receive from various donors up to ninety (90) days of donated sick leave within one fiscal year, or the number of days remaining on their contract for the fiscal year, whichever is the lesser of the two amounts.

Other Provisions

- A. In no manner should these provisions be construed to be valid to cover what is generally considered in the medical profession to be routine procedures, illness or injury.
- B. Sick leave may not be donated or received to be used for personal days.
- C. The fact alone that an individual has no accumulated sick leave does not justify any donation of sick leave to that person.
- D. Donated sick leave shall become the property of the recipient. The recipient is under no legal obligation to return such sick leave to the donor at some future date.
- E. Unused donated sick leave remains the property of the recipient.
- F. The Superintendent is hereby designated to make determinations and clarifications of these provisions. Appeals of the determination of the Superintendent shall be made in writing to the School Board within ten (10) calendar days of the Superintendent's written notification of his/her determination in the matter.

FRANKLIN PARISH SCHOOL BOARD 7293 PRAIRIE ROAD WINNSBORO, LA 71295 (318) 435-9046	DONATION OF SICK LEAVE PHYSICIAN'S STATEMENT
--	---

Physician's Statement as Required by
Franklin Parish School Board Policy

PLEASE PRINT OR TYPE

Date: _____

Name of Applicant: _____

Name of Patient: _____

Exact date for which sick days are requested: _____

Please complete the following request for information by circling the yes or no and providing a brief response if appropriate:

1. Have you examined or treated this patient in the last month? YES NO

2. Current diagnosis and date of said diagnosis: _____

3. Is diagnosis a result of *catastrophic illness* or *injury*? YES NO

4. Based on your current diagnosis, could his patient have performed duties during the dates for which sick leave is requested? YES NO

Please provide any additional information which you feel would be pertinent in the School Board's decision process as to whether or not to grant the donation of sick leave days made by the patient.

I, the undersigned, hereby affirm that I am a physician licensed under the laws of the State of Louisiana (or the state of domicile, if different from Louisiana). I further certify under penalty of criminal prosecution (L.A.R.S. 14:125) that I have examined the herein named patient/applicant for donation of sick leave days and found that the medical condition stated above make the donation herein medically necessary.

Signature of Physician
Physician's signature only
(ORIGINAL SIGNATURE ONLY
NO FACSIMILE)

Address: _____

Phone: (____) _____

Physician Name

Date signed: _____

FRANKLIN PARISH SCHOOL BOARD
7293 PRAIRIE ROAD
WINNSBORO, LA 71295
(318) 435-9046

DONATION OF SICK LEAVE
PHYSICIAN'S STATEMENT

Physician's Statement as Required by
Franklin Parish School Board Policy

PLEASE PRINT OR TYPE

Date: _____

Name of Applicant: _____

Name of Patient: _____

Exact date for which sick days are requested: _____

Please complete the following request for information by circling the yes or no and providing a brief response if appropriate:

1. Have you examined or treated this patient in the last month? YES NO

2. Current diagnosis and date of said diagnosis: _____

3. Is diagnosis a result of *catastrophic illness* or *injury*? YES NO

4. Based on your current diagnosis, could his patient have performed duties during the dates for which sick leave is requested? YES NO

Please provide any additional information which you feel would be pertinent in the School Board's decision process as to whether or not to grant the donation of sick leave days made by the patient.

I, the undersigned, hereby affirm that I am a physician licensed under the laws of the State of Louisiana (or the state of domicile, if different from Louisiana). I further certify under penalty of criminal prosecution (LA.R.S. 14:125) that I have examined the herein named patient/applicant for donation of sick leave days and found that the medical condition stated above make the donation herein medically necessary.

Signature of Physician
Physician's signature only
(ORIGINAL SIGNATURE ONLY
NO FACSIMILE)

Address: _____

Phone: (____) _____

Date signed: _____

Physician Name

Member statements mailed in mid-August

As a member of TRSL, each year you receive a *Member Account Statement*, which details the salaries, contributions, and service credit reported by your employer for the fiscal year (July 1-June 30), as well as your accumulated funds and total service credit at the end of the fiscal year. It also lists your current beneficiary designation and your home address as last reported to TRSL. This is one of the reasons you should keep a current home address on file. Employers do not automatically report address changes made with them.

If you worked for more than one

TRSL offers retirement security other plans can't

(continued from page 5)

benefits last for your lifetime, and the life of your beneficiary if you so choose.

You are vested in TRSL after five years of service credit. That means you could stop working and collect 12.5% of your highest consecutive three-year average salary at age 60. Social Security's minimum retirement age is now 67!

With TRSL, you can rest assured that you and your beneficiary have a safe, secure, and sound retirement plan.

Board election being held for school food service

(continued from front)

If you have questions or did not receive voting information and feel you are eligible to vote, please contact Liz Guidry by phone at 225-925-6454 or by e-mail at liz.guidry@trsl.org. The *Elections Procedures* and *Schedule* for 2005 can be found in the Board of Trustees section of TRSL's website at www.trsl.org.

employer in a fiscal year you will receive one statement combining all employers' information. If you become an inactive member, you will not receive a statement unless there was contribution activity on your member account during the fiscal year.

Your employer or reporting agency is required to submit all monthly contribution reports for the fiscal year by July 15 annually. Once TRSL has balanced and closed all outstanding accounts for the fiscal year, member statements are generated and mailed to the latest home address on file for you at TRSL. For this reason, member account statements are usually mailed in the early autumn.

Donation to sick leave pool may reduce retirement credit

If you donate your sick leave to a pool to be used by any other employee in need, then your employer must report that donated sick leave as sick leave you used during that fiscal year. Therefore, donation to such a leave pool could result in a reduction of the retirement service credit you ultimately receive.

If you use sick leave from a sick leave pool, it is considered the same as using your own sick leave. The salary paid based on the use of donated sick leave from a sick leave pool must be reported to TRSL as earnable compensation, and the appropriate employee and employer contributions must be remitted. Also, the donated sick leave you used must be reported as sick leave days used in the appropriate fiscal year.

When you receive your statement, check it carefully. If your beneficiary or your mailing address is outdated, notify TRSL by submitting an *Active Member Change of Address Authoriza-*

tion (Form 2AC)

or a *Beneficiary Designation* (Form 3). Copies of these forms can be found on our website at www.trsl.org. If you find an error in salary, contributions, or service credit, **call your employer first**. Your employer should contact TRSL if the statement information does not agree with your employer's records. The earlier discrepancies are reported, the greater the chance will be for proper adjustment. An uncorrected error could affect your future retirement benefit. You may also have your employer submit an *Employment History Certification* (Form 6) to TRSL to certify your years of TRSL service credit. Write to TRSL, including your Social Security number, about any problem that cannot be resolved by your employer. Note that additional eligibility credit due to part-time or sabbatical service is not reflected on the member statement.

Applications acknowledged within one week

TRSL will acknowledge receipt of an application for retirement or DROP participation within five days of its arrival in the TRSL office. A copy of the acknowledgment letter is sent to the employer.

Members who do not receive an acknowledgment letter within two weeks of mailing their application should contact TRSL immediately to verify that their application was received.