

# CITY OF MASON

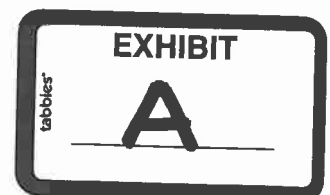
## SICK LEAVE DONATION PROGRAM

This program has been established to help those employees and their families who are terminally ill and/or have a catastrophic illness (i.e. cancers, kidney or liver disease/failure, severe heart attack, etc). Terminal illness is defined as a medical condition that will result in death in less than twelve (12) months. A catastrophic illness or injury is defined as a medical condition that poses a direct and immediate threat to life and requires inpatient or hospice care and mandates more than six (6) months away from work recovering from the catastrophic illness or injury. The employee must have exhausted all other accrued leave including sick, vacation, HRT and personal leave prior to using time from the Sick Leave Bank. This program does not supersede nor replace other retirement or disability programs.

Any employee may voluntarily elect to contribute, permanently; sick leave hourly credits. If there is a request from an employee to use the Sick Leave Bank and there are no available hours in the bank, the Human Resources Department will send a notification to all employees requesting their help.

In addition, the following criteria will apply.

- Only regular non-probationary employees are eligible to donate sick leave hourly credits or be the recipient of a donation.
- A sick leave hourly credit will not have an hourly rate attached.
- For those employees with less than 500 hours of accrued sick time they are eligible to donate a maximum of 8 hours per year to the Sick Leave Bank. Employees with 500 hours or more may contribute up to a maximum of 24 hours per year to the Sick Leave Bank.
- An employee may contribute up to two times a year (first pay period in March and September) to the Sick Leave Bank.
- A sick leave hourly credit donation is permanent and therefore cannot be returned to the donor or converted to cash by the employee's estate.
- The sick leave hourly credits will be used in place of the requesting employee's regularly scheduled workweek.
- A donated sick leave hourly credit will not count as a separate absence for the donating employee.
- If applicable, employees who receive donated time from the Sick Leave Bank and who return to work following a catastrophic event will donate back to the bank two (2) hours of sick time for every eight (8) hours as they accrue further sick leave.
- An employee will not accrue vacation or sick leave while receiving donated sick leave.
- An employee will be eligible for this program up to one year after he/she has exhausted all accumulated paid leave (vacation, sick, personal, comp time, HRT time).



- An employee or their immediate family member's terminal or catastrophic illness or injury must be certified by a physician.
- An employee who voluntarily chooses to donate sick leave credits must complete a Sick Leave Donation Form and submit it to the Human Resources Director who will review, approve and forward to the Finance Department who will deduct the credit from the donating employee's sick leave balance and return the form to the Human Resources Director who will maintain the record.
- When an employee or his/her immediate family member is terminally ill and/or a catastrophic illness occurs and the employee is about to exhaust their regular sick leave, a request for donated sick leave may be requested in writing from the Sick Leave Bank in hourly credit increments. All requests should be addressed to the Human Resources Director. The physician's certification must be attached. Again, the employee must exhaust all accrued time including sick, vacation, personal, comp and HRT time prior to receiving sick leave credits from the Sick Leave Bank.
- After receipt of the request, the Human Resources Director will forward to the City Manager's office for review and approval.
- The maximum donated sick leave credits that may be approved for any one employee per year is 1,000.
- For purpose of this policy immediate family member shall include: employee's current spouse, child, step-child, brother, sister, mother, step-mother/father, and mother/father in-law and grandparents.
- The City Manager is authorized to make occasional adjustments to this program to accommodate participation and need.

**CITY OF MASON**

**SICK LEAVE DONATION FORM**

I permanently donate \_\_\_\_\_ sick leave credit(s) to the Sick Leave Bank with the understanding that this credit cannot be returned to me.

\_\_\_\_\_  
Signature and Date

\_\_\_\_\_  
Department & Position

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
Effective Date of Donation

\_\_\_\_\_  
Human Resources Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Finance Department

\_\_\_\_\_  
Date

**CITY OF MASON**  
**SICK LEAVE BANK REQUEST FORM**

I hereby am requesting \_\_\_\_\_ sick leave credit(s) from the Sick Leave Bank with the understanding that:

- I have read the Sick Leave Bank policy.
- I have exhausted all accrued leave time including (sick, vacation, personal, comp, HRT) as applicable.
- Attached is the physician's certification.
- I understand I will not accrue vacation or sick leave while receiving donated sick leave.
- If applicable, I understand that upon return to work following a catastrophic event I will donate back to the bank two (2) hours of sick time for every eight (8) hours received.

Basis for Request:

\_\_\_\_\_  
Signature & Date

\_\_\_\_\_  
Department & Position

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Director & Date

\_\_\_\_\_  
Effective Date of Transfer

\_\_\_\_\_  
City Manager/Designee & Date