



FLETCHER TECHNICAL COMMUNITY COLLEGE
Policy # HR 6.018

Shared Sick Leave Policy

Authority: Executive Cabinet

Effective Date: 02/23/2021

Last Revision: Initial

PURPOSE:

In accordance with the LCTCS #6.003 Leave Policy for Unclassified Employees, Fletcher Technical Community College establishes a Shared Sick Leave Policy. This policy is a means of providing paid sick leave to an eligible employee who has experienced a catastrophic illness or injury. The intent is to assist an employee who, through no fault of their own, has insufficient paid sick leave to cover a catastrophic illness or injury period. As per the LCTCS #6.003 Leave Policy, each college shall develop their own policy and terms. This leave is to be managed per the established College policy and in accordance with all state and federal regulations.

POLICY:

Shared Sick Leave Terms

Within the context of this policy, terms have the meanings indicated below:

1. Eligible employee is an unclassified faculty member of Fletcher Technical Community College who is eligible to earn sick leave in accordance with Leave Policy for Unclassified Employees.
2. Licensed Medical Service Provider (LMSP) is a practitioner, as defined in the Louisiana State Licensing Law (relative to that LMSP's field of service), who is practicing within the scope of his or her license. This is to include licensed Physicians (a doctor of medicine) or M.D., doctor of osteopathy or D.O., or licensed Chiropractors, Counselors, or Therapists as recognized and licensed by appropriate state boards or authorities.
3. Catastrophic Injury or Illness is a severe condition or combination of conditions that: a. affects the physical or mental health of the employee; and b. requires the services of a licensed medical service provider for a prolonged period of time; and c. prevents the employee from performing his/her duties for a period of more than ten consecutive days and forces the employee to exhaust all appropriate leave described in other parts of this policy and to lose compensation from the state.
4. Leave Pool Manager is the Director of Human Resources or his/her designee.

5. Leave Pool Committee is a committee comprised of three members (staff and/or faculty) and the Leave Pool Manager or designee. The Committee acts to support the administration of the Shared Sick Leave program, review the pool and program management practices by the Leave Pool Manager. When not otherwise specified in written policy, the Committee may recommend operational guidelines and procedures for the Shared Sick Leave program.

Eligibility Requirements

An employee is not required to contribute to the Shared Sick Leave Pool to be eligible to receive crisis leave. An eligible employee may apply to receive shared sick leave if the following requirements are met:

1. The employee suffers from a catastrophic illness or injury; and
2. The employee has exhausted all appropriate leave in accordance with this policy; and
3. The employee must have completed at least: (a) one academic year of service if employed on an academic year basis; (b) one fiscal year of service if employed on a twelve month basis; and
4. The employee has exhibited satisfactory attendance (with no history of leave abuse), and is not absent from work due to disciplinary reasons; and
5. The catastrophic injury or illness is not occupationally related (therefore making that employee eligible for workers' compensation) or was not attained in the commission of an assault or felony; and
6. The appropriate documentation from a LMSP is provided to the Leave Pool Manager.

Amount of Shared Sick Leave that May Be Approved

The amount of shared sick leave granted for each catastrophic illness or injury is determined by the Leave Pool Manager. The amount of leave granted to an employee will generally reflect the recommendations of the LMSP, subject to the following limits:

1. A maximum of 240 hours may be granted to an eligible employee during one calendar year;
2. Shared sick leave may not be granted to any individual to extend paid leave status beyond a total time in leave status of 12 weeks;
3. The total amount of leave granted will not exceed the balance of hours in the leave pool at the time of the employee's request;
4. The value of the sick leave granted as shared sick leave may not exceed 75% of the employee's pay received in a regular workweek and the employee will not accrue leave while using shared sick leave.

Donation Procedures

Contributions to the Shared Sick Leave Pool are strictly voluntary; no employee shall be coerced or pressured to donate leave. Donations to the Shared Sick leave pool is irrevocable. An employee donating to the pool may not designate a particular employee to receive donated time. The donor must complete a Shared Sick Leave Donation Application and submit the form to the Leave Pool Manager. Donations are accumulated in the pool and awarded on a first-come, first-served basis to eligible employees. Donations are restricted as follows:

1. An employee may donate a minimum of four hours of annual leave; donations must be made in whole hour increments.
2. The donor must have a balance of at least 120 hours of sick leave remaining after the contribution.

