

CITY OF PLANO POLICIES AND PROCEDURES

211.000

Department Name: Human Resources Manual

Procedure: Catastrophic Illness/Extended Sick Leave

Effective Date: 11/01/96

Revision Date(s): 07/01/02, 01/01/03, 07/01/03, 04/01/06, 01/01/07, 04/01/07,
10/01/08

Review: Annual: 08/01/2006

I. Purpose

The purpose of the Sick Leave Bank is to provide employees (who are bank members) with a possibility of obtaining additional sick leave days to avoid loss of compensation due to a catastrophic illness or injury of the employee or an eligible family member of the employee when the employee has exhausted all accrued leave.

II. Definitions

For the purpose of this procedure, the following definitions shall apply:

A. Catastrophic Illness/Injury

An extremely severe health condition that necessitates the employee's absence from work for an extended period for the purposes of medically required convalescence and/or treatment; a sudden severe unforeseen accident or condition resulting in physical or mental incapacitation. The catastrophic illness/injury must be associated to the employee or an eligible family member and be a terminal illness, mortal injury, or a life endangering - event that requires hospitalization and/or rehabilitation under the supervision of a state licensed medical provider for a duration of not less than three (3) days, including partial day absences for medical treatments or convalescence. Events that are of limited duration (less than 3 days for convalescence or treatment) are not deemed catastrophic.

Conditions which are short-term in nature (for example: flu, measles, common illnesses, common injuries, etc.) are not deemed catastrophic. Chronic illnesses or injuries, which result in intermittent absences from work, may be considered catastrophic (for example: cancer and AIDS).

B. Catastrophic Illness/Extended Sick Leave Bank

A depository of employee-donated hours.

C. Catastrophic Illness/Extended Sick Leave Bank Member

A contributing participant in the "Bank".

D. Catastrophic Illness/Extended Sick Leave Board

A board appointed by the city manager to make decisions concerning the granting of leave under the program.

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E. Eligible Family Member

Member's child, stepchild, parent, stepparent and spouse. For the purpose of this policy, child is defined as a biological, adopted or foster child, stepchild, child of an employee who is standing in *loco parentis*¹ or legal ward of the employee. The child must be under 18 years of age or 18 years of age or older, but incapable of self-care because of a mental or physical disability.

F. Family Illness/Injury

A medically documented catastrophic illness or injury for which an eligible family member receives ongoing medical care, or sudden or unexpected emergencies that require immediate medical attention.

G. Personal Illness/Injury

A non-job related medically documented catastrophic illness or injury for which an employee receives ongoing medical care, or sudden or unexpected emergencies that require immediate medical attention.

III. Policies and Procedures

This policy establishes guidelines for the organization and administration of the city's Catastrophic Illness/Extended Sick Leave Bank (hereinafter referred to as "BANK"). The "Bank" is a voluntary program of sharing sick leave with employees who are "Bank" members and are unable to work in their regular capacity or status or who must care for an eligible family member who is unable of self-care due to a catastrophic illness or injury as defined by this policy.

No inducement, discipline, promise or threat of inducement or discipline shall be used to encourage or discourage participation.

Request for leave from the "Bank" may be made by or for a bank member. For a request to be considered under this policy, the incapacity must be a catastrophic illness/injury as defined by this policy. Employees may not request leave for incapacities due to an On-the-Job Injury.

Incapacities due to elective procedures are not considered under this program. However, complications that develop as a result of the procedures may be considered.

¹ For clarification of self-care or "*loco parentis*," see 29 CFR, Part 825, Section 825.113.

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A. Board Members

The Board consists of nine members representing a cross-section of the City organization. Appointees to the Board serve three-year terms. If a member of the Board resigns or terminates employment, a new member will be appointed. The Wellness Program Administrator may act as medical advisor to the Board when requested. Human Resources will provide facilitation, support and policy guidance for the Board.

B. Bank Membership

Membership applications are accepted during announced membership drives only and require no board action. Membership drives are announced twice per calendar year, generally in April and in October.

