



POLICY TITLE: Employee Sick Leave Bank

POLICY NO.: PR-30

I. PURPOSE

This Policy establishes a program whereby a County employee may transfer accrued sick leave directly into a Sick Leave Bank as a general contribution or for the benefit of a specific County employee who is approved for use of Sick Leave Bank benefits as described herein.

II. DEFINITIONS

A. Catastrophic or Life-Threatening Injury or Illness means one or more of the following:

1. An extreme and debilitating illness;
2. A terminal illness;
3. An injury caused by an accident that could result in death or an extreme and debilitating condition; or
4. An extreme illness for which immediate medical treatment is required and it is not medically appropriate for the treatment to be delayed in to allow for accrual of additional sick or annual leave prior to the needed absence.

Examples include, but are not limited to, cancer, acute life-threatening illnesses, chronic life-threatening conditions in need of immediate care, life-threatening infections, severe injuries arising from automobile or other serious accidents, and severe or life-threatening conditions involving failure of bodily organs or systems.

B. Immediate Family Member means mother, father, spouse, child, grandchild, stepchild, or stepparent.

III. USE OF SICK LEAVE BANK BENEFITS

A. Sick Leave Bank benefits will be for duration of one (1) to sixty (60) work days of sick leave with pay to be used by an employee who has been approved for use of Sick Leave Bank benefits pursuant to this Policy. An employee may use Sick Leave Bank benefits when facing absence resulting from a Catastrophic or Life-Threatening Injury or Illness which affects the employee or the employee's Immediate Family Member.

B. Donation to the general Sick Leave Bank will not be a prerequisite for an employee to receive Sick Leave Bank benefits.

- C. An employee may not use Sick Leave Bank benefits due to the employee's own catastrophic or life-threatening injury or illness until the employee has exhausted all accrued sick, vacation, personal, and short-term disability leave.
- D. An employee may not use Sick Leave Bank benefits due to an Immediate Family Member's catastrophic or life-threatening injury or illness until the employee has exhausted all accrued vacation, personal, and family sick leave.
- E. Only regular full-time County employees are eligible to receive benefits under this Policy.
- F. Sick Leave Bank benefits may not be used for lost time due to an injury or illness that qualifies for workers' compensation benefits.
- G. Sick Leave Bank benefits will not be available to any employee who has been counseled for sick leave abuse in the thirty-six (36) months preceding a request for Sick Leave Bank benefits.
- H. Sick Leave Bank benefits will not be available to any employee who is on probation due to disciplinary reasons.
- I. Sick Leave Bank benefits may be used on the employee's first scheduled work day after all other leave is exhausted.
- J. The maximum number of sick days that will be granted in any one (1) fiscal year to any one (1) employee will be sixty (60) work days. Of those sixty (60) days, work day one (1) through work day thirty (30) may be granted upon the approval of the employee's application. Work day thirty-one (31) through work day sixty (60) may be granted only upon further consideration and approval.
- K. The granting of leave from the Sick Leave Bank shall not cause an employee to receive more than his or her annual salary.
- L. Should a recipient return to work before exhausting the approved and granted Sick Leave Bank benefits or before qualifying for any other type of paid leave, any remaining unused Sick Leave Bank days will be returned or added to the Sick Leave Bank.
- M. Use of Sick Leave Bank benefits shall not extend the twelve (12) week employment protection provisions under the Family and Medical Leave Act.¹

¹ See Policy No. PR-15 Family and Medical Leave (FMLA).

- N. The Department of Human Resources and the Budget and Finance Department track employees' donations and use of Sick Leave Bank benefits.

IV. CONDITIONS OF DONATIONS

- A. An employee may make a general contribution to the Sick Leave Bank one (1) time per fiscal year during the health care coverage open enrollment period in an amount not to exceed eight (8) hours.
- B. An employee may make a contribution to the Sick Leave Bank for the benefit of a specifically approved employee at any time in an amount not to exceed eight (8) hours.
- C. Sick leave donated to the Sick Leave Bank will not be returned to the donating employee.
- D. For retirement calculation purposes, donated sick leave will be considered "used" and will not be included in calculating donating employees' retirement benefits.
- E. An employee may not donate sick leave to the Sick Leave Bank after submitting a notice of resignation, retirement, or termination of employment for any other reason.
- F. Donation of leave will not affect eligibility for or calculation of sick leave incentives pursuant to applicable County policy and procedure.²
- G. Employees who wish to donate earned sick leave must complete and return the Sick Leave Donation Form (Appendix B) to the Department of Human Resources. Donations to the Sick Leave Bank are voluntary and confidential.

