# Sick Leave Pool Enrollment

## Current enrollment window open from May 1 through May 31

In 1998, CCEA negotiated with CCSD to create the Sick Leave Pool to give teachers with catastrophic illness or injury access to additional sick leave days above those they had accrued.

Since its inception, teachers could enroll in the pool only in the month of September. This timeframe excluded hundreds of new hires who start their employment after September. Acknowledging the need to extend the window, the CCEA Negotiations Team changed this during the 2013-2014 round of negotiations. The result: a second open enrollment period to take place in the month of May.

#### How does the Sick Leave **Pool work?**

- 1) Enrollment in the Sick Leave Pool is voluntary.
- 2) The open enrollment periods are September 1-30 and May 1-31 of each school year.
- 3) Enrollment is open to **any** teacher who has accrued six (6) days of unused sick days.
- 4) One (1) sick leave day is deducted from each teacher who joins the pool.

You only need to enroll in the pool once. If you

That's how many days the Sick Leave Pool has awarded to teachers with catastrophic illness or injury thus far. You help make a great difference! have not previously joined the pool and would like to now, please fill out the form below and send it to CCEAschool mail, U.S. mail, or hand deliver (4230 McLeod Drive, Las Vegas, NV 89121) The deadline to **RECEIVE** the form is May 31, 2017. No exceptions.

Not sure if you have previously joined the pool? Call CCEA at 702-733-3063 and we will be happy to check enrollment for you.

How do I access the **benefit?** Teachers with a

catastrophic illness/injury, and who have enrolled in the Sick Leave Pool,

can apply to the oversight committee for days once their own sick and personal leave is used. Lifetime usage of the pool is limited to 100 days maximum per person; immediate family members are not covered under this provision.

For more information about the Sick Leave Pool, visit www.ccea-nv.org and click on "Member **Resources**" at the top of the home page – once there, click on the "Forms" tab from the drop-down list. \*

# **Sick Leave Pool Enrollment Form**

I hereby authorize the Clark County School District to deduct one (1) sick leave day\* from my accrued sick leave and transfer the day to the sick leave pool as established in Article 18-11 of the Collective Bargaining Agreement. I understand that this day is to be used for the maintenance of the sick leave pool and shall not be refunded unless the pool fails to become operable.

### • ALL FIELDS ARE REQUIRED TO BE COMPLETED — PLEASE PRINT LEGIBLY •

LAST NAME			FIRST NAME		MI	
SOCIAL SECURITY # Full SSN required to process this form <u>NO EXCEPTIONS</u>		SCHOOL NAME		EFFECTIVE SCHOOL YEAR 2017-2018		
	May, 2017 DATE					
ool particip ollment.	pants must have a minimum of six ( **Sick Leave Pool Committee Gui		of accrued sick leave as of May 1 an be viewed online at www.ccea		ar of	
PLEA	ASE RETURN THIS COMPLETED FORM	и то ссі	EA — SCHOOL MAIL, U.S. MAIL, H	AND DELIV	ER OR	
	F/	AX TO (7	D2) 866-6134			

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