1. Membership Eligibility and Enrollment

Employees desiring membership into the "Bank" must:

- a. Be a regular full-time or a regular part-time employee and have completed their initial probationary period;
- b. Full-time employees must have a minimum balance of 60 hours of sick leave as of the last day of the announced open enrollment period (90 hours for fire department civil service employees);

Part-time employees do not accrue sick leave; therefore part-time employees must have a minimum of 30 hours of vacation leave as of the last day of the announced open enrollment period;

- c. Complete the Catastrophic Illness/Extended Sick Leave membership application (Appendix 'A'); **AND**
- d. Complete the Membership Agreement Form (Appendix B).

Full-time employees must transfer a minimum of ten (10) hours of sick leave to the "Bank" as a membership fee; part-time employees must transfer a minimum of five (5) hours of vacation leave as a membership fee (refer to appendix E "Bank Donation Form"). More hours may be transferred at the employee's request. Leave transferred to the "Bank" will not be returned for any reason.

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Completed forms must be turned in to Human Resources by the last day of the announced open enrollment period. Effective date of membership will be the first day of the first full pay period after the membership drive.

C. Maintaining Bank Solvency

Full-time members may be required, on an annual basis, to transfer ten (10) hours of sick leave to the "Bank" in order to maintain "Bank" solvency. Part-time members may be required, on an annual basis, to transfer five (5) hours of vacation leave. The Board may waive this requirement if the "Bank" has a sufficient balance of transferred leave. Failure to meet the hours shall result in employees losing their membership.

Any employee who loses membership for failure to meet transfer requirements may reapply during the scheduled membership drive.

D. Board Consideration

To be considered for a loan from the "Catastrophic Illness/ Extended Leave Bank" you **must** be a bank member. The Board's deliberation of loan applications will be in compliance with the Open Meetings Act, and loan applications or a portion thereof may be subject to the Public Information Act.

"Bank" membership does not guarantee that requested sick leave will be granted. Eligible employees requesting withdrawals from the "Bank" agree to Board review of their leave records and requested medical information.

When reviewing the loan the Board will consider the employee's:

- Length of service with the city;
- Prior utilization of sick leave;
- Medical information; and
- Any other pertinent employment-related criteria the Board may deem appropriate.

The Board will review all requests for a loan in a public meeting and will make a determination in accordance with "Bank" procedures.

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E. Loan Application Eligibility

Loan applications must be submitted in accordance with Board requirements and procedures. Bank loans may only be requested for employees and eligible family members.

1. Procedure for Applying for a Loan:

An employee making application to borrow from the bank must complete **Appendices C, D and F**. Completed forms must be turned into Human Resources for processing. Applicants will be notified of the Board's meeting and must attend the scheduled meeting or must present evidence that he/she is medically unable to do so. In the event the employee is unable to attend the meeting, he/she must notify the Human Resources Department as soon as he/she is aware that he/she will not be able to attend and provide the reason for such. Failure to attend or to be available to the board may delay the board's ability to review the loan request.

2. Advance Notice of Need:

Loans which are approved will not be granted retroactively. When possible, the employee should request sick leave from the "Bank" at least 10 working days prior to exhausting all paid leave. The Catastrophic Illness/Extended Sick Leave Bank Loan Application Form (Appendix C) should be completed and submitted to the employee's supervisor and division manager/department head, who will review it to verify completeness and provide recommendations stating the reason for supporting or not supporting the loan request. The form will then be sent to Human Resources.

The employee **must** provide a Medical Status Report Form (Appendix F) from his/her health care provider that identifies the medical problem, whether for the employee or their family member, and the estimated time of total disability.

The Medical Status Report Form must be submitted directly to Human Resources and will be sent to the Board for review.

3. Approval of Loan

The Board may approve leave in the following amounts:

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Member's Request to Borrow

a. Full-Time Employees:

The Board may approve up to 320 hours of sick leave for each employee leave request. If additional leave is needed, the member must submit an updated copy of Appendices C, D and F. Maximum leave the Board can grant an employee for a personal request in a twelve month period is 1040 hours.

b. Part-Time Employees:

The Board may approve up to 160 hours of sick leave for each employee leave request. If additional leave is needed, the eligible employee must submit an updated copy of Appendices C, D and F. Maximum leave the Board can grant an employee for a personal request in a twelve month period is 520 hours.

c. Eligible Family Members:

"Bank" members may apply for a loan for eligible family members. The Board may approve up to 80 hours of sick leave for each eligible family illness request. If additional time is needed, the member must submit an updated copy of appendices C, D and F. Maximum hours the board can grant a "Bank" member for an eligible family member(s) in a twelve-month period is 260 hours.

