

# Non-Management Sick Leave Bank Guidelines

January 1, 2015

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.

## **Purpose of the Bank:**

Collection of annual and/or personal leave from members of the unit and distribution to applying members of the unit 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 joint Labor-Management Committee that operates the Bank. Currently, the donation periods are April – June and October - December each year.

## **When are Awards Determined?**

Awards are determined only during regular Committee meetings, scheduled once per month, generally mid-month. No awards for time shall be made outside the regular monthly meetings.

## **How Much Time is Awarded?**

The number of hours awarded are based upon the following factors: leave donations in the Bank, number of applications, expected level of donations, time until the next donation period and applicants' leave balances.

## **Eligibility Criteria:**

To be considered eligible:

1. The employee must be out of work and unable to perform their job duties for 30 consecutive days per the Physician Certification;
2. The employee will have exhausted their sick leave by the time the Committee meets; (a sick leave balance of less than 1 hour is considered exhausted).
3. The employee has less than 40 total combined hours of 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, (that is, not compensable by Worker's Compensation) on the day the Committee meets; and
5. A NEW APPLICATION must be submitted by the employee prior to each monthly meeting. The new application must contain a Physician Certification, dated since the last meeting. The Physician Certification must include: first date employee is to be out of work and the anticipated date of return to work, or the date of next evaluation.

**NOTE: Pregnancy**, unless accompanied by medical complications of the employee, is NOT considered an injury or illness for the purposes of this program.

An employee may apply for additional time in subsequent months by submitting an Employee Application/Physician Certification, so long as he/she meets the eligibility criteria.

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.

In order to help as many people as possible for as long as practicable, the Committee will proceed as follows:

1. After an applicant has requested and been awarded time for four months, within a 5 year period, if more time is requested, their award will be reduced to one-half.
2. A new Application/Certification form will be required each month.
3. Every applicant will be notified of the Committee's decision.
4. Applicants deemed eligible for an award may receive a maximum of 12 monthly awards within a 5 year period, beginning on the date of the first award.

### **Use of Awarded Time:**

If sick leave hours are awarded, any unused time must be returned to the bank when the employee returns to work. If the employee is going to need less than what is going to be awarded to the other eligible applicants, the amount will be prorated.

### **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 not grant time in excess of the documented need on 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 must be returned to the Bank.

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

[http://humanresources.vermont.gov/services/labor/sick\\_leave\\_banks](http://humanresources.vermont.gov/services/labor/sick_leave_banks)

### **2015 Monthly Meeting Dates**

|                    |             |
|--------------------|-------------|
| January 14, 2015   | 2:00 – 4:00 |
| February 11, 2015  | 2:00 – 4:00 |
| March 11, 2015     | 2:00 – 4:00 |
| April 15, 2015     | 2:00 – 4:00 |
| May 13, 2015       | 2:00 – 4:00 |
| June 10, 2015      | 2:00 – 4:00 |
| July 15, 2015      | 2:00 – 4:00 |
| August 12, 2015    | 2:00 – 4:00 |
| September 16, 2015 | 2:00 – 4:00 |
| October 14, 2015   | 2:00 – 4:00 |
| November 12, 2015  | 2:00 – 4:00 |
| December 9, 2015   | 2:00 – 4:00 |

**NON-MANAGEMENT UNIT SICK LEAVE BANK  
APPLICATION / CERTIFICATION**

**EMPLOYEE APPLICATION** - To be filled out and signed by the employee.

Employee's Name: \_\_\_\_\_ Employee ID Number: \_\_\_\_\_

Agency/Department: \_\_\_\_\_

I have read the sick leave bank section of the DHR website, as well as the sick leave bank guidelines and I certify that I meet all the criteria for an award.

([http://humanresources.vermont.gov/services/labor/sick\\_leave\\_banks](http://humanresources.vermont.gov/services/labor/sick_leave_banks))

I understand that I must submit a completed new Application/Certification form each month.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Name (print): \_\_\_\_\_

**PHYSICIAN CERTIFICATION** – To be filled out and signed by the Physician.

Any question not answered legibly, in the format requested, will be cause to reject the application.

Where dates are requested, actual dates must be provided.

1. Will the employee be, or has the employee been, out of work and unable to perform his/her job duties for 30 consecutive days due to this injury or illness? Circle: YES or NO

If YES, please complete the following with specific dates:

First Date Out of Work: \_\_\_\_\_

Return to Work Date Or,  Next Evaluation Date: \_\_\_\_\_

2. Is this injury or illness being paid by Workmen's Compensation? Circle: YES or NO

Note: Pregnancy, unless accompanied by medical complications of the employee, is NOT considered an injury or illness for the purposes of this program.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name (Print): \_\_\_\_\_

**FORWARD APPLICATION/CERTIFICATION  
TO YOUR HUMAN RESOURCES ADMINISTRATOR FOR PROCESSING**

Human Resource

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resource Administrator Name (Print): \_\_\_\_\_