

# SICK LEAVE POOL

- **PURPOSE:** The purpose of the Sick Leave Pool policy is to establish guidelines for the administration of the voluntary Sick Leave Pool to benefit eligible employees who experience a catastrophic illness or injury, or who have an immediate family member who experiences a catastrophic illness or injury for whom they must provide care. This policy is established by the Grayson County Commissioners Court pursuant to Texas Local Government Code, Chapter 157, Subchapter E, Sections 157.071 through 157.075. The Sick Leve Pool program provides a source of additional paid leave to an employee when a catastrophic illness or injury causes an employee to exhaust all earned leave time and go into a non-pay status.
- **DEFINITIONS:** Eligible Employee: Defined as a full-time County employee with twelve (12) or more months of continuous employment with the County, who is paid from the general fund of the County, from a special fund of the County or from special grants paid through the County.

Immediate Family: Defined as a spouse, children, step-children, foster children or parents.

Pool Administrator: Defined as the person designated by the Commissioners Court, in accordance with Local Government Code, Chapter 157.073(b), to administer the County sick leave pool program using criteria established by this policy.

Sick Pool Review Panel: Defined as a panel that consists of the Pool Administrator, and two other persons, designated by the Commissioners Court, on a calendar year basis, to serve on the Panel. Each panel member shall be either an employee or an elected/appointed official of the County. The Pane serves to review any denials to the pool and any cases that may require additional consideration.

Licensed Practitioner: Defined as an individual who is practicing within the scope of his or her healthcare license as defined by the Texas Insurance Code.

Catastrophic Illness or Injury: Defined as a severe condition or combination of conditions affecting the mental or physical health of the employee or the

employee's immediate family that requires the services of a licensed practitioner for a prolonged period of time and that forces the employee to exhaust all earned leave time and thus lose compensation from the County.

Prolonged Period: Defined as a period of thirty (30) or more calendar days.

- **ELIGIBILITY:** Requests for hours from the Sick Leave Pool are considered on a first come, first serve basis. In order for a request to be considered, employees who submit a request to receive hours from the Sick Leave Pool must meet the following Eligibility Requirements:
  - Employee must be continuously employed by the County for twelve (12) months.
  - Employee must be actively enrolled in the Sick Pool program for the current year.
  - Employee must have met all requirements for enrollment.
  - Employee must apply to the Pool Administrator using designated forms.
  - Employee must exhaust all paid leave time prior to becoming eligible to use time for the Sick Leave Pool.
  - Employee must provide a Medical Certification of Illness/Injury from a healthcare practitioner who is treating the employee (or family member) for the catastrophic illness/injury.
  - Employee must not be receiving Workers Compensation benefits.
  - Employee must not be claiming catastrophic illness or injury that occurred during the course of employment with any other employer.

# ENROLLMENT AND CONTRIBUTONS TO THE POOL

Employees who enroll in the program must have been continuously employed by the County for twelve (12) months and must have accrued a minimum of forty-eight (48) Sick Leave hours before they may contribute to the Pool. Additionally, contributions to the pool must not cause an employee to drop below forty (40) hours at the time of contribution. Contribution is done at the same time as enrollment using the same form.

Any regular employee who has accrued the minimum required amount of Sick Leave may contribute sick leave hours to the Sick Leave Pool and nay contributions made are strictly voluntary. Contributions may not be revoked. Contributions are made to the general Pool. Contributions may not be designated for the benefit of a specific employee.

Sick Pool Enrollment will be conducted three (3) times during the calendar year. Eligible employees must enroll during one of these periods. Primary enrollment will be conducted in December and will be attributed to the next calendar year. In addition, eligible employees may

enroll during the months of April and August. It is the responsibility of employees to track their own leave balances and initiate enrollment when they meet eligibility guidelines.

To participate in the Pool, employees are required to contribute one day or eight (8) hours or accrued sick leave. However, employees may contribute up to five days (5) or forty (40) hours of accrued sick leave to the Pool each calendar year. Upon termination of employment, employees may contribute up to ten (10) days or eighty (80) hours of sick leave to the Pool in accordance with Texas Local Government Code, Chapter 157, Subchapter E, Section 157.074 (c).

# EMPLOYEE RESPONSIBILITY

Any employee (or designated representative) who requests hours from the Sick Leave Pool is required to do the following:

- Complete the Employee portion of the Sick Pool Request form. Submit form to Department Director/Supervisor for recommendation.
- Submit Medical Certification of Illness/Injury form. Form must be completed by employee and treating physician.
- Provide any additional information or documentation requested by the Pool Administrator in order to make a determination on the request.
- Provide a written release from a treating physician documenting the employee's ability to return to duty.

Required forms are available from the Human Resources Department. If a current medical certification has been submitted for purposes of Family Medical Leave (FMLA) which covers the same period of requested Pool leave, the Pool Administrator may elect to use that certification as meeting the criteria of required documentation.

## SUPERVISOR RESPONSIBILITY

The Supervisor who receives a Sick Pool Request from an employee shall do the following:

- Review the employment history and records of the employee.
- Complete the Supervisor portion of the form including any comments related to the eligibility of the employee.
- Upon completion, submit the form to the Pool Administrator within three (3) business days of receipt.

