

NO-PAY DAY GUIDELINES FOR ALL WCSD EMPLOYEES

Board of Education policies govern the use of no-pay days by all WCSD employees. As per the Board’s Staff Attendance and Leave of Absence policies, no-pay days are not routinely granted, may be available for emergency circumstances only, and require approval by the immediate supervisor and the Assistant Superintendent for Human Resources and Labor Relations, who serves as the Superintendent’s designee, and the Board of Education. As per the Board’s policy, requests for no-pay days are not routinely granted due to the need of the District to depend on our employees to be at work.

As per Board policy, the following may constitute “emergency circumstances” for no-pay requests by employees:

- When an employee is unable to work because of sickness or disability and sick/personal/vacation leave have been exhausted;
- When an employee is unable to work due to a personal emergency and personal/vacation leave has been exhausted; or
- When an employee demonstrates some other extraordinary circumstances wherein the leave will be of benefit to the District and applicable leave has been exhausted; or
- When an employee demonstrates applicability of the Family and Medical Leave Act of 1993.

If you find you need a no-pay day, fill out the bottom of this form and submit this form to the principal as far in advance as possible. Department employees who do not report to a principal should submit the form to the department supervisor. Use of the form is mandatory. Employees who use the AESOP substitute system are required to submit the completed form before calling in an absence. Be prepared to submit documentation of your need for the no-pay day, if requested. The principal or supervisor will notify Human Resources whether he/she recommends approval.

REQUEST FOR NO PAY DAYS

Name _____

Date(s) of No-Pay Day(s) _____

Reason for No-Pay Day(s) _____

Employee Signature _____ Date Submitted _____

To Asst Supt of HR: Principal / Supervisor ___ recommends / ___ does not recommend approval.

Principal / Supervisor Signature _____ Date _____

Note: Information provided to your principal or supervisor regarding the reason for a no-pay day will be treated as confidential.