V. PROCEDURE FOR REQUESTING SICK LEAVE BANK BENEFITS

- A. An employee wishing to request Sick Leave Bank benefits must complete and return the Sick Leave Bank Application (Appendix B) to the Department of Human Resources. Together with the completed Sick Leave Bank Application, the employee must obtain and submit a written Medical Care Provider Statement which details the employee's diagnosed medical condition requiring a leave of absence and the treatment plan. The Medical Care Provider Statement must be signed by the employee's attending physician.

² See Policy No. PR-34 Leave for information on employee sick leave incentives.

- B. The Director of Health and Human Services will appoint a three (3) member Sick Leave Bank Committee consisting of two (2) representatives from the Department of Human Resources and one (1) representative from the Budget and Finance Department. The Director of Health and Human Services will select the two (2) representatives from the Human Resources Department. The Chief Financial Officer will select the representative from the Budget and Finance Department and recommend that selectee to the Director of Health and Human Services for appointment to the Sick Leave Bank Committee. The Committee will be responsible for reviewing and determining employees' requests for Sick Leave Bank benefits. Within ten (10) working days of receipt of an employee's completed Sick Leave Bank Application and all necessary documentation, the Committee will review and render a written decision to the requesting employee and the Director of Health and Human Services. The Committee will approve or deny each request for Sick Leave Bank benefits by a majority vote.

- C. Within ten (10) work days of receipt of an unfavorable decision by the Sick Leave Bank Committee, an employee may appeal the decision to the Director of Health and Human Services who may affirm or overrule the Sick Leave Bank Committee's decision. The Director of Health and Human Services' decision on appeal is final and binding upon all parties. There shall be no further appeal rights.

- D. Upon approval of an employee's request for Sick Leave Bank benefits, the Director of Health and Human Services will notify the employee's supervisor of the approved request for Sick Leave Bank benefits.

Policy Actions

Action Taken	Approval Date	Effective Date
Adoption	May 11, 2010	May 11, 2010
Revision – removal of language conditioning eligibility for general Sick Leave Bank benefits upon donation of sick leave in the same fiscal year	April 19, 2016	July 1, 2016
Content affirmed and renewed	November 28, 2017	November 28, 2017

**Board of County Commissioners of Washington County, Maryland
Sick Leave Bank Application**

Please type or print clearly. Submit completed form to the Department of Human Resources together with a completed Medical Care Provider Statement.

Employee Name: _____ Employee Department: _____

Position Title: _____ Date Requested: _____

Person for whom Sick Leave Bank benefits are requested (i.e., self, mother, father, spouse, child, grandchild, stepchild, or stepparent): _____

I request the donation of Sick Leave Bank benefits on my behalf under the Sick Leave Bank program. This is due to the illness, injury, or disability of the person identified above.

I authorize the Department of Human Resources, the Division of Budget and Finance, and the Sick Leave Bank Committee members to solicit donations and to release information concerning this request to others. Check only one.

_____ I agree to disclose the health condition requiring sick leave donations.

_____ I do not wish to disclose the health condition requiring sick leave donations. I understand that this may limit the donations I receive because fellow employees will not be aware of the medical condition.

I waive any claim that I might have now or in the future against the Board of County Commissioners of Washington County, Maryland, or its employees regarding the distribution of information (personal, medical, or other) pertaining to this request. I have attached the required Medical Care Provider Statement.

Employee Signature: _____ **Date:** _____

Department Head/Division Director Signature: _____

For Sick Leave Bank Committee Use Only:

The request for Sick Leave Bank benefits is _____ **Approved** _____ **Denied**.

Department of Human Resources Representative:

Signature

Printed Name

Date

Title

**Board of County Commissioners of Washington County, Maryland
Sick Leave Donation Form**

Please type or print clearly.

Name of Donor: _____

Department: _____ Position Title: _____

I hereby authorize and request the Department of Human Resources to deduct leave time from my accrued sick leave balance and donate this leave as follows (check only one):

_____ **Donation to Sick Leave Bank (8 hours)**

_____ **Donation for a specific employee (8 hours)**

Name of Recipient Employee: _____

I understand that sick leave hours, once donated, are considered used and will no longer be a factor in my retirement benefit calculation.

Signature of Donor: _____ Date: _____