

SICK LEAVE RESTRICTION POLICY

I. PURPOSE: The purpose of this directive is to establish a written policy relating to the use of earned sick leave by personnel working in the Department of Administration.

II. DEFINITIONS

- A. Sick Leave: An approved paid period of absence granted to the employee in the event of incapacitating illness or injury, or when illness or in an immediate family member requires employee's attendance, or an employee or a member of the immediate family has a medical/dental appointment, or the employee experiences a death in the immediate family, or the employee has been exposed to a contagious disease.
- B. Immediate Family: Immediate family is defined as father, mother, son, daughter, sister, brother, husband, wife, mother-in-law, father-in-law, son-in-law, daughter-in-law, grandfather, grandmother, grandson, granddaughter, step-mother, step-father, or step-child.
- C. Personal Sick Leave: Sick leave used when the employee is unable work or is recovering from an injury/illness or when the employee has a medical/dental appointment.
- D. Family Sick Leave: Sick leave used when the employee's presence is required with an ill or injured member of the immediate family, or for routine medical/dental appointments.
- E. Contagious Disease: A disease, verified by a doctor, to be of such a nature that the employee's presence at work after exposure to the disease may endanger the health of others.
- F. Unsupported Sick Leave: A period of sick leave not supported by a doctor's statement defining the illness of the employee or the family member that caused the absence.
- G. Doctor's Statement: A written certification signed by a licensed doctor which provides a minimum the patient's name, date of examination, place of examination, nature of illness, period of time patient was under his/her care, dates of any hospitalization, and date illness commenced. If the employee is the patient, then the doctor shall state the period the employee was unable to work, date employee was or will be able to return to work, and state any medical limitations on the ability of the employee to work. The statement shall contain the doctors name, address, and telephone number. An approved form for a doctor's statement is printed on the back of the Application for Leave form.
- H. Working Hours: Total number of hours, excluding any overtime hours of work, an employee is scheduled to work in any period, not to exceed 40 hours per week.
- I. Time Available For Work: Total regular working hours less holidays and all leave (paid or unpaid) except unsupported sick leave.
- J. Sick Leave Abuse: For the purpose of this directive, sick leave abuse may be determined to occur when unsupported sick leave hours are equal to or greater than 5.0% of the total work hours in a given period of time, normally 6 months in duration.

III. POLICY

A. Use of unsupported sick leave will be monitored and if sick leave abuse is determined, restrictions may be imposed on the employee's future use of sick leave.

B. Use of Sick Leave

1. It is important to understand that sick leave is a privilege, not a right, and as such its use is restricted.
2. Any use of sick leave lasting longer than 3 consecutive working days must be supported by a doctor's statement.
3. Family sick leave is limited to 40 hours per calendar year.
4. Employees may take up to 3 days sick leave in the event of a death of a member of the immediate family.

C. Sick Leave Usage Report

1. The sick leave usage report is intended to serve as a mechanism to alert supervisors to situations where employee attendance at work has reached a threshold that should warrant review for supervisors not already aware of the circumstances surrounding an employee's absence.
2. Sick leave days in excess of 3 days requiring a doctor's statement, and sick leave use for death in the immediate family will not be considered when computing unsupported sick leave rate (see the attached sick leave usage report worksheet).
3. An employee will be included on the report when unsupported sick leave hours are equal to or greater than 5.0% of total work hours in a given period of time, normally 6 months in duration.
4. There is no presumption of sick leave abuse by virtue of an individual appearing on the report.

D. Sick Leave Abuse

1. Sick leave abuse shall be determined to have occurred only after a full review of the circumstances involved.
2. If it is found that an employee is abusing sick leave, the basis for this determination must be clearly stated.
3. Any warning letters or other disciplinary action regarding sick leave abuse should not be initiated without a full review of the circumstances involved.
4. No direct action should be taken against an employee just because the person appears on the report.
5. A reference to the report is not sufficient grounds for disciplinary action.

