

8- SICK LEAVE BANK POLICY (SLB)

1 PURPOSE:

To establish guidelines for the administration of a Sick Leave Bank (SLB) which allows eligible employees to utilize emergency medical leave, family sick leave, and extended sick leave.

2 ELIGIBILITY:

Full-time classified employees who are unable to work in any capacity due to non-job-related injuries, temporary disabilities, and/or illnesses, or a Bank member who is the primary care giver to an eligible family member. Employees applying for extended sick leave must be in need of a minimum of 40 consecutive hours of leave. MEMBERS MUST EXHAUST ALL LEAVE BEFORE USING LEAVE RECEIVED FROM THE BANK.

3 DEFINITIONS:

For the purposes of this policy, the following definitions shall apply:

- A. SLB Member: A contributing participant in the SLB, eligible to request emergency medical leave, family sick leave, or extended sick leave.
- B. SLC: Sick Leave Committee. This committee is appointed by the City Manager and makes all decisions concerning the granting of leave under this policy.
- C. Emergency Medical Leave: A grant of 40 hours leave to an employee due to a sudden or unexpected medical emergency which requires the employee to obtain immediate medical attention or care due to an illness or disability. Scheduled appointments and scheduled surgeries are not applicable under this section. A member must have less than forty (40) hours of all available leave in order to apply for Emergency Medical Leave.
- D. Family Sick Leave:

Family sick leave may be requested by SLB members when needed to provide care/assistance to an eligible family member. For the purpose of this policy, an eligible family member is defined as: spouse, son, or daughter. Family sick leave IS NOT the same as leave provided under the Family Medical Leave Act (FMLA). The FMLA allows an employee to request up to twelve (12) weeks of unpaid/paid leave to care for the serious medical condition of a spouse, child, self, parent, or birth or adoption of a child.

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- E. Extended Sick Leave: Extended sick leave may be requested by members who need at least 40 consecutive hours.

4 MEMBERSHIP IN THE BANK:

A. Membership in the Sick Leave Bank enables an employee to apply for emergency medical leave, family sick leave, and extended sick leave.

B. Employees must be Bank members prior to requesting leave under this policy.

C. All eligible employees may enroll in the Sick Leave Bank during the membership open enrollment period (January 2-31 annually) by completing the “Request for Membership” form and sending it to Department of Human Resources. By signing and submitting this form, the employee understands and agrees with the following:

- (1.) Membership in the SLB does not guarantee that requested sick leave from the Bank will be approved.
- (2.) Enrollment is permitted only at the time of an announced open enrollment which will occur a minimum of once per calendar year.
- (3.) The member will invest twenty-four (24) hours of sick and/or annual leave to the SLB as a membership fee.
- (4.) The member will be required on an annual basis to invest eight (8) hours of sick and/or annual leave to the Bank in January of each year in order to maintain the solvency of the Bank. This provision may be waived if the Bank contributions are deemed to be adequate. Failure to meet investment requirements will result in automatic termination of the employee’s membership in the Bank.
- (5.) Leave transferred to the SLB becomes the property of the SLB and will not be returned to the employee upon termination of membership from the SLB for any reason, termination of employment, or upon dissolution of the Bank.

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- (6.) At the time of request for membership, the employee must have a minimum balance of forty (40) hours of accrued sick leave. (Newly hired employees are not eligible for membership in the Sick Leave Bank until they have completed the 12 months probationary period, and will have to apply within 15 days of their hire date anniversary. If they do not, they will have to wait until the next open enrollment period.
- (7.) A member who resigns from the SLB, or whose membership is terminated for failure to meet investment requirements, must wait a minimum of six (6) months prior to applying for readmission at the next open enrollment and must again transfer twenty-four (24) hours of sick and/or annual leave.
- (8.) Membership requests and voluntary withdrawals of membership are automatically accepted and do not require approval by the SLC.
- (9.) **Elective procedures, including cosmetic surgery, is not covered under this policy.**

5 MAXIMUM HOURS ALLOWED BY THE BANK

240 hours per twelve (12) month period. Hours will be calculated starting from first date of usage of any leave received from the bank under this policy.

6 TIMING OF APPLICATION FOR DONATED LEAVE

Employees must submit a request a minimum of 30 days prior to start of any projected leave or as soon as possible after medical emergency.

7 PROCEDURES FOR APPLYING TO THE BANK

- A. An application must be completed and submitted to the member's immediate department director, who will add his or her recommendations. The form will then be sent to the Department of Human Resources.
- B. All employees applying to the Bank agree to permit the SLC to review leave records, the official personnel file, and attendance records.
- C. The SLC Chairperson will convene a meeting and each application will be evaluated using the same criteria as described herein.

SICK LEAVE BANK POLICY – (cont'd)

8 SPECIAL LEVIES

When the SLC members are of the opinion that the leave balance in the SLB is insufficient, the Board may request voluntary sick and/or annual leave donations to the Bank.

9 APPEALS

An employee who has been denied SLB hours may initiate one appeal to the Committee. In order to appeal, the employee must submit additional information and must address the reason for his/her appeal, in writing, within five (5) working days upon receipt of the decision letter, to the Chairperson of the Sick Leave Committee, in care of Human Resources.

There shall be no further appeal beyond the Sick Leave Committee.

10 RECORD KEEPING AND REPORTS

The procedures for reporting and recording leave granted through the Sick Leave Bank will be administered by the Department of Human Resources. The SLC will provide periodic reports to the Director of Human Resources and the City Manager, and will make recommendations for revisions as needed. The City Manager may revise or revoke this policy at any time.

8.2-CITY OF WAYNESBORO

SICK LEAVE BANK MEMBERSHIP/WITHDRAWAL

INSTRUCTIONS: Check the applicable category, sign this form and return it to your Human Resources Director for witnessing. A leave slip for 24 hours is required when joining the Bank.

(Please print)

NAME: _____

DEPARTMENT: _____

SOCIAL SECURITY #: _____

MEMBERSHIP I request membership in the Sick Leave Bank and authorize the transfer of 24 hours of sick leave or annual leave as a membership fee. I understand that an 8 hour levy may be required each year.

MEMBERSHIP WITHDRAWAL I hereby withdraw my membership in the Sick Leave Bank. I understand that I will not receive a refund of hours given to the Bank as my membership fee. If I rejoin the Bank, I must repay a 24 hour membership fee.

I agree to adhere to the Sick Leave Bank Policy and I understand that by joining the Bank I am eligible to apply for the benefits associated with this policy, but I am not guaranteed that all requested hours will be granted.

Signature

Date

Witness

Date

8.3-CITY OF WAYNESBORO

SICK LEAVE BANK REQUEST FORM

(Please print)

Name: _____

Department: _____

Social Security #: _____

As a member of the Sick Leave Bank, I hereby request _____ hours of sick leave to be transformed to my sick leave balance due to _____

_____ (medical certification must accompany request.)

Current Sick Leave Balance	_____	hours
Current Annual Leave Balance	_____	hours
Current Compensatory Leave Balance	_____	hours

_____	_____
Signature	Date

_____	_____
Department Director Signature	Date

Recommendation _____

Comments: _____

FOR SICK LEAVE COMMITTEE USE

Approval/Disapproval

_____	_____
Committee Chairperson Signature	Date

_____	_____
Committee Member Signature	Date

_____	_____
Committee Member Signature	Date