CLARKSVILLE
TENNESSEE'S TOP SPOT

PERSONNEL PROCEDURE 91-4
Revised: January 4, 1996

SUBJECT: Sick Leave Transfer Program

PURPOSE: To provide a mechanism whereby employees may transfer unused, accumulated sick leave from their sick leave account to the account of another city employee.

APPLICABILITY: This procedure applies only to regular, full-time employees of the City of Clarksville.

REFERENCES:

A. Section 1-1321, Chapter 13, City of Clarksville City Code.
B. Resolution 8-1991-92, dated August 1, 1991.
C. Resolution 25-1991-92, dated September 5, 1991.

POLICY STATEMENT: Regular, full-time employees of the City of Clarksville are hereby authorized to transfer unused, accumulated sick leave, on a case by case basis, from their account to the account of another City employee in circumstances under which the City employee would be eligible for unpaid leave pursuant to the provisions of the Family Medical Leave Act.

DEFINITIONS:

A. Sick Leave: Sick leave is a benefit given by the City of Clarksville to insure full-time employees against loss of income due to absence from work during illness, bodily injury, and exposure to contagious disease or serious illness. Sick leave is accrued on a monthly basis from the effective date of the employee's appointment, and is earned at the rate of 8 hours for each full month of employment for 40 hour per week employees and at the rate of 12 hours per month for 60 hour per week employees.

B. Sick Leave Account: That record of sick leave accumulation maintained in the Human Resources Department and as shown on the employee's paycheck stub.

C. Catastrophic Illness or Injury: Any illness or injury, whether incurred on or off duty, if that illness or injury will require the employee to be off work for a minimum of 20 work days, and if verified by a medical doctor that the employee will not be able to return to work for at least 20 work days. Not included in this definition are illnesses or injuries caused by personal misconduct or because of use of alcohol or drugs.

D. Donor: An employee who has accumulated, unused sick leave which he/she wishes to donate

to another employee who has had a catastrophic illness or injury.

E. Recipient: An employee who accepts the donation of accumulated, unused sick leave from another employee.

IMPLEMENTATION:

A. An employee who has a condition or circumstance which qualifies for unpaid leave pursuant to the provisions of the Family Medical Leave Act who does not have sufficient accumulated sick leave **and/or annual leave** to cover the expected period of confinement and recovery, may make a written application to become a sick leave recipient. The request will be submitted on the form entitled "Sick Leave Transfer Request", Appendix A, by the prospective recipient to the Department Head of the department to which assigned. The Department Head will complete the form, with his/her recommendation, and forward the request to the Human Resources Department.

B. The Human Resources Director will review the application and the employee's sick **and annual** leave record to determine the amount of accumulated leave available in the recipient's account and whether there is any evidence of abuse of the recipient's sick leave privileges. Upon approval by the Human Resources Director, the Department Heads will be notified that there is a bona fide need to solicit unused sick leave for the benefit of another employee (recipient).

C. Department Heads will notify their employees of the need for solicitation and will coordinate the request within their department. **If sufficient sick leave is not donated within the employee's department to cover the period of confinement and recovery, the Human Resources Director may approve a city wide solicitation.**

D. No potential recipient will solicit sick leave transfer from another employee, nor will sick leave be transferred from an employee to that employee's immediate supervisor.

E. Sick leave will be transferred in increments of full hours, and no donor may donate more than one half of his/her accumulated sick leave. The transfer will be effected upon completion of the "Sick Leave Transfer Authorization", Appendix B, when received at the Human Resources Department and will be effective when removed from the account of the donor and added to the account of the recipient.

F. Excess sick leave accumulated in the account of the recipient after recovery from the injury or illness will remain in the recipient's account and cannot be returned to the donors. The recipient will donate the unused excess donated sick leave to another recipient should such a situation arise in the future.

G. The recipient will continue to accrue sick **and annual** leave while on sick leave status. This earned sick **and annual** leave will be accumulated in the recipients account and will be commingled with the donated sick leave.

H. Every effort will be made to limit the solicitation of sick leave to the amount of time needed by the employee as determined by the medical prognosis, but in no case will the total of the recipient's accumulated sick leave, annual leave and

I. donated sick leave exceed 180 calendar days from the **onset of the illness or injury**. If the amount of time needed exceeds the donation, subsequent solicitation may be made.

J. The sick leave transferred to the account of the recipient will be added to the existing balance and will appear on the following and subsequent paycheck stubs.

K. Responsibilities:

1. Department Head: Will serve as the primary point of contact for the recipient and will:

a. Assist in preparing and submitting the "Sick Leave Transfer Request"; and,
b. Notify employees of the need for solicitation and coordinate the departmental solicitation.

2. Human Resources Director: will coordinate the city-wide solicitation and will:

a. Provide the necessary forms and coordination;
b. Will maintain necessary records of the transfer of the unused sick leave from one employee to another; and,
c. Will inform the Mayor and Department Heads on the status of any particular solicitation.

L. Coercion, threats or promises for the purpose of interfering with an employee's right to donate, receive or use sick leave is prohibited.

OFFICIAL DOCUMENT
APPROVED BY CITY COUNCIL SEPTEMBER 5, 1991
Revised: May 6, 2005

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SAM PODURGAL, HUMAN RESOURCES DIRECTOR

CLARKSVILLE
TENNESSEE'S TOP SPOT

SICK LEAVE TRANSFER REQUEST
APPENDIX A

DATE: _____

NAME OF RECIPIENT: _____
SOCIAL SECURITY NUMBER: _____
DEPARTMENT: _____ TITLE: _____
ANNUAL SALARY: $_____
AMOUNT OF AVAILABLE SICK LEAVE AS OF _____, _____
DATE HOURS
AMOUNT OF AVAILABLE VACATION TIME AS OF _____, _____
DATE HOURS

REASON FOR THE REQUEST: _____
_____
_____

DOCTORS CERTIFICATE AND PROGNOSIS ATTACHED: YES _____ NO _____

STATEMENT BY RECIPIENT: I request that a solicitation of sick leave be conducted in my behalf. As a result of an illness or injury, I will likely be off work until _____, based on my doctor's prognosis, and that I do not have enough earned sick leave or vacation time to cover that absence. Any unused donated sick leave will be transferred by me to another City employee should that need arise.

_____ _____
DATE SIGNATURE OF RECIPIENT

DEPARTMENT HEAD AUTHENTICATION: I have reviewed this application for transfer of sick leave to the account of _____ and recommend (approval) (disapproval).

_____ _____
DATE SIGNATURE

HUMAN RESOURCES DEPARTMENT AUTHENTICATION: I have reviewed the application and the recipient's sick leave and vacation time and recommend (approval) (disapproval).

_____ _____
DATE SIGNATURE

CLARKSVILLE
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SICK LEAVE TRANSFER AUTHORIZATION
APPENDIX B

DATE: _____

I, _____ (Donor), SSN _____, assigned to the _____ Department, voluntarily desire to transfer _____ hours of unused, accumulated sick leave from my account to the account of _____ (Recipient). No coercion, threats or promises were made to me for the purpose of this solicitation.

_____
DONOR SIGNATURE

HUMAN RESOURCES DEPARTMENT AUTHENTICATION

This request was processed on _____, and _____ hours of sick leave were transferred from the account of the donor to the recipient.

_____
SIGNATURE - HUMAN RESOURCES SPECIALIST