SECTION 7. LEAVES AND ABSENCES

7.1 LEAVE(S) OF ABSENCE

POLICY

THE COUNTY MAY GRANT LEAVES OF ABSENCE TO EMPLOYEES FOR VARIOUS REASONS. THIS POLICY COVERS THOSE "LEAVES" WHICH ARE FOR MORE THAN OCCASIONAL ABSENCE OF SHORT DURATION FROM PERSONAL BUSINESS OR ABBREVIATED ILLNESSES. EMPLOYEES ARE ELIGIBLE FOR CONSIDERATION OF LEAVES OF ABSENCE AFTER THEY HAVE SUCCESSFULLY COMPLETED THE TRIAL PERIOD OF EMPLOYMENT OR WHERE STATE OR FEDERAL STATUTES REQUIRE CONSIDERATION.

THE COUNTY OF LAMPASAS WILL COMPLY WITH THE PROVISIONS OF THE TEXAS WORKER'S COMPENSATION ACT, THE FAMILY MEDICAL LEAVE ACT, THE AMERICANS WITH DISABILITIES ACT, THE TEXAS COMMISSION ON HUMAN RIGHTS ACT AND THE RULES GOVERNING MILITARY SERVICE LEAVE AND RETURN.

EACH LEAVE OF ABSENCE MUST BE APPROVED BY THE EMPLOYEE'S DEPARTMENT MANAGER, FOLLOWING CONSULTATION WITH THE HUMAN RESOURCES DIRECTOR. HUMAN RESOURCES WILL VERIFY THE LEAVE ELIGIBILITY, OBTAIN DOCUMENTATION, MONITOR, AND REVIEW FOR ADHERENCE TO COUNTY POLICIES. THE HUMAN RESOURCES DIRECTOR WILL NOTIFY THE SICK LEAVE POOL COMMITTEE OF QUALIFIED REQUESTS FOR USE OF POOL HOURS. (See Sick leave Pool Policy – Appendix).

HUMAN RESOURCES WILL BE RESPONSIBLE FOR THE DISTRIBUTION OF PROPER FORMS NEEDED FOR EMPLOYEES TO COMPLY WITH THESE RULES.

TYPES OF LEAVE

THE FOLLOWING TYPES OF LEAVE OF ABSENCE ARE AVAILABLE TO QUALIFIED EMPLOYEES OF THE COUNTY (see following sections for more detail):

1. MEDICAL LEAVE - OCCUPATIONAL INJURY OR ILLNESS.
2. MEDICAL LEAVE – NON OCCUPATONAL
3. PERSONAL LEAVE – FMLA/MFLA
4. PERSONAL LEAVE – OTHER
5. MILITARY LEAVE

BASIC ISSUES

ELIGIBILITY

NO EMPLOYEE WILL BE ELIGIBLE FOR LEAVE BEFORE COMPLETION OF THEIR TRIAL PERIOD OF EMPLOYMENT (EXCEPT THOSE WHO ARE INJURED ON THE JOB). ELIGIBILITY FOR OTHER TYPES OF LEAVE AFTER COMPLETION OF THE "TRIAL PERIOD" WILL BE GOVERNED BY COUNTY'S APPROVAL AND COMPLIANCE WITH THE APPLICABLE REGULATIONS (IF ANY).

SENIORITY

EMPLOYEES ON APPROVED LEAVE OF ABSENCE ARE CONSIDERED TO BE ON THE "INACTIVE PAYROLL" AND THEREFORE THAT TIME WILL NOT COUNT TOWARD VACATION ELIGIBILITY, RETIREMENT PLAN CONTRIBUTIONS, ETC. HOWEVER, THE EMPLOYEE WILL NOT LOSE THE SENIORITY HE/SHE HAD AT THE START OF SUCH LEAVE.

Revisions:
January 2010

LEAVE(S) OF ABSENCE (CONTINUED)

NOTICE OF LEAVE

AN EMPLOYEE SHALL SUBMIT IN WRITING A REQUEST FOR LEAVE UNDER THIS POLICY TO HIS/HER IMMEDIATE SUPERVISOR 30 DAYS IN ADVANCE OF A FORESEEABLE LEAVE.

IF 30 DAYS NOTICE IS NOT POSSIBLE, THE EMPLOYEE MUST PROVIDE NOTICE AS SOON AS PRACTICABLE TO THE IMMEDIATE SUPERVISOR. IN THE EVENT THE EMPLOYEE IS UNABLE TO PROVIDE NOTICE DUE TO THE MEDICAL SITUATION, HIS/HER AGENT WILL PROVIDE NOTICE.

THE EMPLOYEE WILL PROVIDE SUFFICIENT INFORMATION FOR THE COUNTY TO REASONABLY DETERMINE WHETHER THE FMLA/MFLA MAY APPLY TO THE LEAVE REQUEST. CALLING IN "SICK" IS INSUFFICIENT NOTICE. REQUEST FORMS ARE AVAILABLE FROM HUMAN RESOURCES.

PAY

AN APPROVED LEAVE OF ABSENCE INCLUDES USE OF ACCRUED PERSONAL TIME, APPROVED SICK LEAVE POOL TIME AS APPLICABLE, DISABILITY PAY BY A COVERED BENEFIT PLAN, AND UNPAID TIME. THE USE OF VACATION AND COMPENSATORY TIME MAY BE USED IF REQUESTED BY THE EMPLOYEE. (See Sick Leave Pool Policy – Procedures).