E. Sick Leave Restriction

1. When it is determined that an employee is abusing the sick leave program as defined herein, restrictions on the use of sick leave may result.
2. Sick leave restriction will require the employee to provide a supporting statement verifying the cause of any sick leave absence (for personal illness or family member illness a doctor's statement is required).
3. Established requirements for reporting or requesting sick leave will still apply.
4. Once placed on sick leave restriction, an employee will remain in that status for a period of approximately 6 months.
 - a. At the end of this period the employee's use of sick leave will be reviewed to determine if abuse still exists.
 - b. Since unsupported use of sick leave is not allowed while under restriction, the test for abuse will consist of the determination of an absence pattern as defined under sick leave abuse where chronic illness is not the determining factor for the sick leave.
 - c. If no abuse has occurred, the restrictions shall be removed.
5. A waiver of the placement of restrictions will be considered for verified mitigating circumstances.

F. Reporting and/or Requesting Sick Leave

1. Each use of sick leave must be documented by completing a Department of Administration Application for Leave form and returning it to your supervisor immediately upon your return to work.
2. Requests for sick leave for scheduled appointments (doctor and dentist appointments, lab test, surgery, funerals, etc.) must be submitted for approval prior to the requested sick leave.
3. Employees may include in a request for sick leave the actual time needed to travel to and from an appointment, not to exceed 3 hours.
4. Any unscheduled absence due to illness or injury must be reported to the supervisor at the first available opportunity, but no later than the time the employee is scheduled to begin work EACH DAY unless a definite return to work date has been established or the duration of the incapacity has been approximated by a doctor.
5. Failure to report an absence, according to the established procedure, will result in docked pay for unauthorized leave and may lead to disciplinary action.

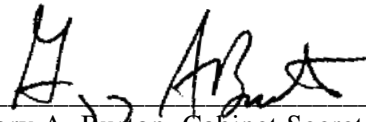
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IV. EFFECTIVE DATE: February 1, 1991.

V. REISSUE DATE: September 1, 2002.

VI. POLICY NUMBER: DOA-P1.

Approved and reissued by



Gregory A. Burton, Cabinet Secretary
Department of Administration

Date: September 1, 2002.

ABSENTEEISM EVALUATION WORKSHEET

(Sick Leave Usage Based on Time Available for Work)

EMPLOYEE NAME: _____
DIVISION: _____
PERIOD COVERED: _____

_____ TOTAL WORKING HOURS
_____ TOTAL ANNUAL LEAVE/COMP TIME (AL/COMP) HOURS
_____ TOTAL HOLIDAY HOURS
_____ TOTAL DOCTOR (MD) STATEMENT HOURS
_____ TOTAL FUNERAL LEAVE HOURS
_____ TOTAL WORKERS' COMP SL HOURS
_____ TOTAL LEAVE OF ABSENCE (LWOP) AND/OR SUSPENSION HOURS
_____ TOTAL UNAUTHORIZED LEAVE (UL) HOURS
_____ TOTAL OTHER HOURS * (TYPE: _____)
_____ TOTAL SICK LEAVE (SL) HOURS (INC. ALL SL HOURS FOR ALL PURPOSES)

TOTAL WORKING HOURS

- TOTAL AL/COMP TIME HOURS
- TOTAL HOLIDAY HOURS
- TOTAL MD STATEMENT HOURS
- TOTAL FUNERAL LEAVE HOURS
- TOTAL LWOP OR SU HOURS
- TOTAL OTHER HOURS * _____

* Court/Jury Duty (Legal), Military Leave, Educational Leave, etc.

TIME AVAILABLE FOR WORK

TOTAL SL HOURS

- TOTAL MD STATEMENT HOURS
- TOTAL FUNERAL LEAVE HOURS _____

TOTAL UNSUPPORTED SL HOURS

ABSENTEEISM CALCULATION

TOTAL UNSUPPORTED SL HOURS _____ ABSENTEEISM RATE
÷ TIME AVAILABLE FOR WORK _____ ÷ _____ = _____ %

COMPLETED BY: _____ DATE: _____