

# Sick Leave Bank Guidelines

## Managerial and Confidential Employees

### January 1, 2020

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The Managerial and Confidential Employees Sick Leave Bank is established for the benefit of Managerial and Confidential employees.

#### **Purpose of the Bank:**

The purpose of the Sick Leave Bank is to solicit donations of annual and/or personal leave from Managerial and Confidential employees and to distribute that time as Sick Leave hours to applicants of the Managerial and Confidential Employees Sick Leave Bank.

#### **Donations:**

Donation may be made anytime during the 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:**

Applications are reviewed within ten working days of receipt. Also considered are the Applicant's existing leave balances and work status. If approved, the Committee determines the number of hours to be awarded based on criteria outlined below, subject to hours available in the bank.

#### **Eligibility Criteria:**

- The employee must be on an approved medical leave of absence for either their own health condition which makes them unable to perform the duties of their job or a similar health condition affecting an immediate family member.

**Note:** Pregnancy, unless accompanied by medical complications, is NOT eligible for this program.

- All documentation pertaining to qualification for an approved medical leave of absence must be current with the Department of Human Resources.
- The employee must have successfully completed original probation by the date the Application is submitted.
- The employee must have already used all his/her sick leave by the date the Application is submitted. 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 the date the Application is submitted.
- Monthly, additional hours may be requested by submitting a NEW Application dated for the new month.
- The employee must be, or have been, out of work and unable to perform his/her job duties for 30 consecutive calendar days.
- 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 will be returned to the Bank.

**Amount of Time Awarded:**

The number of hours awarded to qualified Applicants varies each month depending on the following factors: hours available in the Bank, number of Applications received and expected level of future donations. For example, in one month, applicants might receive 30 hours each. The following month, applicants might only receive 20 hours each.

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

Once an employee has returned to work, no hours will be awarded from the Bank for that particular injury/illness.

**Awarded but Unused Time:**

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

**SICK LEAVE BANK APPLICATION  
MANAGERIAL and CONFIDENTIAL EMPLOYEES**

**Employee Section - This Section to be completed, dated and signed by the Employee.**

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

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

I have read the Managerial and Confidential Employees Sick Leave Bank Guidelines 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 Application form for each month that I apply.

I certify that I am out of work under an approved medical Leave of Absence and all required documentation is current with the Department of Human Resources.

**Yes, or**  **No** I am out of work due to my own non-work related illness or injury or an immediate family member's similar health condition.

**Employee's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Next, forward the Application to your Human Resources Administrator for processing.  
They will send the Application to the Sick Leave Bank Committee.**

**Human Resources Section - This Section to be completed, dated and signed by the Employee's Human Resources Administrator.**

Please complete the following based on review of medical documentation on file:

Will the Employee be, or has the Employee been, out of work for 30 consecutive days?  **Yes, or**  **No**

If YES, please provide the following dates:

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

Expected Date of Return to Work: \_\_\_\_\_

**Approved Medical Leave of Absence for employee's own serious health condition**

**or**

**Approved Medical Leave of Absence for an immediate family member's serious health condition**

By checking one of the boxes above, I certify that this Employee meets the qualifications under the applicable leave and all required documentation is current with the Department of Human Resources.

**Human Resources Administrator's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Human Resources Administrator's Name (Print):** \_\_\_\_\_