4. Loan Allocation

A zero balance for all paid leave is required before using the "Bank." Approved leave will not be credited to the employee's accrued sick leave, but will be available for use as needed.

F. Loan Repayment and Return of Unused Time

Any employee who is granted a new loan and has an outstanding balance from a previous loan(s) will consolidate the loans and make payments in accordance with the payment schedule below.

Eligible employees receiving a loan from the "Bank" shall repay the loan as follows:

1. Full-Time:

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Full-time members borrowing from the "Bank" are required to repay the loan at the rate of 50 percent of accrued sick leave per month and 50 percent of accrued vacation per month until the borrowed sick leave is repaid.

2. Part-Time:

Part-time members are required to repay the loan at the rate of 50 percent of accrued vacation leave per pay period until the borrowed sick leave is repaid.

G. Payment of Loan Upon Termination

Any employee who receives a loan from the "Bank" and leaves city employment, due to voluntary or involuntary termination, prior to full repayment of their loan, authorizes the city to deduct the balance owed from their paycheck or any other final payments due to the employee. Employees understand that the loan repayment agreement is irrevocable except as to the forfeiture provision that may be invoked by the City under Section 211, I, of the Human Resources Policies and Procedures.

H. Return of Unused Leave

Upon an employee's return to work after two (2) weeks in his/her normal status, all unused leave granted by the bank shall be returned to the bank.

I. Forfeit of Approved Leave

Any employee who is released to return to work in a limited or light duty capacity and is unable to perform his/her assigned job may be offered an ALTERNATE WORK ASSIGNMENT, which is at the discretion of the employee's supervisor. If an alternate duty assignment is offered, the employee shall have his/her medical provider complete a medical status report to determine if he/she is able to perform another job. This alternative assignment may be located in the employee's own department or in any department within the city. All alternative work assignments are temporary. Employees shall not be allowed to remain in alternative work status for more than six (6) months. An assignment to alternative work does not constitute any right or expectation of a permanent assignment to that position. Any employee who is requested to complete a medical alternative duty work form and fails to provide a completed form shall revoke his/her right to use any leave previously granted by the "Bank." Additionally, any employee who receives a medical release to work in another job and is offered, but fails to

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accept the assignment, revokes his/her right to use any unused leave that was previously granted.

J. Leave Accrual

Employees using catastrophic illness/extended sick leave are not considered in pay status and will not accrue any paid leave benefits while utilizing this procedure.

K. Record Keeping

Human Resources will administer the procedures for the reporting and recording of leave granted through the "Bank."

L. Coordination with FMLA

An employee approved for catastrophic illness/extended sick leave shall notify his/her department head of such approval. Time granted as catastrophic illness/extended sick leave may qualify under family medical leave, thereby counted against the employee's entitlement to family medical leave. When catastrophic illness/extended sick leave is used in conjunction with family medical leave, the department shall process a Personnel Action Form (Appendix G) notifying the employee and Payroll. A copy of leave notification shall be placed in the department files (refer to Procedure 212).

M. Appeals

The Board's decision is final and may not be appealed.

IV. Appendices

A. Catastrophic Illness/Extended Sick Leave Bank Membership Application

B. Catastrophic Illness/Extended Sick Leave Bank Membership Agreement

C. Catastrophic Illness/Extended Sick Leave Bank Loan Application

D. Catastrophic Illness/Extended Sick Leave Bank Loan Repayment Agreement

E. Catastrophic Illness/Extended Sick Leave Bank Donation Form

F. Medical Status Report Form

**CATASTROPHIC ILLNESS/EXTENDED SICK LEAVE
BANK
MEMBERSHIP APPLICATION**

Revised 07-01-03

INSTRUCTIONS: *Complete and sign this form and return it to the
Human Resources Department, Human Resources Manager*

