LOS ANGELES UNIFIED SCHOOL DISTRICT
Division of Risk Management and Insurance Services
Integrated Disability Management

Michelle King
Superintendent of Schools

David Holmquist
General Counsel

Janice Sawyer
Chief Risk Officer

Dawn C. Watkins, Director
Integrated Disability Management

Signed Confirmation of _____, **Donating Illness Days to** <u>ANA ESTEVEZ</u>
                              (Donating employee)   (Receiving employee)

1. <u>Any donation of illness days (as confirmed by your signature as the donor on this form DCI – 7) is irrevocable. This means that there will be no circumstances where these donated days will be returned to you.</u>
2. Any donation shall not affect and shall not impact the donating employee's absence rate or performance evaluation.
3. A donation will typically impact the amount of illness time that can be used for the donor's retirement service credit. Additionally, for certificated employees, the donation will affect the number of days calculated for the Attendance Incentive Award Program. For classified employees, the donation will also affect the number of days calculated for any incentive program under a classified bargaining agreement.
4. Donations from one employee to any one recipient are limited to no more than 20 full-pay illness days. All donated illness days from the donating employee which are at different salary rates and/or at different ratios of hours/day than the rate and ratio of the receiving employee shall be converted by the District's Payroll Branch to equivalent days in accordance with established practice and appropriate rules for conversion.
5. The representative of donor's bargaining unit has been notified of this plan to donate illness days to this ill employee. None of these donations as referenced above can be made if there is an objection by the union. As noted above, donations also need to have you as the donating employee sign this authorizing form that clearly indicates the number of days the donating employee wishes to donate.

I, _____, agree to the above described donation in the amount of _____ (#)
             (your name)   (# of days)

_____ [same # written in words] of my own full-pay illness days to donate to
(same # written in words, no more than 20)

the employee referenced above. I make this donation voluntarily. My bargaining unit is_____.

_____   _____   _____
Signature of Donating Employee   Employee #   Date

Inform Recipient of My Name as a Donor?
<u>Yes</u> [ ]   <u>No</u> [ ]
(note: we assume the answer "yes" if there's no mark)

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There are restrictions and conditions upon the receiving employee, some of which are identified below:

A. The employee receiving the donation must currently be experiencing a catastrophic illness or injury, defined as an extremely serious health condition causing current incapacity for more than 12 consecutive weeks (specific criteria available upon request). The employee also needs to be on a formal leave of absence of more than 20 consecutive working days, as approved by the appropriate LAUSD personnel division. Additionally, if the employee is eligible for FMLA, the site needs to have designated the absence as FMLA.

B. Any use of donated full-pay illness days will be valid only if the receiving employee has exhausted all of this employee's own full-pay illness leave (and if applicable, exhaustion of any vacation balance); alternatively, the receiving employee will be required to utilize all of the receiving employee's own full-pay hours prior to utilizing any donated illness days.

C. Eligible employees may receive additional donations only during a period for 12 consecutive months. Employees will not be eligible for more donations after 12 consecutive months. Eligible employees can be the recipient of donations only once; the program is available for any one employee "once-in-a-career".

D. Donation of illness days is to assist the employee with salary. Donations of full-pay illness days shall reduce and replace the recipient's balance of half-pay illness days, on a one-for-one basis, retroactively back to the earliest half-pay day previously taken in the same fiscal year.   Donated days do not qualify for any recipient's projection of new illness time for the next (following) school year.

Risk Management's representative: _Cynthia Loaney-Illness Leave Donations
Contact ph # with email address: _213-241-3079 / Cynthia.loaney@lausd.net_____

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DCI – 7 rev. 04/02/08