

GUIDE

SICK LEAVE POOL PROGRAM



FLORIDA ATLANTIC UNIVERSITY

Administered by
the Department of Personnel Services

Sick Leave Pool Program



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Overview

The Sick Leave Pool is a benefit extended to all full and part-time employees with a minimum of one year of continuous service at Florida Atlantic University, or other state agency, and a minimum balance of 64 sick leave hours. Employees must meet specific eligibility requirements and donate 16 hours from their personal sick leave balance. Membership in the Pool allows participating employees to apply for up to a maximum of 480 sick leave hours for serious or catastrophic personal illness or injury, when they have exhausted all of their own leave hours. Following is a detailed description of the policies, rules and regulations regarding membership in the Sick Leave Pool. Questions should be addressed to the Benefits and Retirement Office in the Department of Personnel Services, (561) 297-3073, e-mail: mmascaro@fau.edu. If immediate assistance is needed, another option is to call the ActionLine at (561) 297-2030.

Sick Leave Pool Policy



1. The University President authorizes the establishment of a single Sick Leave Pool, hereinafter know as the Pool, for participating full and part-time employees. Upon depletion of their sick, annual, and compensatory leave credits, and after approval of the University Sick Leave Pool Committee, hereinafter known as the Committee, participating employees may apply for sick leave hours from the Pool for serious or catastrophic personal illness or injury.

2. Participation in the Pool shall be voluntary on the part of any eligible employee. The Pool shall be for the benefit of eligible participating employees without regard to their pay plan and without regard to salary funding source.
3. The Pool shall remain in effect until terminated by the participating employees or the University President.
4. The Director of Personnel Services/Sick Leave Pool Administrator or designee shall have access to participating employees' leave records and to other employee information necessary to administer and maintain the sick leave pool; and shall maintain accurate, complete, and reliable records relative to all functions of the Pool.
5. The Sick Leave Pool Program shall include the following internal procedures:
 - a. an application form for membership in the Pool
 - b. an application form for requesting use of sick leave from the Pool
 - c. a form for providing the attending physician's statement and the employee's authorized release of such information.
6. All Pool records shall be maintained by the Director of Personnel Services/Sick Leave Pool Administrator or designee and all such records, not otherwise protected by chapter 119 F.S., shall be open to inspection at a time and place convenient to the Director of Personnel Services/Sick Leave Pool Administrator.



7. The Director of Personnel Services/Sick Leave Pool Administrator or designee shall make periodic reports to the membership.
8. In the execution of the duties and responsibilities defined in this rule and specified internal procedures, the Director of Personnel Services/Sick Leave Pool Administrator or designee and the Sick Leave Pool Committee shall show responsible judgment and act in the best interest of the majority of the employees participating in the Pool. Any Committee member who applies to use leave credits from the Pool shall not vote on his/her request.
9. The Pool can be terminated by a two-thirds majority vote of the membership. Upon receiving a petition signed by at least one third of the members of the Pool the Sick Leave Pool Committee, through the Director of Personnel Services/Sick Leave Pool Administrator, shall conduct a written poll of all members. If two-thirds of the membership vote in favor of terminating the Pool, all actions of the Pool shall cease.
10. Upon termination of the Pool, the balance of sick leave hours remaining in the Pool shall be divided equally among the members of record at the time of termination and transferred to the employees' individual sick leave accounts maintained by the Department of Personnel Services.



Eligibility in the Pool

11. Eligibility is extended to any full or part-time University employee after completion of one year of continuous leave-earning state employment, providing that the employee has a minimum of 64 hours of unused sick leave at the time of application.
12. Full or part-time employees shall mean individuals employed on a non-OPS annual or academic year contract or on an approved sabbatical or leave of absence with pay.
13. Each eligible employee who desires to participate in the Pool must apply, using the appropriate membership enrollment form, to the Director of Personnel Services/Sick Leave Pool Administrator within 30 calendar days from the date of eligibility. The applicant's request must be either accepted or rejected within 30 calendar days of the receipt of the request. If any of the eligibility requirements stated in (11) are not met, the application will be disapproved immediately and returned. All other applications will be referred to the Committee for final approval. No employee shall be unreasonably denied membership in the Pool.
14. The Committee shall designate a minimum of one open enrollment period consisting of 60 calendar days during each calendar year. University employees who have their application for enrollment rejected may reapply during the next enrollment period.