BENEFITS

WITH THE EXCEPTION OF MILITARY SERVICE, EMPLOYEES ON AN APPROVED LEAVE MAY CONTINUE IN THOSE BENEFITS PLANS IN WHICH THEY ARE ALREADY A PARTICIPANT BY CONTINUING TO PAY THEIR SHARE OF THE CONTRIBUTION OR PREMIUM ON THE SAME SCHEDULE AS IS CUSTOMARY. (See military leave and FMLA/MFLA policies)

WHILE ON AN APPROVED LEAVE OF ABSENCE, AN EMPLOYEE WHO HAS DEPLETED ALL BENEFIT HOURS WILL NOT ACCRUE ADDITIONAL BENEFIT HOURS, INCLUDING VACATION, PERSONAL LEAVE, BE ELIGIBLE FOR HOLIDAY PAY OR EARN OTHER BENEFITS AFFORDED TO EMPLOYEES ACTIVELY AT WORK, EXCEPT FOR THOSE STATED IN THIS POLICY.

RETURN TO WORK

EMPLOYEES RETURNING TO ACTIVE DUTY FROM AN APPROVED LEAVE WILL BE RETURNED TO THE SAME OR EQUIVALENT POSITION.

THE EMPLOYEE WILL NOT HAVE TO RE-QUALIFY FOR BENEFITS PROGRAM, ETC. FOR WHICH THEY HAD QUALIFIED PRIOR TO SUCH LEAVE OF ABSENCE.

A FITNESS FOR DUTY CERTIFICATION IS REQUIRED TO RELEASE THE EMPLOYEE TO RETURN TO WORK. THE CERTIFICATION WILL BE COMPLETED BY A HEALTH CARE PROVIDER TO ASSESS THE ABILITY TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB. AN EMPLOYEE IS PROVIDED UP TO 15 DAYS TO PROVIDE SUCH CERTIFICATION.

A FITNESS FOR DUTY CERTIFICATION MAY BE REQUIRED FOR EACH CONTINUOUS LEAVE UPON THE EMPLOYEE'S RETURN TO WORK OR, IN THE CASE OF INTERMITTENT OR REDUCED SCHEDULE LEAVE, EVERY 30 DAYS IF REASONABLE SAFETY CONCERNS EXIST (SIGNIFICANT HARM TO THE EMPLOYEE OR OTHERS).

IN CASE OF A DISABILITY, EVERY REASONABLE EFFORT WILL BE MADE TO FIND ACCOMMODATIONS WORKING WITH THE EMPLOYEE, THEIR MEDICAL PROVIDER, THE COUNTY

HUMAN RESOURCES DIRECTOR TO PLACE THE EMPLOYEE IN A SIMILAR POSITION WHERE THE "ESSENTIAL" FUNCTION OF THE JOB CAN BE PERFORMED.

PERIODIC NOTIFICATION

WITH THE EXCEPTION OF MILITARY SERVICE LEAVES, EMPLOYEES ON LEAVE WILL BE EXPECTED TO MAINTAIN CONTACT WITH HUMAN RESOURCES TO ADVISE THE COUNTY OF THE EMPLOYEE'S STATUS AND ANY NEEDED RECERTIFICATION OF MEDICAL LEAVE. THIS NOTICE PROCEDURE WILL BE FURNISHED TO EACH EMPLOYEE UPON STARTING LEAVE BY HUMAN RESOURCES.

TERMINATION

EMPLOYMENT WITH THE COUNTY IS TERMINATED FOR THOSE ON LEAVE WHEN:

A. THE EMPLOYEE IS UNABLE OR OTHERWISE DOES NOT RETURN TO ACTIVE DUTY BEFORE THE END OF THE APPROVED LEAVE PERIOD OR
B. THE EMPLOYEE ACCEPTS OTHER EMPLOYMENT; OR
C. THE EMPLOYEE FAILS TO FOLLOW THE NOTIFICATION PROCEDURE.

THIS POLICY WILL BE PRACTICED WITHOUT PREJUDICE OR EXCEPTION.

INJURY ON THE JOB

FOR ANY INJURY SUSTAINED ON THE JOB THE EMPLOYEE MUST FILL OUT AND COMPLETE AN INCIDENT REPORT BY THE NEXT WORKING DAY. THE EMPLOYEE MUST IMMEDIATELY REPORT TO HIS/HER SUPERVISOR ANY INCIDENT WHICH MIGHT HAVE AN EFFECT ON HIS/HER PERFORMANCE FOR THE COUNTY.

IN CASES INVOLVING ACCIDENTS, THE FIRST PRIORITY IS TREATMENT OF THE INJURED EMPLOYEE. THE COUNTY MUST BE NOTIFIED IMMEDIATELY WITH A WRITTEN REPORT. SUPERVISORS ARE RESPONSIBLE FOR FULL KNOWLEDGE OF ANY INCIDENTS AND MUST BE PREPARED TO DOCUMENT.

BECAUSE THE COUNTY MAINTAINS WORKER'S COMPENSATION INSURANCE, ALL INSURED EMPLOYEES UNDER SUCH WORKER'S COMPENSATION INSURANCE POLICY WILL BECOME COMPENSATED BY THE COMMISSION.

SECTION 7. LEAVES AND ABSENCES

7.2 PERSONAL LEAVE

ELIGIBILITY

ALL FULL-TIME REGULAR EMPLOYEES SHALL BE ELIGIBLE FOR PERSONAL LEAVE BENEFIT.

ELIGIBLE EMPLOYEES SHALL ACCRUE PERSONAL LEAVE AT THE RATE OF 8 DAYS PER YEAR - .670 DAYS PER MONTH.

FOR PURPOSES OF THE POLICY, A WORKDAY IS DEFINED AS THE NORMAL NUMBER OF HOURS AN EMPLOYEE WOULD BE EXPECTED TO WORK ON A DAY HE/SHE IS SCHEDULED TO WORK.

ACCRUAL OF PERSONAL LEAVE SHALL START AT THE TIME AN INDIVIDUAL BEGINS WORK FOR THE COUNTY IN A POSITION ELIGIBLE FOR THEIR PERSONAL BENEFIT. THE EMPLOYEE CANNOT USE ACCRUED PERSONAL LEAVE UNTIL THE END OF THEIR PROBATIONARY PERIOD.

