

## City of Andrews

### Employees' Sick Leave Bank

A sick leave bank is a pool of sick leave hours donated by eligible City of Andrews employees for the use of fellow employees who would otherwise have to take leave without pay. To apply for sick leave hours from the bank, an employee must be a member of the sick leave bank and must have used all of his or her own sick leave time, vacation, compensatory time, and extended illness time.

#### A. Purpose

The purpose of this policy is to establish guidelines for the organization and administration of a voluntary sick leave bank for sick bank members who qualify. Qualified employees include those unable to work in any capacity due to long-term, illnesses or injuries of a catastrophic nature, such as cancer, major surgery, serious accident, heart attack, etc., that poses a threat to life or requires in-patient or hospice care, extensive outpatient treatment or care at home when the affected employee has insufficient sick leave for the entire period. A catastrophic illness or injury is a severe condition or combination of conditions affecting the mental or physical health of the employee or a member of the employee's immediate family residing in his home (as outlined in the Personnel Handbook) that requires the services of a licensed practitioner. This voluntary program can help the employee through the personal financial hardship of extended illness. However, this policy is not intended to prolong employment in lieu of disability retirement if that is a reasonable alternative.

#### B. Definitions

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

Sick Leave Bank Members: Any full-time regular employee of the City of Andrews who meets the eligibility provisions described hereafter in the membership requirements is eligible for membership in the Sick Leave Bank.

Sick Leave Bank Grant Applicants: A Sick Leave Bank Member may apply for a bank grant in accordance with all Board requirements and procedures.

Ineligible Employees: All full-time, regular employees who have not completed one year of employment, as well as part-time, seasonal, and/or temporary employees, are ineligible for membership in the Sick Leave Bank.

Sick Leave Bank (Bank): The collective donated hours available to award to employees in accordance with this policy.

Sick Leave Bank Board (Board): This Board will consist of five employee members (at least one member will be from each department) and will be appointed by and serving at

the discretion of the City Manager. Appointments will be reviewed every two years. The City Manager will appoint one member of the Board to serve as Chairman. The Personnel Clerk will serve as Secretary to the Board but will not vote. The Board Makes all decisions concerning the granting of sick leave under this policy.

Licensed Practitioner: A licensed practitioner means a practitioner, as defined in the Texas Insurance Code, who is practicing within the scope of his/her license.

### C. Sick Leave Bank Membership

The Sick Leave Bank (Bank) is a voluntary program, and no inducement or discipline nor promise or threat of inducement or discipline, shall be used to encourage or discourage participation. All interested, eligible employees may voluntarily enroll in the program as members by completing the "Sick Leave Bank Membership Application/Agreement Form" and sending it to the Payroll Department. By signing and submitting the membership form, the eligible employee stipulates that he/she understands and agrees with the following:

1. The program is voluntary.
2. Enrollment is open to any regular, full-time employee of the City of Andrews during the period of open enrollment September 20 - September 30, 2002. After that time enrollment will be open for a period of one week at five-year intervals. New employees are eligible on the first anniversary date of their employment and for ten days thereafter.
3. An employee must donate eight (8) hours of unused leave at the time of enrollment and eight (8) hours of sick leave on October 1 each year thereafter (or until an appropriate maximum as determined by the Board is reached). Up to an additional eight (8) hours per year may be assessed to members if a shortage occurs.
4. Leave transferred to the Bank becomes the property of the Bank and will not be returned to the employee for any reason. Employees may not donate sick leave to the Bank to be used specifically for a particular employee.
5. Membership in the Bank does not guarantee that requested sick leave from the Bank will be approved.
6. The member, when requesting a withdrawal from the Bank, agrees to permit the Board to review the employee's leave records and requested medical information when considering the request.
7. A member who resigns from the Bank must wait until the next open enrollment period to apply for readmission and must meet any and all membership requirements in effect at that time.

8. Membership requests and voluntary withdrawals of membership are automatically accepted and require no vote/discussion by the Board other than denials based on eligibility.
9. Elective cosmetic surgery is not covered under this policy; however, the Board may, at its sole discretion, make an exception to this prohibition when such an exception is deemed appropriate. Pregnancy will not be treated as a catastrophic illness except when severe illness and prolonged complications arise with respect to either the mother or the child.

D. Sick Leave Bank Grant Requests

1. Requests for a sick leave bank grant may be made by or for all eligible employees to prevent the necessity of taking leave without pay in times of personal injury/illness. An employee must need a minimum of forty (40) hours in order to apply for Bank grants and must have exhausted all earned leave (i.e., sick leave, vacation, compensatory time, holiday time and extended illness). An employee who has taken a leave of absence without pay or has been suspended without pay for disciplinary measures must wait ninety days following the employee's return to work before making application for a sick leave bank grant.
2. Request will be processed by the Payroll Department and submitted to the Board for review/approval in accordance with the Sick Leave Bank Procedures. The Board shall consider the employee's length of service, prior utilization of sick leave, contributions to the Bank and medical information.
3. The total lifetime benefit under this program shall not exceed four hundred eighty (480) hours. The Board may grant up to one hundred sixty hours (160) per request, although the request may be repeated if additional time is needed. Sick leave grants may be used for a continuous absence or for intermittent or part-time absences if all other requirements are met.
4. If an employee terminates employment or does not otherwise use all sick leave time withdrawn from the Bank within three months from the date of the grant, the unused time will revert to the Bank.
5. Any benefit usually paid by the employee through a payroll deduction (such as dependent health coverage) will remain the responsibility of the employee receiving a sick leave grant.
6. Sick leave grants are not intended to cover cases of abusive leave use.
7. Timing of Sick Leave Bank Application – Employees should, when possible, request sick leave from the Bank at least ten (10) working days prior to exhausting all paid leave. The "Sick Leave Bank Grant Application" form should be completed and submitted to the employee's Department Head, who will review it to verify