Contributions to the Pool

15. Each participating employee shall contribute 16 hours of sick leave at the time the Membership Application Form to participate is approved by the Committee. Upon approval, the Director of Personnel Services/Sick Leave Pool Administrator or designee shall coordinate the immediate deduction of 16 hours of sick leave from the employee's sick leave account and the addition of these hours to the Pool account.
16. Each participating employee will contribute an additional 16 hours of sick leave each time the Pool is depleted as defined in (17) below.
17. When the total credits available in the Pool amount to 160 hours or less, the Pool shall be considered to be depleted. Upon depletion, the Pool members will be notified that 16 hours of sick leave credits will be deducted from their accounts unless they inform the Director of Personnel Services/Sick Leave Pool Administrator, in writing, within two weeks of the date of the notice, of their intention to discontinue membership.
 - a. The Pool cannot be replenished more than two times in any 12-month period without approval by two-thirds of the membership.
 - b. If the participating employee's individual sick leave account as maintained by the



Department of Personnel Services is less than 16 hours at the time the Pool is depleted, the Department of Personnel Services shall deduct all accumulated sick leave hours at that time and the remainder of the 16 hours as additional sick leave hours are accrued by the employee. The employee shall not be allowed to use his/her individual sick leave hours until the amount owed to the Pool has been contributed.



- c. The inability of a participating employee to contribute 16 hours of sick leave to the Pool at the time the Pool is depleted shall not normally exclude the employee from continued membership in the Pool.
 - d. If a participating employee repeatedly fails to have a sufficient balance in his/her individual sick leave account when requested to contribute 16 hours to the Pool, the reasons for the use of sick leave credits by the employee shall be investigated by the Director of Personnel Services/Sick Leave Pool Administrator or designee to assist in determining whether the employee's membership in the Pool should be canceled. The decision for such cancellation shall be by majority vote of the Committee.
18. A participating employee shall not be allowed to make any contribution of unused or unpaid sick leave from the employee's individual sick leave account at the time of retirement or termination from state employment, or to make any contribution at any time that would be greater than the amount contributed by all other participating employees.

19. Participating employees may not apply any conditions or restrictions on any sick leave hours they may contribute to the Pool. All sick leave hours in the Pool will be disbursed by action of the Committee.

Use of Sick Leave Pool Hours

20. Sick leave hours from the Pool shall be granted **only for the employee's serious or catastrophic personal illness or injury**. This would include serious or catastrophic disabilities that are the result of pregnancy, childbirth or surgery. Normal pregnancy and recovery from childbirth is not included. All requests for sick leave pool hours will include a review of the employee's past sick leave usage and must be approved by the Committee. The Committee reserves the right to request a second opinion.

21. **Participation in the Pool does not guarantee hours may be withdrawn from the Pool.** All hours will be disbursed by action of the Committee. The request must meet the established criteria for sick leave pool usage.

22. Participating employees who have depleted all of their accrued sick, annual and compensatory leave credits may request sick leave credits from the Pool.

a. All requests for sick leave credits shall be forwarded to the Director of Personnel Services/Sick Leave Pool Administrator.



b. A maximum of 160 hours or 20 work days of Pool credits may be granted to an employee for any one request.

c. A participating employee may be approved for up to 480 hours or 60 work days of Pool credits during any 12-month period.

d. Sick Leave Pool credits will be pro-rated for part-time employees.

e. A participating employee who is granted sick leave hours from the Pool normally shall not be required to replace those hours except as otherwise required of all other regular participating members.

f. Participating employees who, due to the nature of their illness, are unable to communicate with the University, may designate a representative to act on their behalf only during the period of time that they are medically unable to communicate on their own. An employee choosing this option must submit medical documentation of the necessity to designate a representative.

23. The Committee shall evaluate requests for sick leave from the Pool based on, but not limited to, the following:

a. Verification that the request is from a member of the Pool.



b. Verification that the employee's individual sick, annual, and compensatory leave credits have been depleted, or shall otherwise be depleted during the required sick leave for the employee.

c. An evaluation of the type of illness or injury that is the basis for the request, and medical documentation that the illness or injury is serious or catastrophic.

d. An evaluation of the use of the employee's individual sick leave account to determine whether there has been excessive or abusive use of sick leave.

e. Verification that the request will not cause the participating employee to exceed the maximum number of hours allowable for the 12-month period.

f. Verification of any and all disability insurance benefits, which must be coordinated with sick leave pool payments.