Name _____ Employee # _____ Work Phone/Ext.#: _____

Position Title _____ Department _____

To be completed by full-time employees only: Total number of accrued sick leave hours, as of today's date _____

To be completed by part-time employees only: Total number of accrued vacation leave hours, as of today's date _____

Request for Membership - I request membership in the Catastrophic Illness\Extended Sick Leave Bank (Bank) and consent to comply with the program agreement and with all policies administered by the Catastrophic Illness/Extended Sick Leave Board (Board). I freely and voluntarily authorize the immediate transfer of _____ hours (minimum of 10 hours) of my sick leave (5 hours of my vacation leave if I am a Part-Time Employee) to the Bank as a membership fee. I further agree that an annual levy of 10 hours may be charged against my sick leave (5 hours of my vacation leave if I am a Part-time employee) if the Bank is in need of additional funding. Should a levy be required against my sick leave and should I not have sufficient sick leave (vacation leave if I am a part-time employee) available, my Bank membership will automatically be revoked.

I understand that all sick leave (vacation leave if I am a part-time employee) transfers are final and, once processed by Accounting, are irrevocable. I further agree that these donated hours will not be returned or repaid to me in any form whatsoever and that the Catastrophic Illness/Extended Sick Leave Bank is a voluntary nongrievable program.

Employee Signature _____
Date

Do not complete below this line - For office use only

Membership Request: [] Approved [] Denied
Reason for denial _____
Number of hours transferred to the Bank _____

ESLB Chairperson

copy: Employee's Personnel File

**CATASTROPHIC ILLNESS/EXTENDED SICK LEAVE
BANK
MEMBERSHIP AGREEMENT**

Revised 07/01/03

I understand and agree to the following terms of the City of Plano Catastrophic Illness/Extended Sick Leave Bank (Bank):

1. That the program is voluntary.
2. That enrollment is permitted when I have accrued the minimum balance of hours required, and that the sixty (60) hours of sick leave [ninety (90) hours for fire department shift employees] will remain available for use until the time of Board consideration. Enrollment is permitted for regular part-time employees when they have accrued a minimum balance of thirty (30) hours of vacation hours.
3. That if I am a full-time employee, I will transfer a minimum of ten (10) hours of sick leave to the "Bank" as a membership fee or if I am a regular part-time employee, I will transfer a minimum of five (5) hours of vacation leave to the "Bank" as a membership fee.
4. To repay leave granted by the "Bank" at the rate of fifty (50) percent of the member's monthly sick leave accrual and fifty (50) percent of the member's monthly vacation leave accrual. To repay leave granted by the "Bank" at the rate of 50 percent of my monthly vacation leave accrual if I am a part-time employee.
5. That the member may be required, on an annual basis, to transfer ten (10) hours of sick leave to the "Bank" in order to maintain its solvency if I am a full-time employee and five (5) hours of vacation leave to the "Bank" if I am a part-time employee. This provision may be waived if the "Bank" has adequate reserves. Failure to meet levy requirements shall automatically revoke membership.
6. That leave transferred to the "Bank" becomes the property of the "Bank" and will not be returned under any circumstances.
7. That membership in the "Bank" does not guarantee that a requested Catastrophic Illness/Extended Sick Leave loan from the "Bank" will be approved.
8. That, when requesting sick leave from the "Bank", the member agrees that the Catastrophic Illness/Extended Sick Leave Board shall consider the employee's length of service, prior utilization of sick leave, medical information and any other pertinent employment-related criteria the Board deems appropriate.
9. That membership requests and voluntary withdrawals of membership are automatically accepted and require no vote/discussion by the Board.
10. That elective cosmetic surgery is not covered under this policy.

Signature

Date

Medical information will be required before the board can review your application.

