

Warren County Board of Supervisors

RESOLUTION NO. 360 OF 2015

Resolution introduced by Supervisors Taylor, Kenny, Sokol, Merlino, Dickinson, Girard, Vanselow, Wood and Simpson

APPROVING THE SICK LEAVE DONATION POLICY FOR NON-BARGAINING EMPLOYEES OF WARREN COUNTY

RESOLVED, that the Warren County Board of Supervisors hereby approve the Sick Leave Donation Policy for Non-Bargaining Employees as attached hereto.

**WARREN COUNTY
SICK LEAVE DONATION POLICY
FOR OUT-OF-UNIT EMPLOYEES**

PURPOSE:

The purpose of this Sick Leave Donation Policy (“Policy”) is to allow Employees of Warren County who are not members of a collective bargaining unit otherwise known as Out-of-Unit employees, to donate (“Donor Employee”) up to one (1) sick day to a “Donee Employee” defined as an employee of Warren County who:

- 1) has been employed with the County for a minimum of fifty-two (52) weeks and
- 2) has worked at least 1,250 hours during the prior 12 month period;
- 3) who is unable to work due to a medically verified illness and
- 4) who has exhausted all available leave time and would otherwise be subject to loss of income during a continuing loss of work.

OVERVIEW:

- 1.) The Warren County Human Resources Department, in collaboration with the Warren County Treasurer’s Office, will manage and administer this Policy.
- 2.) This Policy will be administered in concert with the Warren County Sheriff’s Employees Alliance (“Alliance”) and Civil Service Employees Association, Inc., Local 1000, AFSCME, AFL-CIO, (“CSEA”) established sick leave donation programs.

POLICY AND PROCEDURES:

- 1.) This Policy can be accessed when a Donee Employee needs time off from work due to a chronic, prolonged, catastrophic and/or disabling illness or injury (medically verified illness). The Donee Employee or his/her duly authorized representative must contact the Human Resources Department and request application of this policy on their behalf. Any Donor Employee wishing to “donate sick time” to a Donee Employee will complete a confidential “Donate Sick Time Form”,

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which form is available from their Department Head. The Donor Employee should then present the completed form to the Human Resources Department. Solicitations for donations of sick days may only originate from the Donee Employee or his/her Department Head. All details of the Donee Employee's illness or need shall be kept in strict confidentiality.

2.) In order to qualify as a Donor Employee, the employee must have at least ten (10) accumulated sick leave days available.

3.) The maximum sick days that can be donated to any Donee Employee will be fifty (50) sick days total.

4.) All sick leave donations will be calculated in sick days not sick hours. For the ease of the administration of this Policy, if there is a difference in the hourly compensation rate of the Donor Employee and the Donee Employee, it will only be calculated by the day for ease of the administration. Donations shall be made in full-day (7 or 8 hour) units regardless of the work schedule of either the Donor Employee or the Donee Employee.

5.) All donated time shall be made retroactively, if necessary, to assure that the Donee Employee is not, in effect removed from the payroll.

6.) The maximum number of days to be contributed for **all** recipient Donee Employees shall be consistent with both CSEA and Alliance contracts, which is four hundred fifty (450) days per year.

7.) All Donor Employees and Donee Employees information shall be maintained in strict confidence by the Human Resources Department.

EFFECTIVE DATE:

_____, 2015

Warren County Board of Supervisors

Resolution No. ____ of 2015.

Sick Leave Donation for Out-of-Unit Warren County Employees

Instructions: Submit this form to the Human Resources Department in an envelope marked *CONFIDENTIAL* - Attn: Sick Leave Donation Program

***PLEASE NOTE:** Once Sick Leave donation is approved, the Warren County Human Resource Department shall deduct time and make adjustments to your deducted accruals in Novatime.

DONOR NAME: _____ **EMPLOYEE #** _____

Please Print or Type

DEPT. LOCATION _____

Regular Work Week: _____ 35 hours _____ 40 hours

RECIPIENT NAME: _____ **Dept.** _____

CERTIFICATION

I, _____, do hereby certify that I have at least ten (10) sick leave days accrued, of which I voluntarily donate one (1) sick day to the Recipient named above. I fully understand that once this day has been donated, it shall be deducted from my sick leave accrual.

Employee Signature

Date