



---

## Policy #53024

---

### Shared Sick Leave Program & Procedures

---

**Effective Date:** May 1, 2016

**Responsible Office:** Office of Human Resources

**Division:** Finance

---

#### 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.

#### I. STATEMENT OF POLICY

- 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. Serious Health Condition (Family Medical Leave Act) is an illness, impairment, physical or mental condition, or injury caused by a serious accident on or off the job, that involves:
  - 1. Any period of incapacity or treatment in connection with or consequent to inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility;
  - 2. Any period of incapacity requiring absence from work, school, or other regular daily activities of more than three calendar days, that also involved continuing treatment by (or under supervision of) a health care provider; or
  - 3. Continuing treating by (or under supervision of) a health care provider for a chronic or long-term health condition that is incurable or so serious that, if not treated, would likely result in a period of incapacity of more than three calendar days; or for prenatal care.

4. Voluntary or cosmetic treatments (such as most treatment for orthodontia or acne) that are not medically necessary are not “serious health conditions,” unless inpatient hospital care is required. Restorative dental surgery after an accident, or removal of cancerous growths are serious health conditions provided all the other conditions are met (1, 2, or 3). Treatment for allergies or stress, or for substance abuse, are serious health conditions if all conditions are met (1, 2, or 3). Prenatal care is included as a serious health condition. Routine preventive physical examinations are excluded.

## II. 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
    - b. One fiscal year of service with the institution if employed on a 12-month basis,
  3. Have made a contribution to the shared leave pool as a prerequisite to applying to use leave from the pool, and
  4. Have used all his/her sick, annual, and compensatory leave before requesting sick leave from the pool.
  5. Employees who meet criteria one through four are exempt the first 12 months of the program.
- 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.

III. Review Committee

- A. A review committee shall be appointed by the Associate Vice President for Human Resources to recommend approval/disapproval of requests for leave under the Shared Sick Leave Program.

**GRAMBLING STATE UNIVERSITY  
SHARED SICK LEAVE PROGRAM**

**Leave Donation Form**

I \_\_\_\_\_ (Print Name) G# \_\_\_\_\_  
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.

\_\_\_\_\_  
Donor 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 Shared Sick Leave**

**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 the FMLA form 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, (C/O Cheryl Ivory) 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