

## **SICK LEAVE BANK POLICY & REGULATIONS**

**PHILOSOPHY:** A Sick Leave Bank has been established to help those employees who experience a serious long-term illness, or injury. The Sick Leave Bank is available to full-time Staff with sick leave benefits.

**MEMBERSHIP:** Membership is voluntary and obtained by donating one day of accumulated sick leave.

**ELIGIBILITY:** Eligible employees are all regular full-time employees who are eligible for benefits.

**ENROLLMENT:** An eligible employee may enroll by donating one (1) day of his/her accumulated sick leave to the bank. The bank will be maintained with a 100-day balance. **NOTE:** additional days will be assessed if membership is less than 100 days. Enrollment may be accomplished by forwarding the Sick Leave Bank Application Form (sample attached) to the Personnel Office. Forms are available from the Personnel Office. The period for enrollment shall be as follows:

1. A new employee may enroll within the first 30 days of employment. Assessment will be one day.
2. An employee who does not enroll when first eligible: may do so between any subsequent September 1 to September 30 open enrollment period, but will be subject to a three (3) month pre-existing condition exclusion upon enrollment in the Sick Leave Bank. Assessment will be one day.
3. An employee who terminates his/her membership may re-enroll in any subsequent September 1 to September 30, but will be subject to a three (3) month pre-existing condition exclusion upon enrollment in the Sick Leave Bank. Please note that during the time the employee was not a member and the group was assessed any days the employee will be assessed one day upon re-enrollment. If during the time period the employee was not a member and the group was not assessed any days the employee will not be assessed any days.

### **PROCEDURES FOR USE OF SICK LEAVE BANK:**

1. The employee, or someone on the employee's behalf, must submit to the Personnel Coordinator a written request to use leave from the Sick Leave Bank, the request must specify the number of days requested from the Sick Leave Bank.
2. The request must include documentation from the attending physician that includes:
  - a. A written statement with the employee's name, social security number and position. The statement should also include the dates the employee is required to be absent from work listing the serious illness or injury. (For College purposes a serious illness or injury is defined according to the Federal Family Medical Leave Act, examples include, but are not limited to: heart attacks; or heart conditions requiring surgery; most cancers; severe respiratory conditions; pneumonia and injuries caused by serious accidents).
  - b. The duration of absence from work, and
  - c. Prognosis of employee's ability to return to work.
3. The member of the bank must have used all of his/her accumulated sick and vacation leave (noted on Personnel Records) and fulfilled the 10 day Unpaid Leave requirement to be eligible for the Sick Leave Bank.

**NOTE:** Depletion of vacation for faculty only applies if said faculty member is ill during one of the pre-scheduled vacation periods, or the faculty member is on a 12-month contract and receiving vacation.

4. The employee must satisfy ten (10) consecutive working days of Leave Without Pay to be eligible for the Sick Leave Bank.

**BENEFITS DURING SICK LEAVE BANK USAGE:**

1. Leave: An employee does not earn paid sick/vacation leave while utilizing the benefit of the Sick Leave Bank, but will resume accrual of sick/vacation leave upon return to work (accrual will be prorated in accordance with actual time worked).

2. **Group Health Insurance:** If the employee is covered under the Family Medical Leave Act (see policy in Unpaid Leave), the first month which includes the 10 days of Unpaid Leave, the employee will continue to pay the premium normally contributed, and will continue to pay that premium until such time he/she is no longer covered under the Family Medical Leave Act. If an employee is not eligible for Family Medical Leave Act, he/she will pay his/her share of the premium for the first month, which includes the 10 Unpaid Leave Days. After the first month, the employee will pay both his/her share of the premium and the College's share.
3. **Group Life Insurance:** The employee may continue to pay the amount normally contributed to keep the policy active.
4. **Retirement:** Checks received while utilizing the Sick Leave Bank will have retirement Contributions deducted.
5. **Social Security:** Will be deducted as usual by payroll.
6. **Other Benefits:** Tuition waiver for Allegany College of Maryland classes, undergraduate and graduate tuition reimbursement, and holiday pay – Not Eligible

**SICK LEAVE BANK USE ELIGIBILITY:**

1. A maximum of up to **60 days** from the bank may be utilized each **rolling calendar year (365 days)** by any one member. Participating members must return to work and must meet the requirements of items 2 and 3 (in Section: Procedures For Use of Sick Leave Bank) before again becoming eligible to utilize sick leave bank benefits.
2. Eligibility to use days from the Sick Leave Bank will be based on a rolling one-year calendar (365 days). This will be calculated by using the last day used from the bank and counting forward one year.
3. If an employee returns to work and has a recurrence of the same serious illness/injury (recurrence must be substantiated by attending physician statement) and has not used up to the 60 day maximum from the Sick Leave Bank, he/she may request the remaining days from the Sick Leave Bank, but will not have to endure a second 10 day period without pay.

EXAMPLE: Staff member returns to work, and works several weeks/months and has a recurrence of initial illness/injury, the staff member would not be required to undergo a second leave without pay before accessing any balance of initial 60 day allotment per rolling year. Exception to this would be anyone who had already used the maximum amount of Sick Leave Bank Days (which is 60 days in a rolling calendar year).

4. The Sick Leave Bank benefits allotted end at **60 days per rolling calendar year (365 days)**, or

when an employee becomes eligible for Long Term Disability Benefits, whichever comes first.

**ADDITIONAL ASSESSMENTS:**

The members of the bank shall be assessed an additional day of leave when the pool is reduced below 100 days. Notification per an on-campus memo of such assessment shall be sent to each member at the time it is determined to be necessary and the assessment shall be made unless the participant chooses to cease membership in the bank. A member not wishing the assessment may terminate membership in the bank by notifying the Personnel Office in writing within five (5) working days from date of the assessment. A member who has no sick leave to contribute at the time of the assessment and who wishes to remain in the bank shall be assessed the required day(s) from the first sick leave granted thereafter.

**TERMINATION OF EMPLOYMENT:**

Upon termination of employment or withdrawal of membership from the bank, a participating employee ceases to be a member and shall not be permitted to withdraw his/her contributed day(s).

**EMPLOYEE RETIREMENT:**

Upon retirement an employee ceases to be a member and shall not be permitted to withdraw any contributed day(s) from the bank.

**NOTE: Contributed days are no longer eligible for the Maryland State Retirement Benefit.**

**Sick Leave Bank Request Form**

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

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Department \_\_\_\_\_

NUMBER OF LEAVE DAYS REQUESTED: \_\_\_\_\_

1. This form must be submitted prior to the actual use of requested days.
2. Coinciding with a request for the Sick Leave Bank, a member must make application for Long Term Disability.
3. Before your Sick Leave Bank request will be considered you must submit:
  - a. A licensed physician's verification that the illness or disability is total and renders the employee incapable of working.
  - b. Actual or expected date of return to work.
  - c. A completed Long Term Disability (LTD) form.
  - d. A Sick Leave Bank medical leave of absence request letter.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Physician's statement of the nature of the illness/disability: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that this illness/disability is total and renders the employee incapable of working.

NOTE: Your patient has exhausted all available personal sick and vacation leave and is now requesting a Leave With Pay from the Sick Leave Bank.

Actual or Expected date of return to Work: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_