24. Verification of illness and corresponding leave shall be required from the attending physician.

25. Should any participating employees have their request to draw sick leave credits from the Pool denied, they may reapply one time for the same request by providing a new application with additional justification. The decision of the Committee regarding the second application shall be final.



26. **Pool payments shall be coordinated with any and all disability insurance benefits the employee may accrue.** No more than the current salary may be received by the employee after all benefits from all applicable programs are applied.

27. The effective date for any sick leave granted shall normally be the date of the request for the sick leave or the date the employee's individual sick leave account was depleted, whichever is latest.

Return to Work

28. At the time that a participating employee who has been granted sick leave hours from the Pool has been certified as able to return to work, or otherwise assigned work-related duties, the payment of sick leave pool hours shall cease, and all unused sick leave hours will be returned to the Pool. If the employee is paid for sick leave hours from the Pool after he/she has been certified or otherwise declared able to perform his/her assigned duties, all such hours will be repaid to the Pool from the employee's individual sick leave account. The employee shall not be allowed to use his/her sick leave hours until the amount owed to the Pool has been repaid.

29. Participating employees who have been granted sick leave credits shall be responsible for informing the Director of Personnel Services/Sick Leave Pool Administrator at such time



as they may be certified as able to return to work or otherwise assigned work-related duties, or at such time as they may have returned to work. Such notification to the Director of Personnel Services/Sick Leave Pool Administrator shall be made within five days of the occurrence.

Termination from the Pool

30. Membership in the Pool will be terminated as follows:

- a. Participating employees may cancel their membership in the Pool at any time by notifying the Director of Personnel Services/Sick Leave Pool Administrator in writing. Any such notice shall include the date for the cancellation of membership.
- b. Participating employees who retire, transfer, terminate, or are terminated from University employment shall be terminated from the Pool, effective on the date of the personnel action.
- c. Participating employees who are found to be abusing the Pool may be terminated from the Pool.
- d. Participating employees who terminate from the Pool and owe sick leave hours to the Pool will have those hours deducted from their individual sick leave balance, if such hours are accrued and available.



31. Any sick leave contributed to the Pool by a participating employee shall be forfeited upon the employee's cancellation of membership in the Pool, retirement, resignation or termination from the University.
32. An employee who transfers from the University to another position in state government may transfer from one pool to another if the eligibility criteria of the pools are comparable or the administrators of the pools have agreed on a formula for transfer of credits.
33. Alleged abuse of the use of the Pool shall be investigated by the Director of Personnel Services/Sick Leave Pool Administrator or designee; and if the Committee deems it warranted, the participating employee shall repay all sick leave credits drawn from the Pool and may have his/her membership canceled by a majority vote of the Committee. In addition, the employee may be subject to disciplinary action in accordance with the University's procedure for taking disciplinary action.

Questions should be addressed to the Benefits and Retirement Office in the Department of Personnel Services, (561) 297-3073, e-mail: mmascaro@fau.edu. If immediate assistance is needed, another option is to call the ActionLine at (561) 297-2030.

FLORIDA ATLANTIC UNIVERSITY
Sick Leave Pool
Membership Application Form

(Please type or print)

NAME _____
Last First Middle Initial

SOCIAL SECURITY NUMBER _____

DEPARTMENT NAME _____

OFFICE LOCATION _____ OFFICE PHONE NUMBER _____

Upon acceptance of my application for membership in the Sick Leave Pool, the Department of Personnel Services is authorized to deduct required sick leave credits from my personal sick leave balance.

I hereby certify I agree to all provisions of the Sick Leave Pool

Employee Signature Date

TO BE COMPLETED BY THE DEPARTMENT OF PERSONNEL SERVICES:

Eligibility Requirements:

- _____ Faculty, A&P or USPS Employee (not OPS)
- _____ Completed one year of employment with the University / State
- _____ Has minimum of **64 hours** of unused sick leave

Membership in Sick Leave Pool: _____ Approved _____ Disapproved

Chairperson, Sick Leave Pool Committee Date

<u>Dates</u>	<u>Transaction</u>	<u>Hours Contributed</u>	<u>Sick Leave Hours authorized</u>	<u>Balance Withdrawn</u>
	Initial enrollment	16.0		

PLEASE RETURN THIS FORM TO: Department of Personnel Services, Benefits & Retirement Office
Administration Building, Room 251, 777 Glades Road, Boca Raton, Florida 33431-0991

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FLORIDA ATLANTIC UNIVERSITY
SICK LEAVE POOL
APPLICATION FOR SICK LEAVE POOL HOURS

Please clearly print or type the requested information.

