

**UTAH DEPARTMENT OF HUMAN SERVICES
POLICY AND PROCEDURES**

Reference: 02-04

Effective Date: February 6, 1991
Revision Date: August 23, 2017

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SUBJECT: SICK LEAVE ASSISTANCE

RATIONALE: The purpose of the Sick Leave Assistance policy is to assist approved Department of Human Services employees who are eligible to receive annual leave benefits with needed paid leave to care for themselves or, under special circumstances, immediate family members when their own accrued leave balances have been or will be exhausted.

I. DEFINITIONS:

- A. "Agency Management" means the designated officer (such as a supervisor, manager or other official) of the employee requesting sick leave assistance.
- B. "Catastrophic illness or injury" A catastrophic illness is a severe condition which is life threatening or incapacitating requiring prolonged hospitalization or recovery. Examples include, but are not limited to, coma, cancer, leukemia, heart attack or stroke. A catastrophic injury is a severe injury to the spine, spinal cord, or brain, and may also include skull or spinal fractures.
- C. "Prolonged absence" means being off the job for more than three consecutive work weeks or the equivalent number of consecutive work hours.
- D. "Serious chronic illness" means a disease or illness of long duration characterized by slowly progressive and serious debilitation or disability, or by serious and persistent symptoms if such debilitation, disability or symptoms reasonably require the employee to be frequently absent from work and make periodic visits for treatment by a licensed health care provider. The term "serious chronic illness" does not include any disease or illness for which the employee can avoid the need for additional sick leave benefits by making reasonable adjustments in the employee's work schedule to accommodate the necessary doctors' appointments or treatment programs.
- E. "Immediate family member" means the employee's spouse or dependents living in the employee's home. The term "immediate family member" may also include an employee's parent living out of the employee's home if the Department has approved the employee for Family and Medical Leave to care for the parent. The terms "spouse" and "parent" are defined in the federal Family and Medical Leave Act and will be used for this policy.
- F. "Donee employee" means an employee who has been approved by the Department to receive sick leave assistance under this policy.
- G. "Office of Human Resources (OHR)" means the Department of Human Resource Management (DHRM) field office assigned to the Department of Human Services. There are three field office locations, including the MASOB (Multi-agency State Office Building), USDC (Utah State Developmental Center), and USH (Utah State Hospital).

II. POLICY:

- A. A General Leave Bank is populated from DHS employees' accrued annual leave hours that were not used by the end of the calendar year and would be lost based on the rule (R477-7-3) that employees can only carry over a maximum of 320 annual leave hours to the following year. The number of hours available for an employee from the General Leave Bank may be adjusted based on a comparison between the number of General Leave Bank applications and the total hours that are available in the General Leave Bank.
- B. A Specific Employee Bank is established when an employee's immediate family member has suffered a catastrophic illness or accident. Specific Employee Banks may also be established for employees themselves

who have suffered an illness or accident that does not qualify for the General Leave Bank or there are insufficient hours in the General Leave Bank to fulfill the donation approval.

- C. Specific Employee Banks are populated from the contributions of annual leave, excess hours; compensatory time earned by an FLSA nonexempt employee, and converted sick leave hours by DHS employees. Sick Leave may not be donated.
- D. General Leave Bank hours are reserved for Department of Human Service employees who have suffered a catastrophic illness or accident as defined in this policy.
- E. No employee is required to donate to a Specific Employee leave bank, and no employee is entitled to receive sick leave donations from another employee unless the Department approves a Specific Employee leave bank arrangement for that employee and unless a fellow employee voluntarily donates the hours to the donee employee. All donations to the Specific Employee leave bank shall be voluntary. Employees and their family members are prohibited from soliciting donated leave for themselves or others.
- F. An employee may not use the hours donated to a leave bank until that employee has exhausted all other accrued leave balances, including annual leave, sick leave, converted sick leave, compensatory time, excess leave, pre-2006 sick leave and pre-2014 sick leave.
- G. An employee approved for a General or Specific sick leave assistance may not begin to use donated leave hours prior to the effective date of the leave bank as determined by the Office of Human Resources (OHR), or until the leave bank has been approved. OHR shall not backdate the effective date of the leave bank due to an employee not applying in a timely manner.
- H. An employee may use the donated bank hours to supplement Workers Compensation benefits, so long as the combined leave bank hours and Workers Compensation benefits do not exceed the employee's usual gross salary.
- I. An employee, determined by a health care provider to be unable to return to work full time, may use donated leave hours to supplement their work time and accrued leave benefits, so long as the combined total of work time, accrued leave, and leave bank hours does not result in overtime or excess hours. Donee's approved to work part time shall not be allowed leave bank hours that result in being compensated for more than their normal regular work hours. Donee employees shall provide evidence from a physician or other licensed health care provider of their being unable to work full time to include the number of hours they can work each day as well as the date the employee will be able to work full time.
- J. Employees may not work another job while receiving sick leave assistance.
- K. Employees off work for normal pregnancy, delivery (including C-sections), and bonding with the child are not eligible for sick leave assistance.
- L. Employees applying for sick leave assistance shall also apply for Family Medical Leave benefits concurrently, unless ineligible for FMLA. If the employee is eligible for FMLA, the Application for Sick Leave Assistance, Application for Family Medical Leave and the Certification of Health Care Provider for Employee's Serious Health Condition forms should be submitted. If the employee is not eligible for FMLA, the Application for Sick Leave Assistance and the DHS Sick Leave Assistance Medical Verification forms should be submitted. If FMLA forms are not initially completed, they will need to be submitted when the employee qualifies for the Family Medical Leave Act.
- M. Employees approved under this policy to receive sick leave assistance shall use donated leave concurrently with any applicable Family and Medical Leave benefits.
- N. Once employees return to work full time they are no longer eligible to receive donations or to use donated hours.
- O. All donated leave will convert into sick leave for the donee employee to use, but a donee employee may use no more than 480 leave bank hours in any calendar year even if there is more than one leave bank situation in the

