

Corrections Unit Sick Leave Bank Guidelines

February 1, 2011

The Non-Management Bargaining Unit Sick Leave Bank is established under Article 31 of the Collective Bargaining Agreements between the State of Vermont and the Vermont State Employees' Association, Non-Management Bargaining Unit. The Guidelines for the Corrections Unit Sick Leave Bank are modeled after the guidelines established for the Non-Management Unit.

Purpose of the Bank

Collection of annual and/or personal leave from members of the unit and distribution to members of the unit for employees determined to be eligible by the Committee.

Goal of the Bank

Provide sick leave hours in a fair and equitable manner to eligible applicants.

Donation Periods

Twice per fiscal year as determined by the Management Committee that operates the Bank. Historically, the donation periods have been held May-June and November-December each year.

When are Awards Determined?

When the Committee receives an application and determines the applicant eligible.

How Much Time is Awarded?

The amount of leave distributed is based upon the following factors: leave donations in the Bank, rate of applications, expected level of donations, time until the next donation period, applicants' leave balances, and an employee's regularly scheduled hours (excluding Overtime).

Eligibility Criteria

To be considered eligible:

1. The employee is to be out of work and unable to perform their job duties for 30 consecutive days per the physician's note;
2. The employee will have exhausted their sick leave by the time the Committee meets;
3. The employee has less than 40 total combined hours annual, personal or compensatory leave time by the close of business on the day the Committee meets;
4. The employee must be out of work due to their own non- work related illness or injury, on the day the Committee meets; and
5. It is the employee's responsibility to submit a new application with current physician's certificate, dated since the onset of illness/injury, or the employee's last application.
 - a. The physician's certificate must include: date employee is to be out of work and anticipated date of return, duration of absence, or date of next evaluation specific to the non-work related illness or injury.

An employee who has returned to work prior to the Committee's review of his/her application is not eligible to receive time from the Bank.

An employee may apply for additional time in subsequent months, so long as he/she meets the eligibility criteria. The Committee has received several applications from employees who have had long-term illnesses and have received time from the bank for several months. Due to the limited time available in the bank that the Committee has to award, it would not be fair to let one person continue to receive time indefinitely.

There are other options or programs the Human Resources Administrators should discuss with the employee that might assist them for long term illnesses, or if they cannot come back to work. In order to help as many people as possible for as long as they need the time, the Committee will proceed as follows:

1. After an applicant has requested and been awarded time totaling 240 hours for the same illness or injury, the committee may not award any additional time.
2. Applicants may apply for time from the bank for a new illness or injury even if previous awards total 240 hours.

Use of Awarded Time

1. Awarded time cannot be used retroactively for days prior to receipt of application by the Department of Human Resources.
2. If sick leave hours are awarded, any unused time must be returned to the bank when the employee returns to work.

How Does the Committee Evaluate Applications?

The Committee reviews the applicant's existing leave balances and work status as of the date of consideration. The Committee will consider the applicant's other leave balances. On no account will the Committee grant time in excess of the documented need of an applicant. Medical documentation and confirmation of leave balances are required with the application. If an employee's injury/illness is deemed compensable for Workers' Compensation after an award from the Sick Leave Bank has been made, the awarded hours will be returned to the Bank. Pregnancy is not considered to be an illness or injury for purposes of granting leave from the Bank, unless accompanied by medical complications.

The Committee will re-evaluate the Sick Leave Bank Guidelines annually.

**CORRECTIONS UNIT
LONG-TERM DISABILITY SICK LEAVE BANK APPLICATION**

INFORMATION PROVIDED TO THE COMMITTEE ON THIS FORM IS CONFIDENTIAL

EMPLOYEE'S NAME _____ EMPLOYEE NUMBER _____

JOB TITLE _____ AGENCY/DEPARTMENT: _____

SUPERVISOR'S NAME _____ PHONE NUMBER _____

LEAVE BALANCES: SICK _____ ANNUAL _____ PERSONAL _____ COMP TIME _____ (_____)
Verification

ANTICIPATED PERIOD OF ABSENCE: FROM _____ TO _____

EMPLOYMENT STATUS: FULL TIME _____ PART TIME _____ NUMBER OF HOURS PER WEEK _____

REASON FOR REQUEST: _____

**MEDICAL DOCUMENTATION OF YOUR NON-WORK RELATED ILLNESS OR INJURY
MUST BE ATTACHED TO THIS REQUEST.**

The signed and dated physician's certificate must include the date employee is out of work and the employee's anticipated date of return.

IMPORTANT NOTES:

- To be eligible, the employee must be out of work on the date the Committee meets;
- The employee must be out of work for 30 consecutive days per the physician's note;
- The employee must have exhausted their Sick Leave by the time the committee meets;
- The employee must have less than 40 combined hours of Annual Leave, Personal Leave and Comp Time when the committee meets; and
- The employee **must submit a new application with current physician's certificate prior to each monthly meeting. The physician's certificate must include: date employee is to be out of work, anticipated date of return, date of next evaluation and be specific to a non-work related injury or illness.**
- If Sick Leave hours are granted, any unused time must be returned to the Bank.

EMPLOYEE'S SIGNATURE _____ DATE _____

FORWARD COMPLETED APPLICATION, INCLUDING THE MEDICAL CERTIFICATION, TO YOUR HUMAN RESOURCES ADMINISTRATOR FOR SIGNATURE BY YOUR APPOINTING AUTHORITY AND PROCESSING.

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I certify that I have approved this employee's absence from duty for medical reasons.

APPOINTING AUTHORITY'S SIGNATURE _____ DATE _____

Appointing Authority's (manager or supervisor) approval indicates approval for absence only, and any certification by a treating physician as to the validity or expected duration of the absence will be maintained by the employee's department.