



**SHARED SICK LEAVE**

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**Effective Date:** May 1, 2016

**Responsible Office:** Human Resources

**Division:** Finance

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**I. PURPOSE/OBJECTIVE**

The purpose and objective of this policy is to provide a Sick Leave Bank for eligible employees to share accrued sick leave with eligible employees who need additional sick leave to facilitate their return to work. Please note that this policy shall not create a legal entitlement.

**II. STATEMENT OF POLICIES**

- A. Shared Sick Leave is leave hours donated by faculty and/or unclassified staff into a shared sick leave pool to be used by fellow faculty and/or unclassified staff who are suffering from their own serious health condition which has caused or is likely to cause the employee to take leave without pay or to terminate employment. Unclassified employees may irrevocably donate sick leave to the shared leave pool.
- B. A serious health condition is an illness, impairment, physical or mental condition that makes the employee unable to perform the essential functions of his or her job.

**III. SHARED LEAVE FOR FACULTY AND UNCLASSIFIED STAFF**

- A. Shared leave shall be applied for by the employee and may be taken only when approved by the review committee and the campus president or his/her designee. The supervising health care provider must provide written documentation of the need for leave. The review committee may choose to require an opinion from another health care provider, especially for extended leaves.
- B. To be eligible to participate in the Shared Sick Leave Program, an employee shall:
  - 1. Be a full-time faculty or unclassified staff member who is eligible to earn sick leave,
  - 2. Have completed at least:
    - a. One academic year of service with the institution if employed on an academic year basis, or

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- b. One fiscal year of service with the institution if employed on a 12-month basis,
  - c. Have made a contribution to the shared leave pool as a prerequisite to applying to use leave from the pool, and
  - d. Have used all his/her sick, annual, and compensatory leave before requesting sick leave from the pool.
- C. Participants shall retain three sick days at all times for personal use. Employees shall not be permitted to donate to the program if they have less than 3 days (24 hours) of sick leave.
- D. Employees who use leave from the pool shall not be expected to pay it back.
- E. Donations shall come from “sick” and not “annual” leave reserves.
- F. Donations shall only be allowed to the Shared Sick Leave Program pool and not to an individual.
- G. The University shall limit the number of days an employee can draw from the Program to 22 days (176 hours) per calendar or fiscal year and limited to 100 days per employee. The intent of the policy is to assist an employee’s return to the workplace, not substitute for a long-term disability insurance policy.
- H. Days shall be transferred from the pool as used.
- I. Employees receiving workers compensation or benefits from a long-term disability insurance policy are not eligible to participate.
- J. If the University ends the shared leave bank no leave would be returned to employees but would continue to be used until the bank is depleted.

**IV. Review Committee**

- A. A review committee shall be appointed by the campus president to recommend approval/disapproval of requests for leave under the Shared Sick Leave Program.
- B. It is suggested that membership on the review committee shall be proportional to the participation by faculty and unclassified staff.

**GRAMBLING STATE UNIVERSITY  
SHARED SICK LEAVE PROGRAM**

**Leave Donation Form**

I hereby authorize Grambling State University to deduct from my sick leave account \_\_\_\_\_ accrued hours\* and place them in the University Shared Sick Leave Pool. This donation of leave is made with the understanding that it is irrevocable and will not be refunded to me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
University G Number

**\*Minimum donation is one (1) day or 8 hours**

**Instructions:** Complete the above form and submit to the Payroll Office and a copy to the Office of Human Resources.

**GRAMBLING STATE UNIVERSITY  
SHARED SICK LEAVE PROGRAM**

**Application for Use of Shared Sick Leave Pool**

**Name:**

\_\_\_\_\_

**University G #:**

\_\_\_\_\_

I am requesting to use \_\_\_\_\_ hours from the Shared Sick Leave Pool. I certify that I meet the eligibility of the Grambling State University Shared Leave Program. In accordance with the Shared Sick Leave Policy, I have attached written documentation from my healthcare provider/physician outlining the need for sick leave and my personal statement explaining my request. I understand that, if approved, the maximum number of sick leave days/hours that I can draw from the Program is limited to 22 days or 176 hours per fiscal year and is also limited to 100 days or 800 hours total participation in the Program. I also understand that this request shall not create a legal entitlement.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Instructions:** Complete the above form and attach your statements explaining your request to use hours from the Shared Sick Leave Pool. Forward your completed application to the Office of Human Resources, Grambling State University. The Shared Leave Review Committee will review all requests and make a recommendation to the Associate Vice President for Human Resources or her designee.

\_\_\_\_\_ Request Approved \_\_\_\_\_ Request  
Disapproved

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
AVP for HR/Designee