THE MAXIMUM AMOUNT OF PERSONAL LEAVE AN EMPLOYEE SHALL BE ALLOWED TO USE FOR THE PURPOSE AS LISTED **UNDER D** AS DEFINED BELOW IS THE AMOUNT THE EMPLOYEE WOULD HAVE EARNED FOR THAT YEAR.

UNLIMITED PERSONAL LEAVE ACCRUAL MAY BE ALLOWED BUT MAY ONLY BE USED FOR PURPOSES AS LISTED UNDER A B AND C AS DEFINED BELOW. UNLIMITED PERSONAL TIME ACCRUAL IS TIME NOT USED FROM PREVIOUS YEAR.

USE OF PERSONAL LEAVE

PERSONAL LEAVE MAY BE USED FOR THE FOLLOWING PURPOSES. (See also Section 7.6 FMLA Leave of Absence and Sick Leave Pool Policy – Procedures)

A. ILLNESS OR INJURY OF THE EMPLOYEE.
B. APPOINTMENTS WITH PHYSICIANS, OPTOMETRISTS, DENTIST, AND OTHER QUALIFIED MEDICAL PROFESSIONALS; AND
C. TO ATTEND TO THE ILLNESS OR INJURY OF A MEMBER OF THE EMPLOYEES IMMEDIATE FAMILY.
D. AS NEEDED BY THE EMPLOYEE AT THE DISCRETION OF THE DEPARTMENT HEAD.

NOTIFICATION

WHERE PERSONAL LEAVE IS TO BE USED FOR MEDICAL APPOINTMENTS AN EMPLOYEE SHALL BE REQUIRED TO NOTIFY HIS/HER SUPERVISOR OF THE INTENT TO USE PERSONAL LEAVE AS SOON AS THE EMPLOYEE KNOWS OF THE APPOINTMENT.

WHERE USE OF PERSONAL LEAVE IS NOT KNOWN IN ADVANCE, AN EMPLOYEE SHALL NOTIFY HIS/HER SUPERVISOR OF THE INTENT TO USE PERSONAL LEAVE WITHIN 15 MINUTES OF THE EMPLOYEE'S NORMAL TIME TO BEGIN WORK, WHEN PRACTICABLE.

WHERE IT IS NOT PRACTICABLE TO NOTIFY THE SUPERVISOR WITHIN 15 MINUTES OF THE NORMAL STARTING TIME, THE EMPLOYEE SHOULD NOTIFY HIS/HER SUPERVISOR AS SOON AS IS REASONABLY PRACTICABLE.

IF THE EMPLOYEE FEELS THAT THE SITUATION WILL CAUSE THE EMPLOYEE TO MISS MORE THAN ONE DAY OF WORK, THE EMPLOYEE SHOULD NOTIFY HIS/HER SUPERVISOR OF THE ANTICIPATED LENGTH OF ABSENCE.

PERSONAL LEAVE (CONTINUED)

DOCUMENTATION

DOCUMENTATION REQUIREMENTS OF THIS POLICY SHALL ALSO APPLY IN SITUATIONS WHERE THE ABSENCE IS FOR CARE OF MEMBER OF THE IMMEDIATE FAMILY.

DOCUMENTATION OF ILLNESS OR INJURY SHALL BE REQUIRED FOR ANY PERSONAL LEAVE USED DURING THE (2) TWO WEEKS PRIOR TO RESIGNATION OF EMPLOYMENT WITH THE COUNTY.

MINIMUM USE

THE MINIMUM AMOUNT OF PERSONAL LEAVE THAT AN EMPLOYEE MAY USE AT ANY TIME SHALL BE ONE-HALF HOUR.

BORROWING

EMPLOYEES SHALL NOT BE ALLOWED TO BORROW PERSONAL LEAVE AGAINST FUTURE ACCRUALS.

PAY AT TERMINATION

EMPLOYEES SHALL NOT BE PAID FOR UNUSED PERSONAL LEAVE AT THE TERMINATION OF EMPLOYMENT.

SECTION 7. LEAVES AND ABSENCES

7.3 EMERGENCY LEAVE

IN THE EVENT OF A LIFE THREATENING ILLNESS OR DEATH IN THE EMPLOYEE'S IMMEDIATE FAMILY, EMPLOYEES SHALL BE ALLOWED UP TO THREE (3) DAYS LEAVE WITH PAY PER OCCURRENCE AND UP TO TWO OCCURRENCES PER FISCAL YEAR. FOR PURPOSES OF THIS POLICY, IMMEDIATE FAMILY SHALL INCLUDE THE EMPLOYEE'S SPOUSE, CHILD, PARENT, GRANDPARENT, GRANDCHILD, BROTHER, SISTER, FATHER-IN-LAW, MOTHER-IN-LAW, BROTHER-IN-LAW OR SISTER-IN-LAW.

ANY USE OF THIS LEAVE MUST BE APPROVED IN ADVANCE BY THE DEPARTMENT HEAD AND WILL DEPEND ON WORK RELATED CIRCUMSTANCES.

ADDITIONAL LEAVE

IF LEAVE IS NEEDED BEYOND THE LIMITS SET IN THIS POLICY, IT MAY BE CHARGED TO AVAILABLE VACATION, PERSONAL LEAVE, OR COMPENSATORY TIME OR TO LEAVE WITHOUT PAY.

THE REQUEST WILL BE APPROVED IN ADVANCE BY THE DEPARTMENT HEAD AND THE TERMS OF AND REASONS FOR THE LEAVE WILL BE DOCUMENTED AND FILED IN THE EMPLOYEE'S PERSONNEL FILE.

ELIGIBILITY

BENEFITS BECOME AVAILABLE AFTER THE SIX MONTH PROBATIONARY PERIOD.