completeness and add recommendations. The form will then be sent to the Personnel Department. The employee must provide a medical summary form from his/her attending physician which identifies the medical problem. An applicant may be required to undergo a medical review by a second opinion physician of the Board's choice at any time, at the expense of the City.

8. Sick Leave Grants -- Each request will be considered on a case-by-case basis.
9. Employees covered under a workers' compensation program may utilize the Sick Leave Grant for those conditions covered under workers' compensation as outlined in the Personnel Policy Handbook.

#### E. Compensation and Benefits

An employee who has been granted a Sick Leave Bank Grant will be treated the same as an active employee for purposes of compensation and benefits. The receiving employee is considered on paid leave and will continue to accrue vacation, sick leave, holidays, and retirement benefits and retain eligibility in the City's insurance plan.

#### F. Record Keeping

The procedures for the reporting and recording of leave granted through the Bank will be administered by the Payroll Department.

#### G. Appeals

The Board's decision shall be deemed final. However, within five (5) working days after receiving the decision, the employee may request that the City Manager review the Board's decision in order to ensure that the Board's decision was consistent with the Sick Leave Bank policy.

#### H. Reports and Policy Review

The Board will provide periodic reports to the City Manager.

This policy will be reviewed at least annually by the Board and recommendations for revisions will be made when necessary. This policy may be revised or rescinded by the City Council at any time.

**City of Andrews**

**Sick Leave Bank**

**Membership Application/Agreement**

**INSTRUCTIONS: Complete and sign this form and return it to the Personnel Department. You must complete this form even if you do not want to join the bank.**

Name: \_\_\_\_\_ Position/Title \_\_\_\_\_

Social Security Number \_\_\_\_\_ Department \_\_\_\_\_

Please check one of the following:

- A. Refusal – I do not want to apply for membership at this time.
- B. Not Eligible – I am not eligible to join.
- C. Request for Membership – I request membership in the Sick Leave Bank. I have read the Sick Leave Bank Policy and consent to comply with the program and with all policies administered by the Sick Leave Board.
- D. Membership Cancellation – I hereby cancel my membership in the Sick Leave Bank. I understand that I must wait until an open enrollment period to rejoin and must meet any and all membership requirements in effect at that time.

I freely and voluntarily authorize the immediate transfer of 8 hours of my \_\_\_\_\_ (sick leave, vacation leave or comp time) to the Bank. I understand that my leave balance will be reduced by a corresponding amount.

I understand that all leave transfers are final and are irrevocable. I further agree that these donated hours will not be returned or repaid to me in any form whatsoever and that the Sick Leave Bank is a voluntary program.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

**CITY OF ANDREWS  
SICK LEAVE BANK GRANT APPLICATION**

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Position/Title \_\_\_\_\_ Department \_\_\_\_\_

Telephone \_\_\_\_\_ Date of Hire \_\_\_\_\_

Are you a regular full-time employee       Yes       No

Are you a member of the Sick Leave Bank       Yes       No

Briefly describe the nature of the illness or injury: \_\_\_\_\_

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1. What is your current sick leave balance? \_\_\_\_\_ hours;  
Vacation leave balance? \_\_\_\_\_ hours;  
Compensatory time balance? \_\_\_\_\_ hours;  
Extended illness time balance? \_\_\_\_\_ hours;
  2. What is your current status? (check whichever is appropriate)  
 Working, but anticipating an extended absence due to surgery or hospitalization  
scheduled on or about \_\_\_\_\_.  
 Currently hospitalized or convalescing at home  
 Other (describe) \_\_\_\_\_
  3. What date do you anticipate returning to work? \_\_\_\_\_
  4. How much time are you requesting be granted from the bank? \_\_\_\_\_ hours.
  5. Have you provided the Board with a Medical Summary Form in order to review the  
medical diagnosis and prognosis of you or your family member?  Yes     No  
**MEDICAL INFORMATION WILL BE REQUIRED BEFORE THE BOARD CAN  
REVIEW YOUR APPLICATION.**
  6. If requesting time to care for an immediate family member, please supply:  
Name of family member \_\_\_\_\_ Relationship \_\_\_\_\_
  7. Please identify any large amounts (two weeks or more) of consecutive sick leave  
taken within the past three (3) years of employment and describe the nature of the  
illness: \_\_\_\_\_
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I hereby acknowledge that I have read or have had explained to me the Sick Leave Bank policy.

\_\_\_\_\_  
Employee's Signature/Date      Supervisor's Signature/Date  
Reviewed by Department Head: \_\_\_\_\_ (Please Initial)