

Sick Leave Policy

- 1.0 POLICY STATEMENT:** Regular attendance of each employee is vital to the day to day operations of the City. However, the City recognizes that illness can affect each of us. For this reason, the City provides paid sick leave to eligible employees.
- 2.0 PROCEDURES:** Eligible full-time employees will be eligible for sick leave and will accumulate sick leave at a rate set per month of employment. Part-time employees will accumulate sick leave pro-rated based on the number of hours hired to work. This accumulation is based on the most recent date of hire. Temporary and seasonal employees are not eligible for sick leave.
- 2.1 *Use of Sick Leave* - Sick leave is considered to be a privilege or benefit and should be used when illness or injury require, and not used at the discretion of the employee. A doctor's certificate describing the employee's ability to work or release to return to work during the period of absence may be required by the immediate supervisor or department head when there is reason to believe that sick leave privileges are being abused. When such proof of illness is requested and not presented, the absence will be treated as unexcused. An employee on authorized sick leave is not eligible for other leave benefits in addition to sick leave.
- 2.2 *Reporting of Sick Leave* - An employee who is absent from work because of illness is responsible for notifying his/her immediate supervisor or department head at least 15 minutes prior to the designated time for reporting to work on the day of absence. The employee will also be expected to keep his/her supervisor informed of his/her progress on a regular basis. Where a relief employee is required in a department which must provide 24-hour service, the employee must report absence at least one hour prior to the designated work time. In the event the employee fails to comply with these provisions, the employee may be charged with leave without pay.
- 2.3 *Accumulation of Sick Leave* - Starting with the first day of employment, sick leave will accumulate at the rate of eight (8) hours per month for regular full-time employees and on a pro-rata basis for regular part-time employees. For the purpose of this policy a day for Fire Bureau employees equals 24 hours and sick leave will accumulate at the rate of 24 hours a month unless Fire Bureau employees are assigned to an eight hour shift then they will accumulate at the rate of eight (8) hours per month. Sick leave may be accumulated with no maximum on number of days.

- 2.4 *Sick Leave for Family Illness* - In the event of a serious illness in the immediate family of an employee with six months' continuous service, the city will allow an employee to use sick days at the individual's regular rate of pay for the purpose of attending to that family member during this period of serious illness. For the purposes of this section, "serious illness" shall be deemed to be limited to situations in which a family member is either; (1) hospitalized, or (2) bedridden at home under the direct orders of the treating physician(s), for which proof may be required. For the purpose of this section, "immediate family" is defined as the employee's spouse, child, mother, father, brother, sister, grandmother, grandfather, or a close blood relative living in the same residence with the employee. In the event the employee claims days off under this provision, time off allowed and approved will be charged against the sick leave accumulation of the employee. In the event any employee claims a sick leave allowance or an allowance due to serious illness in the immediate family and it is ascertained to be false, unsubstantiated by required proof, then the employee shall be subject to disciplinary procedures and the time off counted as an unexcused absence.
- 2.5 *Sick Leave for the Death of a Family Member* - Regular full-time and regular part-time employees will be allowed use up to three (3) days of sick leave for the purpose of attending funerals of members of their immediate family. Immediate family members for the purpose of this section shall be defined as: spouse, mother, father, children, grandchildren, in-laws, sister, brother, grandparent. Any change from this procedure must be authorized by the city manager.
- 2.6 *Donation of Sick Leave* - The Human Resources Department will be responsible for coordinating and processing requests and maintaining appropriate related records. If the donation request is approved by the City Manager, Human Resources will ensure that the appropriate forms are submitted to the Payroll Office for processing. The donation policy is voluntary and should an employee desire he/she may donate any sick leave he/she has accumulated in excess of thirty (30) days to another employee(s) for a non-job related injury or illness subject to the following provisions:
- 2.6.1 The recipient of the donation must be under the direct care of a licensed physician due to a diagnosed long term injury or illness, the treatment of which requires the employee to be absent from work more often than his accumulated sick time, including sick leave, vacation leave, and compensatory leave would allow.
- 2.6.2 The recipients condition must be attested to by his/her physician in a statement submitted to the department head for approval by the city manager, who shall have final authority over donation requests.
- 2.6.3 No full-time employee may donate more than 80 hours and no Fire Department employee may donate more than 240 hours in any one

calendar year, nor shall any donation take place that would reduce an employee's accumulated sick leave below thirty (30) days.

2.6.4 An employee desiring to make such a donation shall complete the designated forms in the Human Resources Department a minimum of seven (7) days prior to such donation taking place. This request must be approved by the Department Head, Director of Human Resources and the City Manager before the donation of leave can be initiated.

2.6.5 Donations may not be used by the recipient longer than is medically necessary.

2.6.6 Employees required to care for a sick immediate family member may request sick leave donations to care for the family member once their accumulated leave has expired. Immediate family is defined as spouse or dependent child. The City Manager will evaluate these requests on a case by case basis. These requests must be substantiated with the appropriate medical documentation and will only be granted in severe medical cases. Factors to be considered are the severity of the condition, length of treatment, treatment location, and resources available to provide care for the family member. Employee's prior use of sick time will also be a consideration.

