

Sick Leave Pool Enrollment

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

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

23,814

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 CCEA—school mail, U.S. mail, or hand deliver (4230 McLeod Drive, Las Vegas, NV 89121) **The deadline to RECEIVE the form is May 31, 2020. 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 # <i>Full SSN required to process this form -- NO EXCEPTIONS</i>	SCHOOL NAME	EFFECTIVE SCHOOL YEAR 2019-2020

SIGNATURE

May_____, 2020

*Pool participants must have a minimum of six (6) days of accrued sick leave as of September 1st of the year of enrollment

Sick Leave Pool Committee Guidelines can be viewed online at www.ccea-nv.org

PLEASE RETURN THIS COMPLETED FORM TO CCEA — VIA EMAIL: AAMMONS@CCEA-NV.ORG

OR FAX TO (702) 866-6134