## POOL ADMINISTRATOR RESPONSIBILITY

The Pool Administrator will ensure that all employees have equal access to the Pool. Decisions to approve or deny requests to the Pool will be equitable, consistent and without regard for employee classification or other legally impermissible reason.

The Pool Administrator is specifically responsible for the following tasks:

- Review each request for Sick Pool Leave on an individual basis, application of the criteria set forth in this policy and, if necessary, request additional information from individual's medical provider to determine if a condition is severe enough to be considered catastrophic.
- Notification of an employee in writing if the request for Pool leave has been approved or denied.
- Consult Review Panel if a case requires additional consideration from the Panel or that may result in a denial.
- Notification of the employee's Supervisor of the status of any approved or denied Sick Pool Leave time.
- Make every effort to protect an employee's confidentiality with regard to any information submitted in the process of requesting or receiving hours from the Sick Pool.
- Request additional information from an employee, when necessary, in order to determine approval or denial of a request from the Sick Leave Pool.
- Process all requests for leave within five (5) business days from the time a completed request is received.
- Maintain adequate records of Sick Leave Pool balances, deposits and withdrawals.
- Maintain adequate documentation of both approved and denied requests.

# QUALIFING ILLNESS OR INJURY

The Pool Administrator must review each request and determine if the illness or injury presented is a qualified catastrophic illness or injury. This policy defines catastrophic illness or injury as follows:

**Catastrophic Illness or Injury:** A severe condition or combination of conditions affecting the mental or physical health of the employee or the employee's immediate family that requires the services of a licensed practitioner for a prolonged period of time and that forces the employee to exhaust all earned leave time and thus lose compensation from the County.

There are certain conditions that Grayson Count does not consider to be severe enough to designate as catastrophic. While these conditions may be temporarily incapacitating, if they

occur with only minor complications or with no major complications, they are determined to be non-catastrophic.

Examples of such conditions not considered catastrophic include, but are not limited to: a broken limb, cold/allergy/pneumonia, hysterectomy with minor or no complications, pregnancy with minor or no complications, elective cosmetic procedures, unrelated to a serious diagnosis and certain types of surgeries with minor or no complications (appendectomy, tonsillectomy, etc.). Such conditions typically require two (2) or less days of hospitalization and typically require three (3) weeks of recovery.

Examples of conditions that generally are considered severe enough to designate as catastrophic include, but are not limited to: a stroke, incapacitating heart attack, some cancers, major surgery, seriously complicated pregnancy, seriously complicated hysterectomy, complications due to some chronic conditions. Such conditions typically require three (3) days or more of hospitalization and typically require at least four (4) weeks of recovery time.

## APPROVAL AND DISBURSEMENTS

The Pool Administrator will review each request and apply the criteria established by this policy and by the Texas Local Government Code, Chapter 157, Subchapter E, Sections 157.071 through 157.075 before approving any request for hours from the sick leave pool.

Eligible employees, who have contributed to the Pool during the current calendar year may be granted up to 720 hours or a maximum of one-third (1/3) of the balance of the Pool at the time of the request, whichever is less. This is the maximum amount permitted per employee, per calendar year.

The Pool Administrator shall not disburse more than 175 hours at a time and shall require a new request for any additional hours for the same medical event. The Pool operates on a calendar year basis (January – December). An employee may request to use the Pool for one or more catastrophic illnesses in the course of one calendar year. However, once the maximum allowed amount is reached in a given calendar year, no further requests will be considered until the next calendar year. Eligible employees who utilize leave hours from the Pool are not required to pay back Pool leave.

When an employee returns to work, any remaining unused Sick Leave Pool hours will be returned to the Sick Leave Pool. Unused Sick Leave Pool hours will not be disbursed in the form of a monetary payment to an employee. The estate of a deceased employee is not entitled to payment for unused Sick Leave Pool hours.

#### **REVIEW OF DENIAL**

If the Pool Administrator makes the determination that a Sick Leave Pool request does not meet the criteria for approval and may be denied, the Administrator may call a meeting of the Sick Pool Review Panel prior to notifying the employee of a final determination.

The Panel will consist of the Pool Administrator and two (2) other persons designated by the Commissioners Court. Each panel member shall be either an employee or an elected/appointed official of the County. Upon review of the case, the Panel will confirm the denial or approve the request.

If the request is denied, a notification will be sent to the employee with a description of the denial reasons. Department supervisors will also receive notification of the determination. No protected health information will be disclosed.

## APPEAL OF DENIAL

An employee may appeal a denial from the Sick Leave Pool by presenting their case to the Commissioners Court.

Appeals must be submitted in writing to the Pool Administrator and include all relevant documentation. Appeals must be submitted within seven (7) business days from the date a notice of determination is issued by the Sick Pool Review Panel. The Pool Administration will place the appeal on the Commissioners Court agenda. Appeals will be presented to the Court in Executive Session. The Commissioner Court's determination will be final.