

**LIBERTY COUNTY, TEXAS
SICK LEAVE POOL POLICY**

Liberty County, Texas ("County"), has established a Sick Leave Pool Program for the benefit of employees of the County. Regular full-time employees with twelve (12) or more months of continuous employment with the County who are paid from the County's General Fund or from a Special Fund of the County or from special grants paid through the County, may elect to transfer earned sick leave time to the Liberty County Sick Leave Pool ("Pool"). The leave time in this Pool may then be used by eligible employees for catastrophic illness or injury, as defined and under the terms and conditions set by the Commissioners Court and described within this Sick Leave Pool Policy. Participation in the Pool is entirely voluntary and decisions will not be based on whether or not an employee has or has not contributed sick leave to the Pool. The Pool provides a benefit to eligible employees who have exhausted all accrued leave including vacation, compensatory time and sick leave by virtue of a catastrophic injury or illness, as defined herein.

Administration of the Pool.

The Human Resources Director is hereby designated by the Commissioners Court to administer the Sick Leave Pool Policy and the Pool. The Human Resources Director's Responsibilities include:

Development and maintenance of the County Sick Leave Pool Policy;

Development and maintenance of the Sick Leave Pool Policy procedures, forms, and other materials;

Interpretation of the Sick Leave Pool Policy and procedures regarding employee contributions and requests for leave from the Pool;

Maintenance of the Pool balance;

Serving as the Sick Leave Pool Administrator and chairing the Sick Leave Pool Review Committee.

County Sick Leave Pool Review Committee.

The County Sick Leave Pool Review Committee ("Committee") will consist of the Sick Leave Pool Administrator, the County Auditor or the Auditor's designee, an assistant County Attorney and two (2) employee representatives who shall be selected by random drawing from the names of all full-time County employees. Further, only one (1) employee per department may be selected to serve at a time on the Committee. No elected officials may serve on the Committee. Selected employee representatives will serve on the committee for a period of one (1) year unless sooner relieved by reason of employment status or other precluding circumstance. In this event, the Commissioners Court shall select by random drawing a replacement employee representative to serve out the unexpired term of the original employee representative. Employee representation on the Committee will be on a

rotating basis. At the beginning of each County fiscal year, membership on the Committee will be modified by the retirement of all Committee members, except for the Pool Administrator, and a new panel will be appointed by the random selection from the names of all full-time County employees except those retiring from the Committee. Once an employee has served on the Committee, such employee may be excluded from future selection, at the employee's option. All Committee members, including the Sick Leave Pool Administrator, shall be voting members of the Committee and have equal voting rights. All Committee decisions shall be based on a quorum of the then serving Committee members.

The Committee shall be responsible for reviewing all requests for Pool Leave and for approving all or part of the request or denying the request. The Committee may return any request to the employee for clarification or challenge through any other grievance or appeal process.

Eligibility for Participation in the Sick Leave Pool.

Regular, full-time employees with twelve (12) or more months of continuous employment with the County may contribute to the Pool. An employee is allowed to transfer a minimum of one (1) day or eight (8) hours and up to a maximum of three (3) days or twenty-four (24) hours of accrued sick leave to the Pool each fiscal year in increments of one (1) day or eight (8) hours. For the County's fiscal year ending on September 30, 2010, employees may contribute to the Pool at any time during the current fiscal year and as many times as they choose. Thereafter employees may contribute to the Pool beginning on October 1 and ending on October 31 of each fiscal year occurring thereafter ("Annual Enrollment Period"), except that employees who complete twelve (12) months of continuous employment after the Annual Enrollment Period ends may contribute to the Pool at any time during their first year of eligibility. Additional exceptions to the Pool contributions procedures may be made at the discretion of the Commissioners Court.

Procedure for Employee Contributions to Sick Leave Pool.

To contribute sick leave to the Pool, an employee must complete a County Sick Leave Pool Contribution Form and have the employee's supervisor verify eligibility by signing the Contribution Form. The Contribution Form is then forwarded to the Pool Administrator. Upon the Pool Administrator's approval and verification of the eligibility of the contribution, the employee's sick leave account will be decreased by the amount of the contribution and the Pool will be increased by the corresponding amount of the contribution. The Pool Administrator will maintain the original contribution form on file. The employee will be notified if there is a modification in the approved donation amount. Otherwise, contributions should be considered approved as donated.

Employees who elect to donate paid leave to the Pool may not stipulate who is to receive their contribution. Sick Leave donated to the Pool becomes property of the County and can only be withdrawn by eligible employees for catastrophic purposes as defined in this Policy. An employee who has contributed leave to the Pool may not withdraw donated time unless such employee becomes eligible to withdraw leave from the Pool pursuant to this Policy and is approved under the terms hereof.

Procedure for Employee Use of Time from the Pool.

To be eligible for a transfer of time from the Pool, an employee: (i) must suffer a verifiable catastrophic illness or injury; (ii) must have twelve (12) or more months of continuous employment with the County, and must have exhausted all accrued paid leave including sick leave, compensatory time and vacation time. An employee using Pool Leave is not required to pay back any Pool Leave used.