SECTION 7. LEAVES AND ABSENCES

7.4 CIVIC DUTY LEAVE

JURY DUTY LEAVE

EMPLOYEES OF LAMPASAS COUNTY WHO ARE CALLED FOR JURY DUTY SHALL RECEIVE THEIR REGULAR PAY FOR THE PERIOD THEY ARE CALLED FOR JURY DUTY. PAY FOR SERVING ON A JURY SHALL ONLY INCLUDE THE TIME THE EMPLOYEE WOULD HAVE NORMALLY BEEN SCHEDULED TO WORK AND WILL NOT INCLUDE EXTRA PAY IF JURY SERVICE INVOLVES TIME OUTSIDE THE EMPLOYEE'S NORMAL WORK SCHEDULE. ANY FEES PAID FOR JURY SERVICE MAY BE KEPT BY THE EMPLOYEE.

THE EMPLOYEE WILL NOTIFY THE DEPARTMENT HEAD AS SOON AS POSSIBLE TO ALLOW TIME TO ADDRESS WORK COVERAGE ISSUES, TO DOCUMENT THE REASON AND DATES OF THE LEAVE TIME.

OFFICIAL COURT ATTENDANCE

EMPLOYEES WHO ARE SUBPOENAED OR ORDERED TO ATTEND COURT TO APPEAR AS A WITNESS OR TO TESTIFY IN SOME OFFICIAL CAPACITY ON BEHALF OF THE COUNTY SHALL BE ENTITLED TO LEAVE WITH PAY FOR SUCH A PERIOD AS HIS/HER COURT ATTENDANCE MAY REQUIRE.

THE EMPLOYEE WILL NOTIFY THE DEPARTMENT HEAD AS SOON AS POSSIBLE TO ALLOW TIME TO ADDRESS WORK COVERAGE ISSUES, TO DOCUMENT THE REASON AND DATES OF THE LEAVE TIME.

PRIVATE LITIGATION

IF AN EMPLOYEE IS ABSENT FROM WORK TO APPEAR IN PRIVATE LITIGATION WHICH HE/SHE IS A PRINCIPAL PARTY, THE TIME SHALL BE CHARGED TO VACATION, OTHER ELIGIBLE PAID LEAVE, OR LEAVE WITHOUT PAY.

THE EMPLOYEE WILL NOTIFY THE DEPARTMENT HEAD AS SOON AS POSSIBLE TO ALLOW TIME TO ADDRESS WORK COVERAGE ISSUES, TO DOCUMENT THE REASON AND DATES OF THE LEAVE TIME AND TO IDENTIFY WHETHER ACCRUED BENEFIT HOURS ARE TO BE USED OR TIME IS WITHOUT PAY.

VOTING TIME

ALL EMPLOYEES ARE ENCOURAGED TO VOTE AND ARE PROVIDED A REASONABLE AMOUNT OF TIME OFF WITH PAY TO EXERCISE THIS RIGHT AND RESPONSIBILITY.

SECTION 7. LEAVES AND ABSENCES

7.5 MILITARY LEAVE

GUARD AND RESERVE

COUNTY EMPLOYEES WHO ARE MEMBERS OF THE NATIONAL GUARD OR ACTIVE RESERVE COMPONENTS OF THE UNITED STATES ARMED FORCES SHALL BE ALLOWED UP TO FIFTEEN (15) DAYS OFF PER FEDERAL FISCAL YEAR WITH PAY TO ATTEND AUTHORIZED TRAINING SESSIONS AND EXERCISES. (See Military Family Leave Policy #7.6 For Related Policy)

THE FIFTEEN (15) DAY PAID MILITARY LEAVE SHALL APPLY TO THE FEDERAL FISCAL YEAR AND ANY UNUSED BALANCE AT THE END OF THE YEAR SHALL NOT BE CARRIED FORWARD INTO THE NEXT CALENDAR YEAR.

PAY FOR ATTENDANCE AT RESERVE OR NATIONAL GUARD TRAINING SESSIONS OR EXERCISES SHALL BE AUTHORIZED ONLY FOR PERIODS WHICH FALL WITHIN THE EMPLOYEE'S NORMAL WORK SCHEDULE.

AN EMPLOYEE MAY USE ANNUAL LEAVE, EARNED COMPENSATORY TIME, OR LEAVE WITHOUT PAY IF HE/SHE MUST ATTEND RESERVE OR NATIONAL GUARD TRAINING SESSIONS OR EXERCISE IN EXCESS OF THE FIFTEEN DAY MAXIMUM.

ORDERS

AN EMPLOYEE GOING ON MILITARY LEAVE SHALL PROVIDE HIS/HER SUPERVISOR WITH A SET OF ORDERS WITHIN TWO (2) DAYS AFTER RECEIVING THEM.

ACTIVE MILITARY

COUNTY EMPLOYEES WHO LEAVE THEIR POSITIONS AS A RESULT OF BEING CALLED TO ACTIVE MILITARY SERVICE OR WHO VOLUNTARILY ENTER THE ARMED FORCES OF THE UNITED STATES SHALL BE ELIGIBLE FOR RE-EMPLOYMENT IN ACCORDANCE WITH THE STATE AND FEDERAL REGULATIONS IN EFFECT AT THE TIME OF THEIR RELEASE FROM DUTY. (see Military Family Leave Policy #7.6 for related policy).

THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT ACT (USERRA) REQUIRES THAT A PERSON RE EMPLOYED UNDER ITS PROVISIONS WILL BE GIVEN CREDIT FOR ANY MONTHS AND HOURS OF SERVICE S/HE WOULD HAVE BEEN EMPLOYED BUT FOR THE MILITARY SERVICE IN DETERMINING ELIGIBILITY FOR THE FAMILY MEDICAL LEAVE ACT (FMLA) LEAVE (see Section 7.6 FMLA policy).