Request Procedures

An eligible employee may request leave from the Shared Sick Leave Pool by completing a Shared Sick Leave Request. The request must be submitted to the Leave Pool Manager with a copy of the employee's Certification of Physician or Practitioner (FMLA) form. The Leave Pool Manager reviews the request to make sure that the employee is eligible to receive shared sick leave. The employee requesting shared sick leave must provide all requested information necessary to make a final determination of eligibility.

Confidentiality of Requests

All requests for shared sick leave must be treated as confidential. All requests and documentation for shared sick leave are to be submitted in envelopes marked "confidential."

Adjudication of Requests

Each request will be stamped with date and time received by the Leave Pool Manager, and handled on a first-come, first-served basis. When possible, a request is to be submitted at least 10 days before the shared sick leave is needed. The Leave Pool Manager is allowed five working days from the date a request is received (with the required documentation) to approve all or part of the request, or deny the request, and communicate such approval or denial to the employee.

If the request is approved, the Leave Pool Manager will credit the approved time to the employee's leave record.

Use of Shared Sick Leave

Approved shared sick leave is used for a maximum of 75% effort and is documented in accordance with the same procedures as regular paid leave taken by the employee.

Changes in Status Affecting Shared Sick Leave

1. Shared Sick leave may be used only for the circumstances for which it was requested. If any change occurs in the nature or severity of an illness or injury, or of any other factor on which the approval was based, the employee must provide documentation describing the change to the Leave Pool Manager. The employee may request additional shared sick leave subject to the limits outlined above. Extensions of shared sick leave are not automatic. Each request for extension will be addressed on a first-come, first-served basis.
2. Use of leave from the Shared Sick Leave Pool for reasons other than those stipulated and approved by the Leave Pool Manager and/or failure to abide by procedures and requirements outlined in this policy may constitute payroll fraud and will be addressed accordingly.

3. Employees who are able to return to work before using all shared sick leave granted must return the unused shared sick leave to the Shared Sick Leave Pool.

Compensation and Benefits

1. Shared sick leave will be paid at the receiving employee's rate of pay.
2. An employee in shared sick leave status will be considered in partial paid leave status and will continue to receive benefits as appropriate.
3. Employees on shared sick leave will not accrue paid leave.

Financial Impact

1. The cost of the shared sick leave period will be borne by the recipient's employing unit.
2. Human Resources will maintain records on shared sick leave donated and used on hour for hour value basis.

Appeals

The decision to approve or deny shared sick leave requests by the Leave Pool Manager is final and not subject to appeal.

DISTRIBUTION: Electronically via College's email and website

APPROVAL:

Reviewing Council/Entity	Approval Date
College Council	02/23/2021
Executive Cabinet	02/23/2021



SHARED SICK LEAVE DONOR APPLICATION

Employee Name:	Banner ID No.:
Department:	Work Phone:

My signature below certifies that I am electing to donate _____ hours of sick leave to the Shared Sick Leave Pool. I also certify that this donation is being made voluntarily and that I have not been directly or indirectly intimidated, threatened or coerced or promised any benefit by any employee. I further certify that my leave donation does not cause my balance to fall below 120 hours and I understand that this leave cannot be restored to me once it has been transferred to the Shared Sick Leave Pool.

Employee Signature

Date

Application should be submitted to Human Resources in an envelope marked "Confidential".

Leave Pool Manager Use Only			
I certify that the above listed employee has a sick leave balance sufficient to accommodate this donation request.			
Number of Hours of Accrued Sick Leave:	Number of Hours of Sick Leave Donated:	Date Deducted:	Remaining Sick Leave Balance:
If denied, reason for denial:			
Leave Pool Manager Name:		Leave Pool Manager Title:	
Leave Pool Manager Signature:		Date:	



SHARED SICK LEAVE REQUEST

Employee Name:	Banner ID No.:
Department:	Contact Phone Number:
Number of Hours Requested:	Email address:
Reason for Request (Attach appropriate documentation from LMSP including description of injury or illness, date of onset or initial diagnosis, prognosis and anticipated date of return to duty):	

I certify that I have read the Shared Sick Leave Policy and understand my rights as outlined in the policy. I agree to abide by the procedures and conditions outlined in this policy. I understand that I must submit this form with the required medical documentation before this request can be processed.

Employee Signature

Date

Application should be submitted to Human Resources in an envelope marked “Confidential”.

Leave Pool Manager Action		
Approved:	Denied:	If approved, number of hours granted:
If denied, reason for denial:		
Leave Pool Manager Signature:	Effective Date of Action:	