



WHATCOM COUNTY
EXECUTIVE ORDER 96-03

Update of Procedures Regarding Sick Leave Sharing Program

WHEREAS, a Sick Leave Sharing Program was negotiated per various collective bargaining agreements and is also applicable to unrepresented employees

WHEREAS, procedures needed to be updated to clarify the parameters of the program.

NOW, THEREFORE BY VIRTUE OF THE POWER VESTED IN ME BY THE HOME RULE CHARTER FOR WHATCOM COUNTY, I HEREBY ORDER EFFECTIVE IMMEDIATELY, THE ATTACHED SICK LEAVE SHARING PROGRAM PROCEDURE DATED 8/96.

Dated this 5th day of August, 1996.

Pete Kremen, County Executive

PURPOSE

The Sick Leave Sharing Program is a voluntary program that allows eligible regular employees to donate a portion of their accrued sick leave to a qualified eligible regular employee who is unable to work because of extended serious illness or injury, and who is not eligible for workers' compensation. Collective bargaining agreements may have specific stipulations, outside of these general procedures, which should be adhered to.

Employee

A. Submits request for contributions of sick leave via a Request for Sick Leave Donation form to the department head.

1. The request for approval must be accompanied by acceptable medical verification from a licensed physician. This must include the relevant medical facts, a description of the reasons the employee is unable to perform the duties of his/her position, and the physician's prognosis and expected date for return to work. Human Resources may verify or clarify submitted medical information as needed.

Department (Donee)

A. Assures that employee requesting donated leave has met the following criteria:

1. Has completed six months of regular employment.
2. Is unable to work because of extended serious illness or injury, which requires hospitalization or extensive medical care (e.g., cancer, heart attack, etc.).
3. Is not eligible for workers' compensation benefits.
4. An acceptable history of sick leave usage.
5. Has completed and submitted a Request for Sick Leave Donation form to department head.

Sick Leave Sharing Program Procedure

Department (Donee)	B. Forward Request for Sick Leave Donation form to Human Resources.
Human Resources	A. Verifies medical condition meets program qualifications; convenes Sick Leave Donation Review Committee should the need arise; and makes reconunendation as to whether or not the leave shall be granted. B. Forwards recommendation to Executive's Office for approval and fmal decision. Such decision shall not be subject to the Grievance Article of any collective bargaining agreement.
Executive's Office	A. Returns signed original Request for Sick Leave Donation form to Human Resources.
Sick Leave Donation Review Committee	A. Convenes as necessary to review requests for sick leave donation which are disputed. The Committee shall be comprised of one employee member of applicable collective bargaining unit or unrepresented employee, one unrepresented employee chosen by the County Executive, and the Human Resources Manager, who shall act as Chair. The employee members must be regular full-time or part-time employees who are eligible to accrue and utilize sick leave.
Human Resources	A. Notifies appropriate department head of final decision regarding request for sick leave donation.
Department (Donee or Donor)	A. Posts memo regarding approved sick leave donation request or verbally announces to staff. B. Assures that employees wishing to donate sick leave to a qualified recipient have met the following criteria: 1. Have completed a Sick Leave Sharing Program Donor form. 2. Have immediately subsequent to the donation 240 hours or more of accrued sick leave.

Department (Donee or Donor)

3. Have donated only in increments of 8 hours.
4. Have not donated more than 16 hours in a calendar year.

Human Resources

- A. Coordinates implementation of the following Donation Parameters with departments and Central Payroll as necessary:
 1. Total donated sick leave shall not exceed twelve weeks (480 hours). Part-time employees will be pro-rated per their budgeted full-time equivalency (FTE).
 2. Leave utilization by a qualified recipient will be on an hour-for-hour basis. Partial hours may be utilized with proper physician authorization.
 3. Sick leave donations cannot be made to cover absences due to the illness or injury of family members.
 4. Except as provided in this procedure, the Sick Leave Sharing Program does not supplant any established Personnel policy, procedure nor any terms or conditions of any applicable collective bargaining agreement or other governing document.
 5. In the event a designated holiday occurs during the period of authorized leave, under no circumstances shall payment to the employee exceed the payment for their normal work schedule.
 6. Donated sick leave to a qualified recipient may be terminated under any of the following conditions/circumstances:
 - a. After use of 480 hours of donated leave, or an appropriate pro-rated amount.
 - b. Upon physician's release to regular work schedule.

Sick Leave Sharing Program Procedure

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Human Resources

c. Upon eligibility for disability benefits or retirement.

7. Donated sick leave is excluded from any sick leave cash out provisions.

8. Notifies donee department of donated sick leave sharing hours.

Department (Donee)

A. Assures that employee requesting donated leave has exhausted accrued sick leave before utilizing donating leave.

B. Assures that donee timesheets do not exceed sick leave sharing hours donated.

Employee

A. Notifies supervisor immediately if on approved donated leave and medical condition improves sufficiently to return to work, whether regular or light duty.

Human Resources

A. In conjunction **with** the Department and Central Payroll, ensures that the spirit of the Sick Leave Sharing Program is followed. As such, an employee shall be subject to discipline, including possible termination and/or possible repayment of utilized leave if:

1. An employee claims or receives unemployment compensation or accepts other employment while utilizing donated leave.

2. Human Resources determines that an employee has abused, falsified information, or was otherwise not eligible for the leave.

3. An employee fails to advise their Department of the physician's release to return to work in a timely manner.

4. An employee attempts to coerce, force or solicit another employee's participation in the program.

**WHATCOM COUNTY
ADMINISTRATIVE SERVICES/HUMAN RESOURCES**

REQUEST FOR SICK LEAVE DONATION

CONFIDENTIAL

Recipient Name: Social Security

Department/Division.

Description of Serious Illness/Injury: (Attach Medical Report as Necessary)

Attending Physician: -Telephone

I hereby provide and authorize the release of medical information sufficient to verify medical eligibility to participate in the sick leave sharing program:

**Employee
Signature**

Date

Department Verirication

Department verified criteria which must be met in order to qualify for sick leave sharing program:

Employee has completed six months of regular employment Yes No

Employee is not eligible for Workers' Compensation benefits Yes No

Employee has an acceptable history of sick leave usage Yes No

Employee has exhausted accrued sick leave Yes No

Department Head

Date

Recommendation and Final Decision

Recommend approval

Recommend denial

Comments:

Human Resources

Date

Approve

Deny

Executive's

Office

Date

Must meet eligibility requirements as outlined in the Sick Leave Sharing Program.
Forward completed form to human resources

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**WHATCOM COUNTY
ADMINISTRATIVE SERVICES/HUMAN RESOURCES
SICK LEAVE SHARING PROGRAM**

DONOR

Donor Name: _____ Social Security: _____
Department/Division: _____

Recipient: _____ Department: _____

I authorize my Department to transfer eight (8)/sixteen (16) hours (circle one) of Sick leave to the sick leave accrual bank of the above-named recipient for the purpose of sick leave donation. I understand that I cannot donate more than a total of sixteen hours of sick leave in a calendar year.

Employee Signature _____ **Date** _____

VERIFICATION OF ELIGIBILITY

Has donor donated more than 16 hours to Sick Leave Sharing Program during current calendar year?

Yes No

Total Sick Leave accrual as of today: _____

Total hours remaining after donation: _____ (must be at least 240 hours)

Charge donation to:

Fund _____ **Cost Center** _____ **Account** _____

Department Head _____ **Date** _____
Signature

Human Resources _____ **Date** _____

Must meet eligibility requirements as outlined in the Sick Leave Sharing Program.

Forward completed form to Human Resources .