

**SICK LEAVE BANK APPLICATION/PHYSICIAN CERTIFICATION**  
**NON-MANAGEMENT, SUPERVISORY and CORRECTIONS UNITS**

**EMPLOYEE APPLICATION – This Section to be completed, dated and signed by Employee.**

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

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

NON-MANAGEMENT       SUPERVISORY       CORRECTIONS

I have read the Sick Leave Bank Guidelines found on the State of Vermont Website and certify that I meet the criteria for an award.

I also understand that I must submit a newly completed, dated and signed Sick Leave Bank Application/Physician Certification form for each month that I apply.

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

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

**PHYSICIAN CERTIFICATION – This Section to be completed, dated and signed by the Physician.**

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

**If a DATE is requested, actual dates must be provided.**

1. Will the employee be, or has the employee been, out of work and unable to perform any of his/her job duties for **30 consecutive calendar 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): \_\_\_\_\_

# **Sick Leave Bank Guidelines**

## **Non-Management, Supervisory and Corrections Units**

### **January 1, 2019**

Sick Leave Banks are established under the Collective Bargaining Agreements between the State of Vermont and the Vermont State Employees' Association for the Non-Management, Supervisory and Corrections Units.

There is only one version of the Sick Leave Bank Application for the Non-Management, Supervisory and Corrections Units.

#### **Purpose of the Banks:**

The purpose of the Sick Leave Banks is to solicit donations of annual and/or personal leave from members of the respective units and to distribute that time as Sick Leave hours to Applicants of the respective unit's Sick Leave Bank.

#### **Donations:**

Donation periods are held twice per fiscal year, as determined by the joint unit Labor-Management Committees that operate the Banks. Currently, the donation periods are April – June and October – December each year. Unit members may donate up to 50% of their accrued Annual Leave and up to 100% of their accrued Personal Leave, but they must retain at least 10 days (80 Hours) of Annual Leave after such donations are made.

#### **When Awards are Determined:**

Awards are determined only during scheduled Committee meetings. No awards for time shall be made outside the Committee meetings.

The Sick Leave Bank Committees meet monthly at 2:00 – 3:00 pm on the following dates:

#### 2019 Monthly Meeting Dates

January 15, 2019

February 15, 2019

March 15, 2019

April 15, 2019

May 15, 2019

June 17, 2019

July 15, 2019

August 15, 2019

September 16, 2019

October 15, 2019

November 15, 2019

December 16, 2019

## Eligibility Criteria:

- The employee must be out of work and unable to perform any of their job duties for 30 consecutive calendar days per the Physician Certification on the Application; (Any part time work from home will disqualify the employee.)
- The employee's injury/illness must NOT be work related and NOT compensated by Workers' Compensation. 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 employee must have already used all of their sick leave by the time the Committee meets. However, a sick leave balance of less than 1 hour is allowed.
- The employee must have less than 40 total combined hours of Annual, Personal or Compensatory leave time by 4:30 pm on the day the Committee meets.
- An Application/Certification form must be submitted by the employee prior to each monthly Committee meeting. The application must contain the Physician Certification section, completed, dated and signed after the last Committee meeting date.
- Additional time can be requested in subsequent months by submitting a NEW Application/Certification form dated after the last Committee meeting.
- An employee who has returned to work prior to the Committee meeting date cannot receive time from the Bank.

## NOTES:

**Pregnancy** is not considered to be an injury/illness for purposes of granting leave from the Bank, unless accompanied by medical complications of the mother (employee).

**Family Members:** The Sick Leave Bank only covers injury/illness of employees of the State of Vermont. Time-off to care for a family member is not eligible under this program.

## Amount of Time Awarded:

The number of hours awarded to qualified Applicants varies each month depending on the following factors: leave donations available in the Bank, number of applications received, expected level of future donations, and time until the next donation period. For example, in one month, all applicants to the Non-Management Unit Bank may receive 30 hours each. The following month, all applicants may only receive 20 hours each.

After any applicant has been awarded time for 4 months, within a 5-year period, if more time is requested, their award will be reduced to 50% of what other applicants receive that month.

Applicants are limited to a maximum of 12 monthly awards within a 5-year period, beginning on the date of the first award.

## Awarded but Unused Time:

Any awarded, but unused time must be returned to the Sick Leave Bank when the employee returns to work.

## Committee Evaluation of Applications:

At the Committee meeting, all Applications are reviewed for completeness by the Committee members. Also considered are the Applicant's existing leave balances and work status as of the date of the meeting. If approved, the Committee then determines the number of hours to be awarded based on criteria outlined above.