



School District/Charter School Sick Leave Policy Certification

Purpose of the Form

- Use this form for Annual School District Sick Leave Policy Certification.

Instructions

- Form must be signed by the District Superintendent, Charter School Director, or Board Chair as applicable.
- Enter the effective date and end date of the policy, if no end date, enter N/A for end date.
- Enter amount of sick leave accrued for Certificated, Administrative and Non-Certificated employees (i.e., 1 day per month or 12 days per year, etc.)
- Attach a copy of all applicable Sick Leave policies.
- Return this form to PERSI by November 30 of the effective year.

School District / Charter School Information

| | |
|---------------|-----------------|
| Employer Name | Employer Number |
|---------------|-----------------|

Sick Leave Policy Effective Period

| | |
|---------------------------------------|-----------------------|
| Effective Date of Policy – mm/dd/yyyy | End Date – mm/dd/yyyy |
|---------------------------------------|-----------------------|

Certificated Employee Sick Leave Accrual

| | | | |
|--|-------------------------------|---|--|
| Accrual Rate _____ Day(s) per _____ | Maximum Accrual _____ Days | Work Week (choose one) <input type="checkbox"/> 5-day <input type="checkbox"/> 4-day | This is a Change From the Prior Year <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|-------------------------------|---|--|

Special Conditions

Administrative Employee Sick Leave Accrual

| | | | |
|--|-------------------------------|---|--|
| Accrual Rate _____ Day(s) per _____ | Maximum Accrual _____ Days | Work Week (choose one) <input type="checkbox"/> 5-day <input type="checkbox"/> 4-day | This is a Change From the Prior Year <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|-------------------------------|---|--|

Special Conditions

Non-Certificated Employee Sick Leave Accrual

| | | | |
|--|-------------------------------|---|--|
| Accrual Rate _____ Day(s) per _____ | Maximum Accrual _____ Days | Work Week (choose one) <input type="checkbox"/> 5-day <input type="checkbox"/> 4-day | This is a Change From the Prior Year <input type="checkbox"/> Yes <input type="checkbox"/> No |
|--|-------------------------------|---|--|

Special Conditions

Employer Certification

I certify the Sick Leave Accrual information provided is accurate and in accordance with applicable Idaho statutes and rules.

| | |
|---|-------------------|
| Name of School District Superintendent, Charter School Director, or Board Chair | Position Title |
| Signature | Date – mm/dd/yyyy |