Revisions:
January 2010

SECTION 7. LEAVES AND ABSENCES

7.6 FAMILY AND MEDICAL LEAVE

ELIGIBILITY

TO BE ELIGIBLE FOR BENEFITS UNDER THIS POLICY, AN EMPLOYEE MUST:

A. HAVE WORKED FOR LAMPASAS COUNTY FOR AT LEAST 12 MONTHS, AND
B. HAVE WORKED DURING THAT TIME FOR AT LEAST 1250 HOURS

QUALIFYING EVENTS

FAMILY OR MEDICAL LEAVE UNDER THIS POLICY MAY BE TAKEN FOR THE FOLLOWING SITUATIONS:

A. FOR INCAPACITY DUE TO PREGNANCY, PRENATAL MEDICAL CARE OR CHILD BIRTH;
B. TO CARE FOR THE EMPLOYEE'S CHILD FOLLOWING BIRTH, OR PLACEMENT FOR ADOPTION OR FOSTER CARE;
C. TO CARE FOR THE EMPLOYEE'S SPOUSE, CHILD OR PARENT WHO HAS A SERIOUS HEALTH CONDITION; OR
D. A SERIOUS HEALTH CONDITION THAT MAKES THE EMPLOYEE UNABLE TO PERFORM THE EMPLOYEE'S JOB.

MILITARY FAMILY LEAVE UNDER THIS POLICY MAY BE TAKEN FOR ELIGIBLE EMPLOYEES WHOSE SPOUSE, SON, DAUGHTER, NEXT OF KIN OR PARENT ON ACTIVE DUTY OR CALL TO ACTIVE DUTY STATUS IN THE ARMED FORCES (REGULAR, NATIONAL GUARD, RESERVES, RETIRED) FOR EXIGENCY, INCLUDING ALL ACTIVE DUTY SERVICE MEMBERS WHO ARE DEPLOYED TO A FOREIGN COUNTRY.

MILITARY FAMILY LEAVE SITUATIONS/QUALIFYING EXIGENCIES ARE NON MEDICAL ACTIVITIES THAT RELATE DIRECTLY TO THE COVERED MILITARY MEMBER'S ACTIVE DUTY OR CALL TO ACTIVE DUTY STATUS AND INCLUDE:

A. ATTENDING CERTAIN MILITARY EVENTS,
B. ARRANGING FOR ALTERNATIVE CHILDCARE,
C. ADDRESSING CERTAIN FINANCIAL AND LEGAL ARRANGEMENTS,
D. ATTENDING CERTAIN COUNSELING SESSIONS,
E. REST AND RECUPERATION OF MILITARY MEMBER.
F. ATTENDING POST-DEPLOYMENT REINTEGRATION BRIEFINGS.

SERIOUS HEALTH CONDITION

A SERIOUS HEALTH CONDITION IS A CONDITION IS A PHYSICAL OR MENTAL CONDITION, PREGNANCY OR PRENATAL CARE, CHRONIC, SERIOUS HEALTH CONDITION OR MULTIPLE MEDICAL TREATMENTS. A FAMILY MEDICAL LEAVE IS AVAILABLE FOR THE BIRTH, ADOPTION OR FOSTER CARE PLACEMENT OF A CHILD OR TO CARE FOR A NEWBORN CHILD, TO CARE FOR AN IMMEDIATE FAMILY MEMBER WITH A SERIOUS HEALTH CONDITION,

A SERIOUS HEALTH CONDITION IS ONE THAT LASTS FOR MORE THAN 3 FULL CONSECUTIVE DAYS AND INVOLVES 2 VISITS TO A HELATH CARE PROVIDER WHICH MUST OCCUR WITHIN THE FIRST 30 DAYS OF THE PERIOD OF INCAPACITY OR 1 VISIT TO A HEALTH CARE PROVIDER WHICH MUST OCCUR WITHIN 7 DAYS OF THE PERIOD OF INCAPACITY AND A REGIMEN OF CONTINUING TREATMENT. (See Procedures for further detail and explanation).

THE FAMILY MEDICAL LEAVE POLICY COVERS ILLNESSES OF A SERIOUS AND LONG-TERM NATURE, RESULTING IN RECURRING OR LENGTHY ABSENCES. (See Procedures for further detail and explanation).

Revisions:
January 2010

FAMILY AND MEDICAL LEAVE (Continued)

MILITARY FAMILY LEAVE INCLUDES THOSE UNDERGOING TREATMENT, RECUPERATION, OR THERAPY THAT WAS INCURRED IN THE LINE OF DUTY WHILE ON ACTIVE DUTY IN THE ARMED FORCES (OR EXISTED BEFORE THE BEGINNING OF THE MEMBER'S ACTIVE DUTY SERVICE AND WAS AGGRAVATED BY SERVICE IN THE LINE OF DUTY WHILE ON ACTIVE DUTY IN THE ARMED FORCES).

LEAVE AMOUNT

A FAMILY MEDICAL LEAVE UP TO 12 WEEKS IN A CONTIGUOUS 12 MONTH PERIOD MAY BE TAKEN UNDER THIS POLICY.

IF A HUSBAND AND WIFE BOTH WORK FOR THE COUNTY, THE MAXIMUM COMBINED FAMILY MEDICAL LEAVE THEY SHALL BE ALLOWED TO TAKE IN ANY 12 MONTH PERIOD FOR THE BIRTH OR PLACEMENT OF A CHILD IS 12 WEEKS.

MILITARY FAMILY LEAVE MAY BE TAKEN UP TO 26 WEEKS OF LEAVE TO CARE FOR A COVERED SERVICE MEMBER DURING A SINGLE 12- MONTH PERIOD. FOR CERTAIN RELATED EXIGENCIES A LEAVE UP TO 12 MONTHS MAY BE REQUESTED.

