

Memorandum of Understanding

This memorandum of understanding ("Agreement") is entered into by and between the Bonsall Unified School District ("District") and the Bonsall Teachers Association ("BTA") (collectively "Parties") to allow teachers to donate sick leave days directly to another unit member.

Accordingly, the Parties agree to the following:

1. The terms of this Agreement shall be in place during the 2017-18 school year only, unless language is bargained as part of the regular contract negotiations and fully ratified by the Parties prior to this.
2. The Parties agree to incorporate the below language or other language mutually agreed to regarding sick leave donation in the contract during the 2017-18 contract negotiations. This language will be ratified by both Parties as part of the regular ratification process.
3. Member-to-member sick leave donation shall be available as follows:
 - a. Certificated employees may donate sick leave to a member of the bargaining unit who has exhausted all fully paid leaves of absence and must remain on leave due to an illness or injury for the employee and/or immediate family member as defined by Article 3 of the collective bargaining agreement.
 - b. An employee who chooses to donate sick leave may donate from his/her accrued sick leave.
 - c. Donating employees must maintain a minimum of ten (10) full days of sick leave after any donation is deducted.
 - d. For this situation, sick leave donations shall be made in terms of full days and shall be utilized in terms of full days.
 - e. The Employee requesting sick leave donations shall submit the "member-to-member request form" to the human resources office. If the employee is unable to submit the request due to injury or illness, a member of the BTA executive board may do so on their behalf with permission from the member or the member's designee (i.e. spouse). The human resources office shall notify all unit members of such a request. Employees who would like to donate sick days to another employee should complete the "member-to-member sick leave donation form" which will be made available via email with the notification of the request for sick leave days and submit the signed, completed form to the human resources office.
 - f. Donations will be transferred to the recipient as needed. Donated sick leave not used by the recipient will be held in a leave bank for future use by other unit members who submit a member-to-member donation request.
 - g. Donated sick leave used by the recipient shall not exceed one (1) school year in length.

BUSD

BTA

David Jones, Superintendent

Julie Urquhart Anguiano, BTA President

Date: _____, 2017

Date: _____, 2017

**Bonsall Teachers Association
Member-to-Member Sick Leave Donation
REQUEST FORM**

Requesting Member's Full Name:	
Requesting Member's Employee ID No:	
Reason for request (please provide a brief description of why donated sick days are needed. Do NOT include personal information you do not want shared with other unit members):	
Approximate number of days you will be out on leave.	
Approximate sick days you had at the start of leave.	
Approximate number of days you will need donated to you.	
I understand that any days donated beyond my need will be held in a leave bank and will not be available for my personal use.	
Signature	
Date	

Human Resources Receipt

Signature	
Printed Name	
Date	

Copy of completed form will be sent to requesting member via email or district mail upon receipt by HR.

**Bonsall Teachers Association
Member-to-Member Sick Leave Donation
DONATION FORM**

Donating Member's Information

Full Name	
Employee ID Number	
Sick Leave Days Available**	
Number of Days to Donate	
Remaining Days of Sick Leave**	
I understand that any days donated will be deducted from my sick leave. I also understand that any days I donate that are not used by the employee will not be returned to me, but will be held in a leave bank for future use by unit members.	
Signature	
Date	

**Number of sick leave days may be approximate based on PeopleSoft; ten (10) full days must remain after donation.

Receiving Member's Information

Full Name	
Employee ID Number**	

**If Employee ID number is unknown, please write in work site.

Human Resources Receipt

Signature	
Printed Name	
Date	

Copy of completed form will be sent to donating member via email or district mail upon receipt by HR.