

# SOUTHEASTERN LOUISIANA UNIVERSITY

## SHARED SICK LEAVE PROGRAM

### Faculty and Unclassified Staff

Southeastern Louisiana University is participating in a Shared Sick Leave Program to be used by fellow faculty and/or unclassified employees. The University Policy is as follows:

#### Policy

#### I. Definitions

- A. **Shared Sick Leave** is leave hours donated by faculty and/or unclassified staff into a shared sick leave pool to be used by fellow faculty and/or unclassified staff who are suffering from their own serious health condition which has caused or is likely to cause the employee to take leave without pay or to terminate employment. Faculty and/or unclassified employees may irrevocably donate sick leave to the shared sick leave pool.
- B. **Serious Health Condition** (Family Medical Leave Act) is an illness, impairment, physical or mental condition, or injury caused by a serious accident on or off the job, that involves:
1. Any period of incapacity or treatment in connection with or consequent to inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility;
  2. Any period of incapacity requiring absence from work, school, or other regular daily activities of more than three calendar days, that also involves continuing treatment by (or under supervision of) a health care provider; or
  3. Continuing treatment by (or under supervision of) a health care provider for a chronic or long-term health condition that is incurable or so serious that, if not treated, would likely result in a period of incapacity of more than three calendar days.

Voluntary or cosmetic treatments (such as most treatment for orthodontia or acne) that are not medically necessary are **not** "serious health conditions", unless inpatient hospital care is required. Restorative dental surgery after an accident, or removal of cancerous growths are serious health conditions provided any of the other conditions are met (1, 2, or 3). Treatment for allergies or stress, or for substance abuse, are serious health

conditions, if any of the other conditions are met (1, 2, or 3). Prenatal care is included as a serious health condition. Routine preventive physical examinations are excluded.

II. Shared Leave for Faculty and Unclassified Employees

- A. Shared Leave shall be applied for by the employee and may be taken only when recommended by the Review Committee and approved by the campus President or his/her designee. The supervising health care provider must provide written documentation of the need for leave. The Review Committee may choose to require an opinion from another health care provider, especially for extended leaves.
- B. To be eligible to participate in the Shared Sick Leave Program an employee shall:
  - 1. Be a full-time faculty or unclassified staff member who is eligible to earn sick leave;
  - 2. Have completed at least: (a) one academic year of service with the University if employed on an academic year basis, or (b) one fiscal year of service with the institution if employed on a 12 month basis;
  - 3. Have made a contribution of at least one (1) day (8 hours) of sick leave to the shared sick leave pool as a prerequisite to applying to use sick leave from the pool; and
  - 4. Have used all his/her sick, annual, and compensatory leave before requesting sick leave from the pool.
- C. Participants shall retain three (3) sick days (24 hours) at all times for personal use. Employees shall not be permitted to donate to the Program if they have less than three (3) days (24 hours) of sick leave. No employee who participates in the program may contribute more than two (2) days (16 hours) of their accrued sick leave every three (3) years. Human Resource will email participants to notify them for renewal contributions.
- D. Employees who use sick leave from the shared sick leave pool shall not be expected to pay it back.
- E. Donations come from a participating employee's accrued "sick" leave only. Donations from an employee's accrued "annual" leave is not permitted.
- F. Donations shall only be allowed to the Shared Sick Leave Program pool and not to an individual participating employee.

- G. Southeastern Louisiana University limits the number of days a participating employee can draw from the Program to 22 days (176 hours) per fiscal year and to 100 days (800 hours) per employee's total participation in the program. (The intent of this policy is to assist an employee's return to the workplace, not substitute for a long-term disability insurance policy).
- H. Days/hours shall be transferred from the pool as they are used.
- I. Employees receiving workers compensation or benefits from a long-term disability insurance policy are not eligible to withdraw leave from the pool.

III. Southeastern Louisiana University Procedures

- A. The adoption of this Shared Sick Leave Policy or any policy subsequent to this policy shall not create a legal entitlement.
- B. A Review Committee shall be appointed by the University President. This Committee shall consist of a member of the University's Benefit Committee, a member from the Division of Administration & Finance, a member of the Division of Institutional Advancement, a member of the Division of Student Affairs, a member from the Faculty Senate, and two *ex officio* members, the Director of Human Resource and the Payroll Supervisor. Once put in place, the Committee will select a Chair. The members appointed shall be eligible for participation in the program.
- C. The Policy along with Request for Donations (Attachment #1) will be issued to all eligible faculty and unclassified employees after the Policy is approved by the Board of Supervisors for the University System of Louisiana. After the initial Policy notification, the Policy and annual notifications of Request for Donations will be issued after the beginning of each Fall Semester. All Request for Donations must be submitted to the Controller's Office. The donation of leave will be monitored annually.
- D. Application for Use of Shared Sick Leave Pool (Attachment #2) shall be sent directly to the Office of the President, Southeastern Louisiana University.

The Review committee will review all requests and make a recommendation to the Chairman of the Committee.

- E. Upon approval, to simplify record keeping, sick leave will be converted on an hour for hour basis regardless of the value of the leave being donated or received. Sick leave will be transferred from the pool as it is needed on a per payroll basis. Sick leave from the pool shall be granted on a first-come, first-serve basis with seniority with Southeastern being the tiebreaker.

- F. If the University chooses to end the Shared Sick Leave Program, any accrued leave in the pool will continue to be used until depleted.

**SHARED SICK LEAVE PROGRAM FOR FACULTY  
AND UNCLASSIFIED EMPLOYEES**

**Leave Donation Form**

I hereby authorize Southeastern Louisiana University to deduct from my sick leave account \_\_\_\_\_ accrued hours\* and place them in the University Shared Sick Leave Pool. This donation of leave is made with the understanding that it is irrevocable and will not be refunded to me. I understand that I can donate a total of only 16 hours of accrued sick leave every three (3) years.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
University W Number

**\*Minimum donation is one (1) day or 8 hours**

**Instructions:** Complete the above form and submit to the Controller's Office.

Attachment #2

**SHARED SICK LEAVE PROGRAM FOR FACULTY  
AND UNCLASSIFIED EMPLOYEES**

**Application for Use of Shared Sick Leave Pool**

**Name:** \_\_\_\_\_

**University W#:** \_\_\_\_\_

I am requesting to use \_\_\_\_\_ hours from the Shared Sick Leave Pool. I certify that I meet the eligibility of the Southeastern Louisiana University Shared Leave Program. In accordance with the Shared Sick Leave Policy, I have attached written documentation from my healthcare provider/physician outlining the need for sick leave and my personal statement explaining my request. I understand that, if approved, the maximum number of sick leave days/hours that I can draw from the Program is limited to 22 days or 176 hours per fiscal year and is also limited to 100 days or 800 hours total participation in the Program. I also understand that this request shall not create a legal entitlement.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Instructions:** Complete the above form and attach your statements explaining your request to use hours from the Shared Sick Leave Pool. Forward your completed application to the Office of the President, Southeastern Louisiana University. The Shared Leave Review Committee will review all requests and make a recommendation to the President or his/her designee.

\_\_\_\_\_ Request Approved

\_\_\_\_\_ Request Disapproved

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
President/Designee