PAID AND UNPAID LEAVE

IF AN EMPLOYEE HAS ACCRUED PERSONAL LEAVE, THE EMPLOYEE WILL USE THIS TIME. AN EMPLOYEE ELIGIBLE FOR THE USE OF THE SICK LEAVE POOL OR WHO IS COVERED BY A DISABILITY PAY BY A COVERED BENEFIT PLAN WILL BE PAID THIS TIME. THE USE OF VACATION AND COMPENSATORY TIME MAY BE USED IF REQUESTED BY THE EMPLOYEE. THE REMAINDER OF THE UP TO 12 WEEK LEAVE WILL BE UNPAID. (See Sick Leave Pool Policy – Procedures).

THIS LEAVE MAY BE USED BY AN EMPLOYEE WHO HAS A MEDICALLY NECESSARY NEED TO USE INTERMITTENT OR REDUCED SCHEDULE LEAVE. EMPLOYEES MUST MAKE REASONABLE EFFORTS TO SCHEDULE LEAVE FOR PLANNED MEDICAL TREATMENT SO AS TO NOT UNDULY DISRUPT THE COUNTY'S OPERATIONS. LEAVE DUE TO QUALIFYING EXIGENCIES UNDER THE MILITARY FAMILY LEAVE MAY ALSO BE TAKEN ON AN INTERMITTENT BASIS. SUCH LEAVE REQUESTS ARE SUBJECT TO DOCUMENTATION AND APPROVALS.

INTERMITTENT LEAVE AND REDUCED SCHEDULE

THIS LEAVE MAY BE USED BY AN EMPLOYEE WHO HAS A MEDICALLY NECESSARY NEED TO USE INTERMITTENT OR REDUCED SCHEDULE LEAVE. EMPLOYEES MUST MAKE REASONABLE EFFORTS TO SCHEDULE LEAVE FOR PLANNED MEDICAL TREATMENT SO AS TO NOT UNDULY DISRUPT THE COUNTY'S OPERATIONS. LEAVE DUE TO QUALIFYING EXIGENCIES UNDER THE MILITARY FAMILY LEAVE MAY ALSO BE TAKEN ON AN INTERMITTENT BASIS. SUCH LEAVE REQUESTS ARE SUBJECT TO DOCUMENTATION AND APPROVALS.

PHYSICIANS STATEMENT

THE EMPLOYEE MUST PROVIDE SUFFICIENT INFORMATION SO THAT THE COUNTY IS ABLE TO DETERMINE IF THE LEAVE MAY QUALIFY FOR FMLA/MFLA PROTECTION, THE ANTICIPATED TIMING AND DURATION OF THE LEAVE. THE COMPLETE AND SUFFICIENT MEDICAL CERTIFICATION WILL BE SUBMITTED TO THE HUMAN RESOURCES DIRECTOR WITHIN 15 DAYS (EXTENSION MAY BE APPROVED IF DILIGENT EFFORTS HAVE BEEN MADE).

THE HUMAN RESOURCES DEPARTMENT WILL PROVIDE A FORM FOR THE PHYSICIAN STATEMENT. THE STATEMENT WILL INCLUDE INFORMATION THAT THE EMPLOYEE IS UNABLE TO PERFORM JOB FUNCTIONS, THAT THE FAMILY MEMBER IS UNABLE TO PERFORM DAILY ACTIVITIES, THE NEED FOR HOSPITALIZATION OR CONTINUING TREATMENT BY A HEALTH CARE PROVIDER, OR CIRCUMSTANCES SUPPORTING THE NEED FOR FAMILY LEAVE.

FAMILY AND MEDICAL LEAVE (Continued)

REQUESTING LEAVE

AN EMPLOYEE SHALL SUBMIT IN WRITING A REQUEST FOR LEAVE UNDER THIS POLICY TO HIS/HER IMMEDIATE SUPERVISOR 30 DAYS IN ADVANCE OF A FORESEEABLE LEAVE.

IF 30 DAYS NOTICE IS NOT POSSIBLE, THE EMPLOYEE MUST PROVIDE NOTICE AS SOON AS PRACTICABLE TO THE IMMEDIATE SUPERVISOR. IN THE EVENT THE EMPLOYEE IS UNABLE TO PROVIDE NOTICE DUE TO THE MEDICAL SITUATION, HIS/HER AGENT WILL PROVIDE NOTICE.

THE EMPLOYEE WILL PROVIDE SUFFICIENT INFORMATION FOR THE COUNTY TO REASONABLY DETERMINE WHETHER THE FMLA/MFLA MAY APPLY TO THE LEAVE REQUEST. CALLING IN "SICK" IS INSUFFICIENT NOTICE. REQUEST FORMS ARE AVAILABLE FROM THE HUMAN RESOURCES OFFICE.

HUMAN RESOURCES WILL VERIFY THE LEAVE ELIGIBILITY, OBTAIN DOCUMENTATION, MONITOR, AND REVIEW FOR ADHERENCE TO COUNTY POLICIES. THE HUMAN RESOURCES DIRECTOR WILL NOTIFY THE SICK LEAVE POOL COMMITTEE OF QUALIFIED REQUESTS FOR USE OF POOL HOURS. (see Sick Leave Pool Policy – Procedures)

IF AN EMPLOYEE REQUESTS A LEAVE FOR A PREVIOUSLY APPROVED FMLA/MFLA LEAVE, THE EMPLOYEE WILL REFERENCE THE QUALIFYING REASON FOR THE LEAVE OR THE NEED FOR AN "FMLA LEAVE". EMPLOYEES MUST INFORM THE EMPLOYER IF THE REQUESTED LEAVE IS FOR A REASON WHICH FMLA/MFLA LEAVE WAS PREVIOUSLY TAKEN OR CERTIFIED.

EMPLOYEES ALSO MAY BE REQUIRED TO PROVIDE A CERTIFICATION AND PERIODIC RE-CERTIFICATION SUPPORTING THE NEED FOR A LEAVE.