Catastrophic illness or injury is considered to be any personal illness, injury or physical or mental condition suffered by the employee or a member of the employee's immediate family that involves continued treatment by a medical care provider for chronic or long-term medical conditions resulting in the exhaustion of the employee's accrued vacation, compensatory time and sick leave.

Immediate family is defined as the employee's spouse, mother, father, brother, sister, son, daughter or any other relative who is living with the employee and is dependent upon the employee for supervision and care, and includes step-parents and step-children as well as foster children certified by the Texas Department of Child Protective and Regulatory Services and further includes Immediate Family as defined in the Liberty County Employee Handbook.

A catastrophic illness, injury, or physical or mental condition may include complications involving one or more of the following:

Inpatient care in a hospital, hospice, or residential medical care facility, including any period of incapacity or subsequent treatment in connection with or consequent to such care;

Permanent/long term incapacity requiring supervision due to a condition for which treatment may not be effective (Alzheimer's disease, a severe stroke, the terminal stages of a disease);

Multiple treatments by a medical care provider for non-chronic conditions (including recovery therefrom), such as cancer (chemotherapy, radiation) or organ transplant.

For the purposes of this policy, the following are not classified as catastrophic injury or illness:

Elective surgery;

Injuries or illnesses which are: (i) sustained while in the course of employment with an organization other than Liberty County; (ii) a result of or acquired in the commission of a felony, while participating in a riot, or an act of war; or (iii) voluntarily self-inflicted;

Uncomplicated delivery of a child at the conclusion of a pregnancy is not considered a Catastrophic Injury or Illness.

Employees injured in the course of Liberty County employment who are not currently receiving Workers' Compensation benefits may apply for Pool Leave. Employees who are out on leave due to a work-related injury and who are receiving worker's compensation benefits and those who are on disability leave for any reason and receiving disability benefits may not withdraw leave from the Pool if the combination of sick leave and benefits (worker's compensation or disability) exceeds the employee's pre-injury or pre-illness compensation.

The illness or injury must be verified by a currently licensed medical care provider, defined as a doctor of medicine, osteopathy, or psychology, who is licensed to practice medicine or surgery in the State of Texas.

Procedure for Employee Withdrawals from Sick Leave Pool.

To request a transfer from the Pool, an employee (or such employee's representative) must complete the Request for Pool Leave form and obtain certification of catastrophic illness or injury from a medical care provider utilizing the Certification of Illness/Injury form. If the employee has a current medical certification which covers the period of requested Pool Leave, a copy of the current certification may be used.

Requests for Pool Leave.

Requests for Pool Leave Forms and Certification of Illness/Injury Forms will be forwarded to the Pool Administrator through the appropriate supervisory channel, and will be considered on first-come, first-serve basis.

Notification of Status of Request for Pool Leave.

The Pool Administrator shall notify and convene the Committee, which shall have five (5) business days from the date a request is received in which to approve all or part of the request, or to deny the request. The Pool Administrator will notify the employee in writing as to whether or not the use of Pool Leave has been approved. If not approved, the reasons for nonapproval will be included. Reasons why Pool Leave may be denied may include one or more of the following:

The requesting employee has not been continuously employed with Liberty County for at least twelve (12) months.

The requesting employee has not exhausted all of in the employee's paid vacation, sick leave and compensatory time balance;

The requesting employee has not suffered a catastrophic injury or illness as specified in this policy;

The requesting employee has already used the maximum Pool Leave allowable for the current fiscal year;

The requesting employee's injury, illness, or condition was obtained in the course of employment and is currently receiving workers' compensation benefits;

The individual suffering the catastrophic event and for which the requesting employee is requesting Pool Leave, is not a member of the requesting employee's immediate family, as defined with this policy; or

Insufficient Pool Leave time is available in the Pool.

Transfer of Time Following Approval of Request for Pool Leave.

Upon approval of the request, the employee's sick leave balance will be increased by the amount approved by the Committee, and the Pool balance will be decreased by the corresponding amount. The Pool Administrator will maintain the original request forms on file.

Maximum Amount of Pool Leave.

The maximum amount of Pool Leave that can be used by any one (1) individual employee per request shall not exceed one third (1/3) of the balance of hours in the Pool or ninety (90) working days (*i.e.*, seven hundred twenty [720] hours), whichever is less. The maximum amount of Pool Leave that can be used by any one (1) individual employee per fiscal year shall not exceed ninety (90) working days (*i.e.*, seven hundred twenty [720] hours). The Pool Administrator shall determine the exact amount of Pool Leave that an eligible employee may use.

Approved Leave Unused.

Any granted, unused Pool Leave will revert to the Pool in the event of:

The requesting employee's return to work in a full-duty status;

The requesting employee's return to work in a light-duty, modified-duty, or alternate-duty status;

The requesting employee's non-disability or disability retirement; or

The requesting employee's death.