2.7 *Retirees* - Any employee who has completed 15 years of service with the city and is eligible to retire would be eligible to receive compensation as it relates to sick leave:

2.7.1 Upon retirement notification an employee may elect to receive compensation equivalent to two (2) days of sick leave at the employee's regular rate for every completed year of service not to exceed thirty years of service or sixty days of compensation. The number of sick leave days used to calculate compensation cannot exceed the number of sick leave days accumulated in the employee's account.

2.8 An employee retiring with TCRS may receive service credits for sick leave toward retirement based on the following formula. The formula for computing sick leave into creditable service allows each 20 days of accumulated sick leave to equal one month of creditable service. Once an employee has applied for retirement and has requested sick leave credit, the employee will not be allowed to use sick leave. In the event the employee needs to use sick leave after requesting sick leave credit. The employee will be required to present a doctor's statement.

2.9 The death of an active employee who is eligible for sick leave will be a qualifying event to pay 1/3 of the accumulated time to the employee's beneficiary.

3.0 RESPONSIBILITY: The Human Resources Director is responsible for the administration and communication of this policy.

APPROVED:

M. Denis Peterson
City Manager

Original: 02/06/89

Revisions: 12/17/90, 02/20/91, 09/08/00, 08/01/02, 08/15/03, 07/16/04, 07/07/06, 03/01/12, 4/1/17

Request to Receive Sick Leave Donation

Name of Employee Requesting to Receive Sick Leave Donation

Employee Name _____ Employee ID# _____

Department _____ Hire Date _____

I am requesting to receive sick leave donated by eligible city employees due to my own personal serious health condition, injury or illness. As of _____, 20____ my current leave balance for SICK is _____ hours; VACATION is _____ hours; and COMP is _____ hours.

I understand that approval of sick leave donation will be based on my past attendance record and use of leave privileges. Misuse or abuse of leave will result in denial or request. I've attached copies of my annual attendance records for the past three (3) years. Sign below and forward to your Department Head.

Date _____
Signature of **Employee Requesting Sick Leave**

Recommendation to approve or to disapprove will be based on the employee's past attendance record and use of leave privileges. The Department Head shall review the employee's attendance record and consult with Human Resources prior to rendering a decision. The Department Head will indicate their recommendation decision, sign and date.

APPROVED DISAPPROVED

Date _____
Signature of **Department Head**

Human Resources review of request and concurrence with Department Head.

APPROVED DISAPPROVED

Date _____
Signature of **Human Resources Representative**

The City Manager has the authority to approve or disapprove request to receive sick leave donation and the decision shall be deemed final.

APPROVED DISAPPROVED

Date _____
Signature of **City Manager**

Request to Donate Sick Leave

Name of Employee Donating Sick Leave

Name _____ Employee ID# _____

Department _____

I wish to donate _____ hours of sick leave to the following employee.

Name of Employee to Receive Donation

Name _____ Employee ID# _____

Department _____

I understand that this sick leave donation is voluntary and once this sick leave donation has been approved by the City Manager, my sick leave hours are forfeited and will not be returned back to my sick leave account. My signature authorizes the donation of sick leave as indicated above in accordance with Sick Leave Policy HR-102.

Date _____
Signature of **Employee Donating Sick Leave**

Date _____
Signature of **Department Head**

Approved Disapproved

Human Resources has verified that the donating employee has sufficient leave in their sick leave account to satisfy this request without exceeding the allowable balance.

Date _____
Signature of **Human Resources Representative**

Request to Receive Sick Leave Donation

Name of Employee Requesting to Receive Sick Leave Donation

Employee Name _____ Employee ID# _____

Department _____ Hire Date _____

I am requesting to receive sick leave donated by eligible city employees due to the serious health condition of my immediate family member. As of _____, 20____ my current leave balance for SICK is _____ hours; VACATION is _____ hours; and COMP is _____ hours.

I understand that approval of sick leave donation will be based on my past attendance record and use of leave privileges. Misuse or abuse of leave will result in denial or request. I've attached copies of my annual attendance records for the past three (3) years. Sign below and forward to your Department Head.

Date _____
Signature of **Employee Requesting Sick Leave**

Recommendation to approve or to disapprove will be based on the employee's past attendance record and use of leave privileges. The Department Head shall review the employee's attendance record and the operational impact on the department prior to rendering a decision. The Department Head will indicate their recommendation decision, sign and date.

APPROVED DISAPPROVED

Date _____
Signature of **Department Head**

Human Resources review of request and concurrence with Department Head.

APPROVED DISAPPROVED

Date _____
Signature of **Human Resources Representative**

The City Manager has the authority to approve or disapprove request to receive sick leave donation and the decision shall be deemed final.

APPROVED DISAPPROVED

Date _____
Signature of **City Manager**