ANY ABSENCES DURING A DELAY BY THE EMPLOYEE TO GIVE NOTICE ARE CONSIDERED NON-FMLA ABSENCES. THE COUNTY'S REGULAR ATTENDANCE POLICY APPLIES. (see section 7.1 Leave of Absence for information and Procedures for further detail and forms)

DESIGNATION NOTICE

THE HUMAN RESOURCES DIRECTOR WILL NOTIFY IN WRITING THE EMPLOYEE WHETHER HE/SHE IS ELIGIBLE TO BE PLACED ON A FAMILY MEDICAL LEAVE OF ABSENCE OR MILITARY FAMILY LEAVE WITHIN FIVE BUSINESS DAYS AFTER THE COUNTY DETERMINES IF THE LEAVE IS FMLA QUALIFYING. DURING THAT SAME FMLA LEAVE YEAR, A NEW NOTICE IS REQUIRED ONLY IF THE EMPLOYEE'S ELIGIBILITY STATUS CHANGES.

IF THE EMPLOYEE IS NOT ELIGIBLE, THE HUMAN RESOURCES DIRECTOR WILL PROVIDE WRITTEN NOTICE OF THE REASON(S) FOR LEAVE INELIGIBILITY WITHIN FIVE BUSINESS DAYS OF THE REQUEST.

REINSTATEMENT

A FITNESS FOR DUTY CERTIFICATION IS REQUIRED TO RELEASE THE EMPLOYEE/FAMILY MEMBER TO RETURN TO WORK FROM A MEDICAL LEAVE. THE CERTIFICATION WILL BE COMPLETED BY A HEALTH CARE PROVIDER TO ASSESS THE ABILITY TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB. AN EMPLOYEE IS PROVIDED UP TO 15 DAYS TO PROVIDE SUCH CERTIFICATION.

A FITNESS FOR DUTY CERTIFICATION MAY BE REQUIRED FOR EACH CONTINUOUS LEAVE UPON THE EMPLOYEE'S RETURN TO WORK OR, IN THE CASE OF INTERMITTENT OR REDUCED SCHEDULE LEAVE, EVERY 30 DAYS IF REASONABLE SAFETY CONCERNS EXIST (A SIGNIFICANT HARM TO THE EMPLOYEE OR OTHERS).

FAMILY AND MEDICAL LEAVE (Continued)

UPON RETURN FROM THE FMLA/MFLA LEAVE, EMPLOYEES WILL BE RESTORED TO THE ORIGINAL OR EQUIVALENT POSITIONS WITH PAY, BENEFITS AND OTHER EMPLOYMENT TERMS.

IN ACCORDANCE WITH THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT ACT (USERRA) AN EMPLOYEE REEMPLOYED UNDER ITS PROVISIONS WILL BE GIVEN CREDIT FOR ANY MONTHS AND HOURS OF SERVICE S/HE WOULD HAVE BEEN EMPLOYED BUT FOR THE MILITARY SERVICE IN DETERMINING ELIGIBILITY FOR FAMILY MEDICAL LEAVE ACT LEAVE.

ABANDONMENT OF POSITION

AN EMPLOYEE WHO FAILS TO RETURN TO WORK AFTER THE MAXIMUM FMLA LEAVE DESCRIBED IN THIS POLICY EXPIRES WILL BE AUTOMATICALLY SEPARATED FROM EMPLOYMENT UNLESS THE EMPLOYEE'S MEDICAL CONDITION QUALIFIES UNDER THE AMERICANS WITH DISABILITIES ACT (ADA) AND AN EXTENSION OF LEAVE IS REQUIRED AS AN ACCOMMODATION.

BENEFITS

AN EMPLOYEE IN AN APPROVED LEAVE OF ABSENCE MAY CONTINUE IN THOSE BENEFIT PLANS IN WHICH THEY ARE ALREADY A PARTICIPANT. THE COUNTY WILL PAY ITS USUAL CONTRIBUTION AS LONG AS THE EMPLOYEE IS ON A PAID LEAVE FOR A PAY PERIOD. FOR THOSE ADDITIONAL EMPLOYEE PAID BENEFITS TO CONTINUE, THE EMPLOYEE WILL PAY HIS/HER SHARE OF THE CONTRIBUTION OR PREMIUM ON THE SAME SCHEDULE AS CUSTOMARY.

PAYMENT FOR COVERAGE SHALL BE MADE THROUGH REGULAR PAYROLL DEDUCTION WHILE THE EMPLOYEE IS ON LEAVE WITH PAY.

OTHER BENEFITS

WHILE ON AN APPROVED LEAVE OF ABSENCE, AN EMPLOYEE SHALL NOT EARN BENEFIT HOURS, INCLUDING VACATION, PERSONAL LEAVE, BE ELIGIBLE FOR HOLIDAYS PAY OR EARN OTHER BENEFITS AFFORDED TO EMPLOYEES ACTIVELY AT WORK, EXCEPT FOR THOSE STATED IN THIS POLICY.

RIGHTS AND RESPONSIBILITIES NOTICE

LAMPASAS COUNTY WILL COMPLY WITH THE FAMILY AND MEDICAL LEAVE ACT IMPLEMENTING REGULATIONS AS REVISED EFFECTIVE JANUARY 16 AND OCTOBER 2009. LAMPASAS COUNTY POSTS THE MANDATORY FMLA NOTICE REQUIRED BY THE U.S. DEPARTMENT OF LABOR (DOL) ON EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY LEAVE ACT ON THE 1ST FLOOR ANNEX BUILDING BULLETIN BOARD AS WELL AS OTHER LABOR LAW POSTERS LOCATED IN EACH SEPARATE COUNTY BUILDING AND UPON HIRE, PROVIDES ALL NEW EMPLOYEES WITH SAID NOTICE. LAMPASAS COUNTY ALSO POSTS THE DOL SUPPLEMENTARY INFORMATION CONCERNING MILITARY FAMILY LEAVE AT THE SAME LOCATIONS.

