Policy No. C-104

CITY OF CLEMSON

POLICY: Sick Leave Bank

The City of Clemson provides as a benefit to its employees, a Sick Leave Bank, that may be utilized in the event of a catastrophic illness or injury (serious and long term) of the employee. This policy is intended to assist the employee who has exhausted his/her sick and annual leave due to such an illness.

1. Participation in the Sick Leave Bank is strictly voluntary.

2. Only regular, full-time employees may participate in the Sick Leave Bank.

3. An employee who has worked for a minimum of one (1) year and obtained (but not necessarily maintained) a balance of eighty (80) or more hours of sick leave is eligible to join and then participate in the bank. Enrollment in the program is automatic. Employees will have to opt out by completing Form 14 if they do not want to participate.

4. Requests for leave from the Sick Leave Bank are not granted until the employee has exhausted all leave (sick and annual). Requests for leave are directed to the Human Resources Coordinator. The employee is expected to provide documentation of their illness or disability from a physician and complete Form 14-A.

5. The City Administrator, employee's Department Head and Human Resources Coordinator will review the employee's application and determine whether to grant leave to an employee according to medical information supplied by the employee's doctor. The City Administrators decision is final. The City Administrator will complete from 14-B and submit it to the Human Resources Coordinator.

   a. The employee will continue to accrue annual and sick leave on a monthly basis. If withdrawal from the Sick Leave Bank is approved, the accrued sick and annual leave hours will be pulled each month before any sick leave bank hours are used.

6. An employee may request up to a maximum of 200 hours to be used from the bank per request. The employee will be required to re-apply if additional time is needed.

7. If the sick leave balance in the bank falls below 600 hours, the City Administrator may request leave from each member for an additional eight (8) or (Police) ten and one-half (10-1/2) hours.

8. The enrollment period may take place each January, or any time the balance falls below 600 hours.

9. Employees are required to contribute eight (8) or (Police) ten and one-half (10-1/2) hours per year to the Bank. The hours will be automatically deducted from the employees sick leave balance each year unless they opt out of the program.

CITY OF CLEMSON - SICK LEAVE BANK
NON-MEMBERSHIP FORM

Form 14

(Please Print)

EMPLOYEE NAME _____ DEPARTMENT _____

JOB TITLE _____ TELEPHONE NUMBER _____

I am voluntarily opting out the City of Clemson's Sick Leave Bank. I understand that if I decide to participate at a later date I must notify the Human Resources Coordinator in writing.

_____
Employee Signature

_____
Date

CITY OF CLEMSON – SICK LEAVE BANK
APPLICATION FOR WITHDRAWAL OF HOURS

Form 14A

Please submit this request for sick leave bank hours at least two (2) weeks prior to the date you need to begin your leave. In cases of emergency where you are unable to make advance application, be sure someone on your behalf submits this completed request as soon as practicable after the onset of the emergency. A physician's confirmation is expected to be attached to this application. Request should be sent to the Human Resources Coordinator.

(Please Print)

_____ _____

NAME OF EMPLOYEE (requesting leave) DATE OF REQUEST

_____ _____

EMPLOYEE'S DEPARTMENT JOB TITLE

I hereby request to be granted _____ hours (200 Max) of sick leave from the Sick Leave Bank. I expect to be absent from work commencing _____and I expect to return to duty on or about _____. Accordingly, I expect to miss _____ work days during that period of time.

I certify this sick leave request is not the result of an on-the-job injury/illness, which has been determined to be covered under Worker's Compensation. I also acknowledge that if this request is approved, I am required to contribute the minimum number of sick leave hours to maintain my membership in the Sick Leave Bank during the next designated annual enrollment period. I also acknowledge that any unused sick leave days (hours) granted are returned to the bank upon my return to work.

_____

Signature

_____

Date

CITY OF CLEMSON – SICK LEAVE BANK DECISION ON APPLICATION FOR WITHDRAWAL OF HOURS

Form 14B

(Please Print)

_____ _____

NAME OF EMPLOYEE/APPLICANT NUMBER OF HOURS REQUESTED

DECISION:

☐ REQUEST ***APPROVED*** FOR UP TO _____ SICK LEAVE HOURS.

CONDITIONS or RESTRICTIONS (if any):_____

_____

_____

☐ REQUEST ***DENIED***.

REASON:_____

_____

_____

If the approved number of days is exhausted and the applicant has remaining eligibility for additional days, the applicant may request additional days by contacting the Human Resources Coordinator. The employee must submit another written request along with supplemental medical documentation supporting the necessity of such extension.

If the applicant returns to work earlier than the projected date of return, any excess days granted above are returned to the Sick Leave Bank.

SIGNATURE:

_____ _____

City Administrator Date