Sick Leave Pool Guidelines for OCSD Instructional Employees

All full-time teachers shall be eligible for participation in the SICK LEAVE POOL after one (1) year of employment by the Okaloosa County School Board provided said teacher has accumulated a minimum of twenty (20) days of accrued unused sick leave. The four (4) leave days given at the beginning of the enrollment year will count toward the twenty (20) days.

The SICK LEAVE POOL Committee, appointed by OCEA, will review all requests for SICK LEAVE POOL days. The Committee shall have the sole right to approve or deny requests based on the information provided by the applicant and their physician. If an applicant does not agree with the Committee’s decision, they may file one appeal with the Committee. The appeal will consist of a more detailed Medical Doctor’s Statement form explaining why it is catastrophic/life threatening and must be submitted within 2 weeks of the initial denial. After the appeal, the decision of the Committee is final.

The participating employee’s inability to return to work due to a personal catastrophic/life threatening illness or injury shall normally be the basis for granting sick leave hours from the SICK LEAVE POOL. Catastrophic injury or illness is defined as a severe condition or combination of conditions affecting the mental or physical health of the employee which has resulted in a life-threatening condition and/or has had a major impact on life-functions. (This includes confirmation for bed rest.) “Catastrophic and Life Threatening” does not include elective surgery (i.e., face lift, liposuction, tubal ligation, vasectomy, intentional self-afflicted injuries) nor does it include colds, bronchitis, earaches, and toothaches.

**Temporomandibular Joint (TMJ):** Consideration of use of SICK LEAVE POOL days will be evaluated on an individual basis once the condition has gone beyond the care of a dentist and is at the level of a physician’s care. A Medical Doctor’s Statement form must be completed and signed by the attending physician.

**Pregnancy:** Pregnancy itself is NOT covered under the rules of the SICK LEAVE POOL (including six weeks after delivery). Catastrophic and/or extenuating circumstances which would cause absences prior to delivery or after the customary six weeks post-partum will be reviewed on a case-by-case basis.

**Mental Illness/Depression:** Mental illness and depression (Bipolar Disorder) will be considered on an individual basis at the point when it becomes medically necessary for hospitalization or institutionalization of the individual. At that time, a detailed Medical Doctor’s Statement form, signed by the physician, stating hospitalization/institutionalization is necessary, must be submitted to the Committee by the applicant.

1. To be eligible for days from the SICK LEAVE POOL, an applicant must: (a) have used all personal sick leave days and (b) have been absent for at least five continuous workdays due to the illness/injury for which SICK LEAVE POOL days are requested.

2. A Medical Doctor’s Statement form must accompany the SICK LEAVE POOL Withdrawal Application. This form will provide the Committee with the nature of the illness/injury and minimum time required off work with the beginning/ending dates and must be signed by the attending physician. Forms can be obtained from the OCEA office.

3. Membership doesn’t necessarily mean approval. Approved leave is awarded in increments of five (5) to thirty (30) days and limited to a total of ninety (90) days per twelve (12) month period. If additional time beyond the initial
awarded days becomes necessary, an updated Medical Doctor’s Statement from the physician and Withdrawal Application must be submitted for approval of extension.

4. It will be the responsibility of the applicant to submit the proper paperwork in a timely manner. Without proper documentation, requested leave is subject to denial.

5. The Committee reserves the right to request additional medical doctors’ opinions, other than the attending physician, at the expense of the applicant.

6. The applicant must sign the SICK LEAVE POOL Withdrawal Application, or it will not be considered. If the applicant is not physically able or mentally competent to sign, the applicant’s designee who holds power of attorney may sign if the Committee receives validation of the power of attorney.

7. The SICK LEAVE POOL Withdrawal Application and Medical Doctor’s Statement must be the originals. Photocopies will not be accepted.

8. The Committee reserves the right to investigate the possibility of any abuse of the SICK LEAVE POOL.

9. Any extraordinary circumstances/situations shall be brought before the Committee during the initial application process.

10. When travel related to the illness is required, the physician’s name, place of treatment, and nature of treatment must be submitted with the primary physician’s Medical Doctor’s Statement. A Medical Doctor’s Statement from the referred physician should also be submitted to the Committee.

11. SICK LEAVE POOL members who choose enter DROP will not be eligible to use the sick leave pool until: (a) all of their sick leave and annual leave has been depleted and (b) the employee has been on leave without pay for the number of days equal to the number of sick leave days for which they have been paid.

12. The SICK LEAVE POOL shall not be used to extend working time beyond the time an individual is eligible to draw medical disability retirement. The Committee may approve an application for ten (10) days while the employee is in the process of becoming eligible for medical disability retirement. Applicant must use all their sick leave prior to receiving days.

13. Any employee postponing or delaying obtaining medical attention (to correct an existing medical problem) in order to make themselves eligible for benefits from the SICK LEAVE POOL shall be declared ineligible for such benefits.

14. The SICK LEAVE POOL shall not be used in lieu of days for workmen’s compensation. An individual cannot choose SICK LEAVE POOL over workmen’s compensation.

15. If it becomes necessary to contribute an additional day, SICK LEAVE POOL members shall be notified in writing and will have the opportunity to cancel their membership in the Sick Leave Pool before the contribution is made. Upon cancellation, contributed sick days to the SICK LEAVE POOL are forfeited.


For more information, refer to Article XIII of the Master Contract.

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