Affect of Pool Leave on Accrual of Benefits.

An employee absent on Pool Leave is treated for all purposes as if the employee were absent on earned sick leave. Such employee will not continue to accrue vacation leave, sick leave,

and longevity unless and until such Employee returns to work immediately following the Pool Leave.

The estate of a deceased employee is not entitled to payment for unused Pool Leave transferred to the employee from the Pool.

Miscellaneous.

All medical information obtained pursuant to this Policy will be maintained as confidential information by the County to the extent allowed by law.

A determination that an employee or an employee's immediate family member has a catastrophic injury or illness under the Liberty County Sick Leave Pool Policy does not mean that the employee or the employee's immediate family member has a "serious health condition" under the FMLA or a "disability" under the ADA.

Elected officials are not eligible to contribute to the Pool, nor to withdraw sick leave time from the Pool.

Upon a showing of situations of extreme need, exceptions to the donation and withdrawal procedures established herein may be made at the discretion of Commissioners Court.

Pool Leave may not be used for postponing retirement or separation from County employment.

Pool Leave does not affect nor extend an employee's rights to insurance benefits pursuant to the Liberty County Employee Benefit Plan.

Effective Date of Liberty County Sick Leave Pool Policy.

The Liberty County Sick Leave Pool Policy is effective immediately upon its adoption by the Commissioners Court of Liberty County, Texas. The Commissioners Court may terminate the County Sick Leave Pool Program at any time for any reason.

Attachments.

- A. Sick Leave Pool Contribution Form
- B. Request for Pool Leave Time
- C. Certification of Illness/Injury

SICK LEAVE POOL CONTRIBUTION

INSTRUCTIONS:

An employee must complete this form to contribute sick leave to the Sick Leave Pool.

Please submit one original and one copy to Human Resources Director and one to the supervisor.

Records of contributions must be retained for two fiscal years plus current year.

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I wish to contribute the following amount of my accrued sick leave to the Liberty County Sick Leave Pool to be used to benefit eligible employees who are unable to work due to catastrophic illness or injury. I understand that I may contribute a maximum of 24 hours of sick leave (in increments of 8 hours) per year. I also understand that my sick leave contribution will be returned to me only as an approved withdrawal from the Sick Leave Pool and only after I have exhausted my regular sick leave.

Employee Name (Print or type)

Social Security No.

Department

CONTRIBUTION AMOUNT, CHECK ONE

_____ 8 hours

_____ 16 hours

_____ 24 hours

Employee Signature

Date

Department Head Signature

Date

NOTE: DONATIONS WILL BE ACCEPTED AT ANYTIME DURING THE FISCAL YEAR ENDING ON SEPTEMBER 30, 2010. THEREAFTER, DONATIONS WILL ONLY BE ACCEPTED FROM OCTOBER 1ST THRU OCTOBER 31ST OF EACH YEAR. IF YOU DO NOT DONATE DURING THIS PERIOD, YOU WILL HAVE TO WAIT UNTIL NEXT FISCAL YEAR. AN EXCEPTION WILL BE GRANTED FOR INDIVIDUALS WHO HAVE JUST COMPLETED 12 MONTHS OF CONTINUOUS EMPLOYMENT AND HAVE NOT YET DONATED SICK LEAVE TO THE POOL.

REQUEST FOR POOL LEAVE

This form is to make application for the use of paid leave time from the Liberty County Sick Leave Pool.

Submit one (1) copy to employee's department head and the original to Human Resources Director.

SECTION I: TO BE COMPLETED BY REQUESTING EMPLOYEE

Employee Name Social Security No. Department

Last day employee physically on duty: _____

Date and time employee exhausted all paid leave _____

Sick leave pool time requested _____

Leave without pay: From _____ To _____

This request must be accompanied by a Certificate of Illness / Injury.

Signature of Requesting Employee Date

Signature of Department Head / Supervisor Date

SECTION II : TO BE COMPLETED BY THE HUMAN RESOURCES DIRECTOR

Request Approved _____

Request Denied _____

Amount of Time Approved _____

Signature of Human Resources Date

CERTIFICATION OF ILLNESS / INJURY

TO BE COMPLETED BY EMPLOYEE

Employee Name Social Security No. Department

I authorize the named physician or other licensed practitioner to provide medical information about the Employee to Liberty County.

Physician / Practitioner's Name: _____

Address: _____

Telephone Number: _____

Employee's Signature

Date

TO BE COMPLETED BY PHYSICIAN OR OTHER LICENSED PRACTITIONER

Date of onset of illness or injury _____

Date employee was first unable to work due to this injury _____

If surgery was required, give date _____

Describe illness or injury (describe surgical procedure, if applicable): _____

Prognosis _____

Date employee is anticipated to return to regular duties _____

Restrictions (if any) _____

Practitioner's Name: _____

Address (street, city, state, zip): _____

Telephone: _____

Signature, Physician / Other Licenses Practitioner

Date

This form must accompany an application with a request for pool leave, and should be submitted to the Liberty County Human Resources Director.