

Descriptor Term:

**GBRIB**

**DONATING AND  
RECEIVING LEAVE**

ISSUE DATE: **1-30-06**  
REVISED: **7-9-12**  
**4-10-17**

Effective July 1, 2012, any employee of the Jackson County School District may donate a portion of his/her unused accumulated personal leave or sick leave to another employee of school district who is suffering from a catastrophic injury or documented illness, as defined in Mississippi Code 37-7-307, or a member of his/her immediate family suffering from a catastrophic injury or illness. For the purpose of this section, "immediate family" means spouse, parent, stepparent, child, or stepchild. To donate leave to another employee, the following procedures shall be followed:

1. The donor employee shall notify the superintendent (or designee) and designate the employee who is to receive the leave and the amount of unused leave to be donated.
2. The maximum amount of personal leave that may be donated cannot exceed that which would leave the donor employee with fewer than seven (7) days of personal leave. The maximum amount of sick leave that may be donated cannot exceed 50% of the unused accumulated sick leave. No employee can donate leave after tendering notice of separation for any reason or after termination.
3. An employee must have exhausted all of his/her accumulated personal and sick leave before being eligible to receive any donated leave. Donated leave shall not be used in lieu of disability retirement.
4. Eligibility for donated leave shall be based upon review and approval by the donor employee's supervisor.
5. Before an employee may receive any donated leave, he/she must provide the superintendent's committee with a physician's statement that states the beginning date of the injury or illness, a description of the injury or illness and a prognosis for recovery and the anticipated date the employee will be able to return to work. If it passes approval of the committee, then the request for donated leave will be presented to the Jackson County Board of Education for final approval. In the event that there is a lapse of time between the meeting of the Board and the recipient ~~receipt~~ of leave and such time would cause loss of pay to the employee, the Superintendent shall approve the leave and present the request at the next scheduled meeting of the Board.
6. If the amount of leave that is donated is not used by the employee, the whole days of donated leave shall be returned to the donor employee on a pro rata basis.

Legal Reference: MS Code Section 37-7-307

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**DONATING LEAVE TO ANOTHER EMPLOYEE**

Name of Donor Employee \_\_\_\_\_ SS# \_\_\_\_\_

Donor is employed in the Jackson County School District.

I currently have \_\_\_\_\_ personal and \_\_\_\_\_ sick leave days and hereby wish to donate \_\_\_\_\_ days of personal leave and/or \_\_\_\_\_ days of sick leave to \_\_\_\_\_

\_\_\_\_\_ Name of Employee  
SS# \_\_\_\_\_ who is employed in the Jackson County School District.

The recipient is suffering from a catastrophic illness or injury as defined in Mississippi Code 37-7-307.

Reason for donation: \_\_\_\_\_

I have read the attached procedures and understand that I will be reimbursed on a pro rata basis the number of days I have donated if unused by the recipient.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Donor

\_\_\_\_ Approve      \_\_\_\_\_ Not Approved

\_\_\_\_\_  
Signature of Donor Employee's Supervisor

\_\_\_\_ Approved      \_\_\_\_\_ Not Approved

\_\_\_\_\_  
Signature of Asst. Superintendent

\_\_\_\_ Approved      \_\_\_\_\_ Not Approved

\_\_\_\_\_  
Signature of Superintendent

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**RECIPIENT OF DONATED LEAVE**

Name of Recipient \_\_\_\_\_ SS# \_\_\_\_\_

Jackson County School District

I request that the Jackson County School District allow employees to donate leave to me. I understand that I shall not use donated leave in lieu of disability retirement.

I have attached a physician's statement with the beginning date of the injury or illness that includes a description of the injury or illness and a prognosis for recovery and the anticipated date I will return to work. This is a catastrophic illness or injury as defined in Mississippi Code 37-7-307.

\_\_\_\_\_  
Signature Date

Beginning date of illness or injury \_\_\_\_\_

Date anticipated to return to work \_\_\_\_\_

Number of days donated: \_\_\_\_\_ Personal Days \_\_\_\_\_ Sick Days

\_\_\_\_\_  
Approved Not Approved \_\_\_\_\_  
Signature of Superintendent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved Not Approved \_\_\_\_\_  
Signature of Committee Member

\_\_\_\_\_  
Date