NAME _____ SOC. SEC. NO. _____

DEPARTMENT _____ TITLE _____

HOME ADDRESS _____ PHONE NO. () _____

DESIGNATED REPRESENTATIVE * _____ PHONE NO. _____

*only when employee is medically unable to communicate decisions. Must provide medical documentation

LENGTH OF LEAVE TIME REQUESTED From _____ To _____

REASON FOR REQUEST _____

DO YOU HAVE DISABILITY INSURANCE TO COVER THIS ILLNESS? _____

If yes, provide name of insurance provider, type and amount of coverage: _____

****COMPLETED APPLICATIONS MUST INCLUDE AN ATTENDING PHYSICIAN'S STATEMENT. THE UNIVERSITY RESERVES THE RIGHT TO REQUEST A SECOND OPINION****

"I certify that all information provided in support of this application is complete and true to the best of my knowledge. I understand that the Sick Leave Pool Committee will review information of a confidential nature in order to determine my request. I acknowledge that upon the filing of my request, the Committee will receive and may obtain the necessary medical information from my physician(s). The Committee may base its determination on my physician's statement, the severity of my illness, and any other information deemed relevant by the committee".

Signature of Applicant (or designated representative) Date

TO BE COMPLETED BY DEPARTMENT OF PERSONNEL SERVICES:

- _____ Applicant is currently an active member of the Sick Leave Pool
- _____ Applicant has, or will have, depleted all personal annual, compensatory and sick leave credits
- _____ Personnel Services has received a completed Attending Physician's Statement
- _____ Disability Insurance Coverage has been coordinated with Sick Leave Pool benefits
- _____ Verified that request does not exceed maximum 480 hours or 60 work days per 12 month period
- _____ Total Sick Leave Pool credits authorized in last 12 months _____

SICK LEAVE POOL COMMITTEE DECISION: _____ APPROVED _____ DISAPPROVED

TOTAL SICK LEAVE HOURS APPROVED: _____

LENGTH OF TIME APPROVED: From _____ To _____

Chairperson, Sick Leave Pool Committee Date

RETURN FORM TO: DEPARTMENT OF PERSONNEL SERVICES
BENEFITS AND RETIREMENT OFFICE
777 GLADES ROAD
BOCA RATON, FL 33431

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FLORIDA ATLANTIC UNIVERSITY
 SICK LEAVE POOL
 ATTENDING PHYSICIAN'S STATEMENT

NAME OF PATIENT _____

SOCIAL SECURITY NUMBER _____

Statement of Patient: In support of my application for sick leave hours from the FAU Sick Leave Pool, I authorize all health care professionals, including, but not limited to, physicians, psychiatrists, chiropractors or any other examining health care professional, to release information concerning my illness/injury and any other pertinent data to the FAU Sick Leave Pool Committee.

Signature of Patient _____ Date _____

 PHYSICIAN'S STATEMENT

Sample Only

Please clearly print or type the requested information. Use additional sheets if necessary.

PHYSICIAN'S NAME _____ License No. _____

MAILING ADDRESS _____ Phone No. _____

Date you first examined patient for this condition _____

1. Name of referring health professional, _____ Phone No. _____
2. Diagnosis _____
3. Current Condition _____
4. Is the Current Condition Serious and/or Catastrophic? ___ Yes; ___ No Please Explain: _____
5. Course of Treatment _____
6. Can patient currently perform essential functions of job? (Please see attached position description) _____
7. Prognosis _____
8. Anticipated date of return to work _____

Signature of Physician _____ Date _____

Return Form To: Department of Personnel Services
 Benefits and Retirement Office
 Florida Atlantic University
 777 Glades Road
 Boca Raton, Fl 33431
 (561) 297-3057
 (561) 297-2404 FAX

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