year. For requests that span two calendar years, a maximum of 480 hours can be granted per approved request. If the employee receives more hours than are needed, the unused hours will be removed from the employee's record. For employees working less than 40 hours a week, allocation of hours will be prorated based on the normal work schedule of the recipient.

- P. A donee employee shall accrue sick leave and annual leave when the donee employee is using the donated leave.
- Q. The Executive Director of the Department of Human Services or designee may make exceptions to this policy.
- III. PROCEDURES:
- A. Depending on the employee's situation, either a General Leave Bank or a Specific Employee Bank will be considered.
- a. If the employee has a catastrophic illness or injury, a General Leave Bank may be approved.
 - i. OHR will coordinate with Payroll staff to transfer hours from the General Leave Bank to the donee.
 - ii. The current balance of hours in the General Leave Bank will be maintained by OHR.
 - iii. Any unused hours that are transferred to the donee will be removed from the donee's record and returned to the Leave Bank.
 - b. If the employee does not qualify for a General Leave Bank, a Specific Employee Leave Bank may be established.
 - i. OHR will invite employees to contribute to the Specific Employee Bank.
 - ii. OHR will coordinate with Payroll staff to transfer contributed hours from the donating employee to the donee.
- B. Sick Leave Assistance Request
- a. The Department shall not establish a sick leave bank for an employee unless the employee's request has been approved by the designee of the director of the Department's Office of Human Resources. To apply for the Sick Leave Assistance Program, an employee must follow the procedures described below.
 - b. Sick Leave Assistance Request Forms
 - i. An employee who wishes to have a leave bank established in his or her name shall complete the following forms and submit them to Human Resources:
 - "Application for Sick Leave Assistance" form
 - "Sick Leave Assistance Medical Verification" form
 - FLMA application form, unless has previously been submitted.
 - Copies of the sick leave assistance application form and the verification form are attached to this policy.
 - ii. Certification of Health Care Provider for Employee's Serious Health Condition forms may be submitted in lieu of Sick Leave Assistance Medical Verification forms.
 - Upon receiving the completed forms, the Human Resources Office shall:
 - a. Review forms to ensure they are complete.
 - b. Determine if the employee is approved for a sick leave bank OHR shall determine the effective date of the assistance. The employee shall be notified of the final decision for the leave bank application.
- C. Notification of Approved Sick Leave Assistance
- a. Upon approval of a Specific Employee Leave Bank, OHR will notify Department employees about the sick leave assistance request. Such notification shall include the name of the employee, the effective date,

but shall not include any medical information submitted as part of the application process. Employees may voluntarily donate to the employee's leave bank.

D. Leave Donation

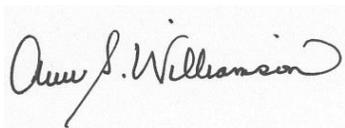
- a. How to Donate Leave: Employees who wish to donate leave shall submit their request, using the State of Utah Department of Human Services Leave Assistance Donation Form.
- b. Donor Confidentiality: Donors' names and the amounts of their donations are confidential information and shall not be disclosed to the donee employee.
- c. Posting of Donated Leave: Donated leave shall be posted on the bi-weekly time sheet as the sick leave is used by the donee employee. Donated leave shall NOT be posted in advance of actual use by the donee employee, or prior to the effective date of the bank as approved by the Office of Human Resources.
- d. Unused Donated Leave: Donated leave that was unused by the donee employee will NOT be retained in the leave bank, nor will it be returned to the donors, nor remain in the donee's leave balance.

E. Confidentiality of Medical:

- a. All medical data and records about an employee are confidential. Employees of the Department shall not reveal the medical status or condition of a donee employee or the employee's family member in oral or written communications.

