

CALHOUN COUNTY SICK LEAVE POOL POLICY

PURPOSE

The purpose of the Calhoun County Sick Leave Pool is to provide additional sick leave days to County employees in the event of a catastrophic illness or injury, surgery, or disability that prevents an employee from active employment. Days may be applied from the Pool only after the employee has exhausted all accrued sick, vacation or compensatory time. (According to Chapter 157 Local Government Code Subchapter E)

DEFINITIONS

1. A catastrophic illness or injury is defined as:
 - * A terminal, life-threatening, and/or severe condition or combination of conditions affecting the mental or physical health of the employee that requires the services of a licensed health practitioner for a prolonged period of time and that forces the employee to exhaust all accrued leave time (sick leave, vacation leave, and compensatory time) and to lose compensation from the County.

2. A licensed practitioner is:
 - * A practitioner, as defined by the Texas Insurance Code, who practices within the scope of his/her license.

ADMINISTRATION OF THE POOL

1. At the direction of the Commissioners' Court, the Director of Human Resources shall serve as the Pool Administrator. The Pool Administrator shall be responsible for developing mechanisms to transfer accrued sick leave into and out of the Pool; developing rules and procedures for the operation of the Pool; and developing forms for contributing leave to, or using leave from, the Pool.

2. The Pool Administrative Committee shall be composed of the following members: Plan Administrator, an Elected Official or Department Head, the County Auditor or a staff member, the HR Manager or a staff member, an Assistant County Attorney, and a non-supervisory employee. This committee shall be responsible for

receiving and viewing all applications for use of leave from the Pool.

**POOL
MEMBERSHIP**

1. All regular full-time employees are eligible to join the Sick Leave Pool by contributing a minimum of one day or a maximum of five days accrued sick leave.
2. New employees may join the pool after 12 months of continuous Employment. Days donated will be subtracted from their accrued leave.
3. After the Pool is established, employees will only be able to join at a time designated each year by the Pool Administrator or, in the case of new employees, immediately upon completion of 12 months of continuous service. Please notify Human Resource Director if wish to join at that time.
4. Membership enrollment forms must be submitted to the HR Department. Days donated will be subtracted from each member's accrued sick leave.
5. Days donated become the property of the Calhoun County Sick Leave Pool and cannot be returned in the event of membership cancellation.
6. Employees on approved leave of absence will retain membership in the Pool and will not be required to donate additional days.
7. To maintain the Sick Leave Pool, all members may donate a minimum of 1 day (8 hours) or a maximum of 5 days (40 hours) of sick leave at each open enrolment or at a time during the fiscal year designated by the Pool Administrator for general membership donations. *Employees can donate up to 10 days (80 hours) at time of retirement or termination.* Only one donation during the fiscal year is required to maintain membership in the Pool. **Membership automatically renews each year on October 1.**
8. **At which anytime during the year, the Pool Administrator sees a major drop in the balance shall designate a membership drive for additional sick leave hours to be donated.**

DAYS GRANTED

1. Days will be granted only for catastrophic illness or surgery or other disability, which necessitates an absence from work for five consecutive days or longer. In case of chemotherapy for cancer treatment, days can be granted after 1-4 days absence.
2. Pregnancy will not be covered by the Sick Leave Pool, but complications due to pregnancy or delivery will be considered.
3. The Pool may be used only by members for his/her personal illness or disability or for a family member whose illness and relationship to the employee meet the guidelines of the Family and Medical Leave Act and the Calhoun County Family and Medical Leave Policy.
4. Days requested for stress related illness will be granted for hospitalized days only.
5. The maximum number of days granted to an employee each year shall not exceed one-third of the total amount of time in the Pool at the time of the request or 90 days, whichever is less.
6. Days will **not** be granted when an employee is receiving worker's compensation or long-term disability benefits.
7. A member of the pool, who exhausts all of his/her accrued paid leave and compensatory time to which the employee is otherwise entitled, may withdraw from the pool for a non-catastrophic illness the exact number of days the member had contributed that fiscal year.

PROCEDURE

1. An eligible employee must apply to the Pool Administrator for permission to use time in Pool.
2. The Pool Administrator shall present the application to the Pool Administrative Committee, who shall determine eligibility.
3. If the employee is determined to be eligible, the Pool Administrator shall approve the transfer of time from the Pool to the employee. The time shall be credited to the employee and shall be used in the same manner as accrued sick leave.

4. An employee absent on sick leave assigned from the Pool is treated for all purposes as if the employee were absent on accrued sick leave.
5. If a member is critically ill and unable to file an application for sick leave from the Pool, his/her department head may submit an Application at the request of the employee's family.
6. At any time during the fiscal year, a member indicates they wish to donate some of their own time to a specific individual, the Pool Administrator and a Department Head will evaluate the request and make the necessary changes at their discretion.

**FINAL
AUTHORITY**

The Sick Leave Pool Administrative Committee shall have the final approval/disapproval of employee applications and will have a decision within 5 business days of application.

**APPLICATION
FORMS**

Applications for donation of accrued sick time to the Calhoun County Sick Leave Pool are available in the HR Office.

Applications for withdrawal from the Calhoun County Sick Leave Pool are available in the HR Office.

**CALHOUN COUNTY SICK LEAVE POOL
APPLICATION FOR SICK DAYS
COMMITTEE DECISION FORM**

Name of Applicant _____

Position _____ Department _____

Social Security Number _____

Date Lost Time Began _____ Date of Request _____

Number of Days Requested from Pool _____

Request Approved by Committee: _____ Yes _____ No

Reason request denied:

Signature of Committee Member / Date

Signature of Committee Member / Date

Signature of Committee Member / Date

Signature of Committee Member / Date

Signature of Committee Member / Date

Received by Pool Administrator on _____

Signature of Pool Administrator

Processed in Payroll on _____

Signature of Payroll Manager

**CALHOUN COUNTY
APPLICATION FOR SICK POOL DAYS**

NAME _____ SS# _____

DEPARTMENT _____ POSITION _____

First date absent for this illness _____

Date returned to work or expected to return _____

Number of days absent for this illness _____

The above days requested are needed due to illness/injury described below:

Signature of Employee or Family Member

Date _____

PLEASE RETURN THIS FORM TO THE POOL ADMINISTRATOR

CALHOUN COUNTY SICK LEAVE POOL MEMBERSHIP APPLICATION

Membership in the Calhoun County Sick Leave Pool is available to all full-time employees who accrue sick leave benefits and have been employed for at least 12 months.

I have read the rules and guidelines in the Calhoun County Sick Leave Pool Policy concerning the Pool and desire to become a member by donating one (1) to five (5) sick leave days to the Pool.

I understand that these days, once donated to the Pool for membership, will be subtracted from my available sick leave days. All donations to the Pool become the property of the Pool and cannot be returned even upon cancellation of membership.

My authorization to deduct days from my accumulated sick leave is verified by my signature below.

Employee _____ Department _____
(Print Full Name)

Social Security Number _____ Number of days to be donated _____

Signature _____ Date _____

I have read the above information concerning the County's Sick Leave Pool and I do not wish to become a member.

Signature _____ Date _____

Social Security Number _____ Department _____

PLEASE RETURN THIS FORM TO THE HUMAN RESOURCE DEPARTMENT.