4. What date do you anticipate returning to work? _____
5. Medical provider's name, address, phone: _____

6. Have you provided the Catastrophic Illness/Extended Sick Board with a Medical Summary Form in order to review the medical diagnosis and prognosis of you or your family member? Yes [] No []

7. How much time are you requesting to borrow from the bank? _____

8. What are your current leave balances prior to this request?

Sick Leave Balance

Vacation Balance

Compensatory Time

9. Are you currently paying on a Sick Leave Loan? Yes [] No []

If yes, state balance owed _____ as of _____ (date)

10. Please identify any large amounts (two weeks or more) of consecutive sick leave taken within the past three years of employment. Please describe the nature of the illness:

11. Please provide any additional information you feel will be of assistance to the board regarding your use of previously earned sick leave? _____

12. Are you willing to repay this borrowed sick leave in accordance with Bank policies and procedures?
[] Yes [] No

**I HEREBY ACKNOWLEDGE THAT I HAVE READ OR HAVE HAD EXPLAINED TO ME
THE CATASTROPHIC ILLNESS/EXTENDED SICK LEAVE BANK POLICY.**

Employee Signature/ Date

Supervisor Signature/Date

Division Manager/Department Head comments:

[] I support the request [] I do not support the request for the following reason:

Reason for Decision: _____

Reviewed by Division Mgr./Dept. Head _____ (Please initial)

**CATASTROPHIC ILLNESS/EXTENDED SICK LEAVE
BANK
DONATION FORM**

Revised 07/01/03

Donor Name _____ Position Title _____

Social Security # _____ Department _____

To be completed by regular Full Time employees only-Total number of accrued sick leave hours as of today's date: _____

To be completed by regular Part Time employees only-Total number of accrued vacation leave hours as of today's date: _____

I freely and voluntarily authorize the transfer of _____ hours of my currently accrued sick leave to the Catastrophic Illness/Extended Sick Leave Bank. I agree that these donated hours will not be returned or repaid to me in any form whatsoever.

Employee Signature

Date

Submit completed form to the Human Resources Department

copy: Employee's Personnel File
Accounting Department

CITY OF PLANO

MEDICAL STATUS REPORT

The Board's deliberation of loan applications will be in compliance with the Open Meetings Act, and loan applications or a portion thereof may be subject to the Public Information Act.

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_____ EMPLOYEE NAME (print)	_____ JOB TITLE
_____ If family member, NAME (print)	_____ If family member, RELATIONSHIP TO EMPLOYEE
_____ SOCIAL SECURITY NUMBER	_____ DEPARTMENT
_____ DATE OF ORIGINAL ILLNESS/INJURY	_____ DATE OF LAST DOCTOR'S VISIT

NOTE TO PHYSICIAN: The City of Plano has adopted this form to assist us in better assessing this employee's ability to return to work. Your findings will be greatly appreciated.
This procedure is [] Elective [] Medically necessary immediate [] Medically necessary but not immediate

DIAGNOSIS: _____

RECOMMENDED TREATMENT & FREQUENCY (bed rest, home or physical therapy, surgery, etc.): _____

(NOTE: If this report is for the employee's family member, it must contain documentation from the health care provider stating the nature/diagnosis of the family member's illness or injury, anticipated duration and statement that the employee is needed to care for the family member.)

EMPLOYEE IS CURRENTLY ABLE TO PERFORM THE FOLLOWING:

1. _____ Unrestricted job duties with no limitations
2. _____ Fully restricted with no job duties whatsoever
3. _____ Restricted work with the following limitations:
 - a. _____ Desk-type work only (sitting, taking calls, etc.)
 - b. _____ Desk/limited movement (some walking, standing, bending, etc.)
 - c. _____ Light physical work (walk, stand, lift light objects up to 10 lbs.)
 - d. _____ Moderate physical work (walk, stand, lift objects up to 30 lbs.)
 - e. _____ Other limitations: _____
4. _____ Can employee drive?

SCHEDULE FOR UPCOMING DOCTOR'S VISITS: _____

ANTICIPATED DATE OF RELEASE TO:

_____ Restricted Duty _____ Unrestricted Duty

Date Physician's Signature

I AUTHORIZE THE RELEASE OF THE MEDICAL INFORMATION CONTAINED IN THIS FORM TO MY EMPLOYER, THE CITY OF PLANO:

Date Employee Signature

NOTE: EMPLOYEE IS RESPONSIBLE FOR RETURNING COMPLETED FORM TO THE HUMAN RESOURCES DEPARTMENT.