



School District/Charter School Sick Leave Policy Certification

Purpose of the Form

- Use this form to certify your annual school district or charter school sick leave policy with PERSI.

Instructions

- Complete the form in blue or black ink.
- Enter the effective period for the policy. If the policy has no end date, enter N/A for the end date.
- Enter the sick leave accrual information for your certificated, administrative, and non-certificated employees.
 - Accrual Rate** must be expressed in days per time period (i.e., 1 day per month, 12 days per year, etc.)
 - Maximum Accrual per Year** and **Policy Sick Leave Cap** (the maximum time that can be accrued by an employee of that type) must be entered in days
- Attach copies of all applicable sick leave policies.
- Ensure that the form is signed by the District Superintendent, Charter School Director, or Board Chair as applicable.
- Return the completed form to PERSI.

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 per Year _____ Days	Policy Sick Leave Cap _____ Days	Work Week (choose one) <input type="checkbox"/> 5-day <input type="checkbox"/> 4-day
Special Conditions			Policy has Changed from the Prior Year <input type="checkbox"/> Yes <input type="checkbox"/> No

Administrative Employee Sick Leave Accrual			
Accrual Rate _____ Day(s) per _____	Maximum Accrual per Year _____ Days	Policy Sick Leave Cap _____ Days	Work Week (choose one) <input type="checkbox"/> 5-day <input type="checkbox"/> 4-day
Special Conditions			Policy has Changed from the Prior Year <input type="checkbox"/> Yes <input type="checkbox"/> No

Non-Certificated Employee Sick Leave Accrual			
Accrual Rate _____ Day(s) per _____	Maximum Accrual per Year _____ Days	Policy Sick Leave Cap _____ Days	Work Week (choose one) <input type="checkbox"/> 5-day <input type="checkbox"/> 4-day
Special Conditions			Policy has Changed from the Prior Year <input type="checkbox"/> Yes <input type="checkbox"/> No

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