F. Separate Medical File:

- a. All documents relating to an employee's sick leave assistance shall be kept in a separate medical file.



Ann S. Williamson, Executive Director

DATE: August 23, 2017

Department of Human Services

DEPARTMENT OF HUMAN SERVICES
SICK LEAVE ASSISTANCE MEDICAL VERIFICATION
(To be completed by physician or licensed health care provider ONLY)

1. Employee's name: _____

2. I certify that this employee needs to be absent from work for an extended period because:

- The employee has a catastrophic illness which is life threatening or incapacitating requiring prolonged hospitalization or recovery. Examples include coma, cancer, leukemia, heart attack or stroke. A catastrophic injury is a severe injury to the spine, spinal cord, or brain, and may also include skull or spinal fractures.

- An immediate member of this employee's family has a catastrophic event and it is necessary that the employee miss work for an extended period to care for this relative.
This immediate family member is (check one):
 - Employee's spouse
 - Dependent living with the employee
 - Employee's parent who lives inside or outside the employee's home

- The employee has a "serious chronic illness" which is a disease or illness of long duration characterized by slowly progressive and serious debilitation or disability, or by serious and persistent symptoms if such debilitation, disability or symptoms reasonably require the employee to be frequently absent from work and make periodic visits for treatment by a licensed health care provider. The term "serious chronic illness" does not include any disease or illness for which the employee can receive periodic treatments during reasonably short visits to the employee's health care providers, and for which the employee can avoid the need for additional sick leave benefits by making reasonable adjustments in the employee's work schedule to accommodate the necessary doctor's appointments or treatment programs.

3. Objective medical facts that support the employee's claim:

- 4. Date on which employee became unable to work: _____
- 5. Expected date of return: _____
- 6. Name of physician or licensed health care provider: _____
- 7. Signature of physician or licensed health care provider: _____
- 8. Date: _____
- 9. Physician or health care provider's phone #: _____

**DEPARTMENT OF HUMAN SERVICES
APPLICATION FOR SICK LEAVE ASSISTANCE**

Name: _____ Employee Number: _____
Unit: _____ Agency Name: _____

I am requesting that a leave bank be established for my benefit because:

- I have a catastrophic illness which is life threatening or incapacitating requiring prolonged hospitalization or recovery. Examples include coma, cancer, leukemia, heart attack or stroke. A catastrophic injury is a severe injury to the spine, spinal cord, or brain, and may also include skull or spinal fractures.
- An immediate member of my family has a catastrophic illness or injury and it is necessary that I miss work for an extended time to care for this person.
- I have a "serious chronic illness" which is a disease or illness of long duration characterized by slowly progressive and serious debilitation or disability, or by serious and persistent symptoms if such debilitation, disability or symptoms reasonably require me to be frequently absent from work and make periodic visits for treatment by a licensed health care provider. I understand that the term "serious chronic illness" does not include any disease or illness for which I can receive periodic treatments during reasonably short visits to my health care providers, and for which I can avoid the need for additional sick leave benefits by making reasonable adjustments in my work schedule to accommodate the necessary doctors' appointments or treatment programs.

Facts that support my application for Sick Leave Assistance*

**The DHS Sick Leave Assistance Medical Verification form or the FMLA Certification of Health Care Provider for Employee's Serious Health Condition must be attached to this application in order to be considered.*

Employee's signature Date

DHS FIELD OFFICE OF HUMAN RESOURCE MANAGEMENT ONLY

This application for a leave bank has been:

APPROVED

- General Leave Bank _____ Hours from General Leave Bank
- Specific Employee Leave Bank
- NOT APPROVED Reason for denial:

OHR Field Office Director designee signature Date

Sick Leave Assistance Effective Date _____

**DEPARTMENT OF HUMAN SERVICES
LEAVE ASSISTANCE DONATION FORM**

_____ DONATING EMPLOYEE:	_____ EMPLOYEE NUMBER:	_____ DEPARTMENT	_____ DIVISION/OFFICE/INSTITUTION
_____ RECEIVING EMPLOYEE:		_____ DEPARTMENT	_____ DIVISION/OFFICE/INSTITUTION

TYPE OF LEAVE AND NUMBER OF HOURS BEING DONATED:

Annual Leave	_____	
Converted Sick Leave	_____	
Excess Hours	_____	
Compensatory Time	_____	(Only employees designated as non-exempt from the FLSA may donate compensatory time.)

I authorize the above number of hours to be deducted from my leave balances. I understand that this authorization is strictly voluntary and is irrevocable and these hours will not be restored to my leave balances if used by the employee who receives the leave.

I understand that I must have a balance of at least 80 hours of annual and/or sick leave after donation.

EMPLOYEE SIGNATURE: _____ DATE OF DONATION: _____

Signature of OHR representative for employee donating _____
Date

Signature of OHR representative for recipient _____
Date