THE FUNCTION OF THIS POLICY IS TO PROVIDE EMPLOYEES WITH A GENERAL DESCRIPTION OF THEIR FMLA RIGHTS. IN THE EVENT OF ANY CONFLICT BETWEEN THIS POLICY AND THE APPLICABLE LAW, EMPLOYEES WILL BE AFFORDED ALL RIGHTS REQUIRED BY LAW.

IF THERE ARE ANY QUESTIONS, CONCERNS OR DISPUTES WITH THIS POLICY, CONTACT THE LAMPASAS COUNTY HUMAN RESOURCES DIRECTOR AT 409 PECAN ST., AUDITOR'S OFFICE, LAMPASAS, TX 76550 IN WRITING.

SECTION 7. LEAVES AND ABSENCES

7.7 EMPLOYEE SICK LEAVE POOL

THE SICK LEAVE POOL IS A BENEFIT OF EMPLOYMENT FOR THE PURPOSE OF PROVIDING ADDITIONAL PERSONAL LEAVE HOURS TO REGULAR FULL TIME STATUS COUNTY EMPLOYEES WHO ARE ELIGIBLE TO EARN VACATION, PERSONAL OR COMPENSATORY TIME IN THE EVENT OF CATASTROPHIC ILLNESS OR INJURY, SURGERY, OR DISABILITY THAT PREVENTS AN EMPLOYEE FROM BEING ABLE TO REPORT TO WORK. THIS BENEFIT IS AVAILABLE TO A QUALIFYING EMPLOYEE WHEN THE EMPLOYEE HAS EXHAUSTED ALL ACCRUED PERSONAL, VACATION AND COMPENSATORY TIME.

1) **ELIGIBLE EMPLOYEES.** A REGULAR FULL-TIME EMPLOYEE OR SALARIED NON-EXEMPT EMPLOYEE WITH TWELVE (12) OR MORE MONTHS OF EMPLOYMENT WITH THE COUNTY WILL BE ELIGIBLE FOR THE COUNTY'S EMPLOYEE SICK LEAVE POOL. PART TIME, TEMPORARY, SEASONAL AND CONTINGENT COUNTY EMPLOYEES ARE NOT ELIGIBLE.

2) **MEMBER.** "MEMBER" IS AN ELIGIBLE EMPLOYEE AS DESCRIBED IN THE DEFINITIONS OF A REGULAR FULL-TIME EMPLOYEE IN PARAGRAPH 1.

3) MEMBERSHIP YEAR. A TWELVE (12) MONTH PERIOD BEGINNING OCTOBER 1ST.

4) **HOURS FROM THE POOL.** THOSE HOURS GRANTED TO A MEMBER WHO HAS A QUALIFYING DISABILITY AND IS UNABLE TO PERFORM THE DUTIES OF HIS/HER POSITION.

   A) **ELIGIBILITY TO REQUEST.** ANY MEMBER WISHING TO REQUEST HOURS FROM THE POOL MUST HAVE OBTAINED AN APPROVED LEAVE OF ABSENCE FROM THE COUNTY PRIOR TO SUBMITTING THE REQUEST. AN ONGOING REQUEST BEYOND THE ORIGINAL 30 DAY USE WILL HAVE AN APPROVED RE-CERTIFICATION OF CONTINUED LEAVE PER COUNTY POLICY, WITH VERIFICATION FROM THE HR DEPARTMENT THAT PROPER RECERTIFICATION HAS BEEN APPROVED BY THE HR DEPARTMENT.

   B) **REQUESTS FOR HOURS FROM THE POOL.** THE EMPLOYEE OR AGENT WILL SUBMIT A REQUEST FOR USE OF SICK LEAVE POOL HOURS TO THE POOL ADMINISTRATOR. THE REQUEST WILL INCLUDE INFORMATION REQUIRED BY COUNTY POLICY AND PROCEDURES OF THE ADMINISTRATOR. THE POOL ADMINISTRATOR WILL CONSIDER REQUESTS AND APPROVE/DENY A REQUEST WITHIN TEN WORKING DAYS, UNLESS UNUSUAL CIRCUMSTANCES REQUIRE MORE TIME. THE ADMINISTRATOR WILL FORWARD TO THE SICK LEAVE POOL COMMITTEE IMMEDIATELY FOLLOWING APPROVAL OF THE REQUEST.

   C) **HOURS AWARDED.** HOURS FROM THE POOL WILL BE AWARDED IN INCREMENTS NOT TO EXCEED EIGHTY (80) HOURS PER PAYROLL PAY PERIOD PER REQUEST.

   D) **MAXIMUM HOURS FROM THE POOL.** THE MAXIMUM NUMBER OF HOURS PER MEMBERSHIP YEAR A MEMBER MAY BE AWARDED FROM THE POOL IS LIMITED TO FOUR HUNDRED EIGHTY (480) HOURS OR ONE-THIRD OF THE TOTAL SICK LEAVE POOL HOURS, WHICHEVER IS LESS.

5. **ELIGIBILITY.** QUALIFYING DISABILITIES ARE DEFINED BY THE PERSONNEL POLICIES OF LAMPASAS COUNTY. (SECTION 7 OF THE POLICY HANDBOOK.)

EMPLOYEE SICK LEAVE POOL (Continued)

6) **FAMILY CATASTROPHE.** SICK LEAVE POOL REQUESTS MAY BE MADE BECAUSE OF THE EMPLOYEE'S CATASTROPHIC ILLNESS/INJURY ONLY.

7) **CONTRIBUTIONS.** EMPLOYEES WILL HAVE THE OPPORTUNITY ON AN ANNUAL BASIS DURING THE MONTH OF SEPTEMBER TO DONATE HOURS TO THE SICK LEAVE POOL. HOURS DONATED TO GAIN MEMBERSHIP TO THE POOL MUST BE CONTRIBUTED BY SEPTEMBER 30TH. HOURS DONATED MUST BE FROM THE EMPLOYEE'S PERSONAL LEAVE. EMPLOYEES MUST DONATE A MINIMUM OF SIXTEEN (16) HOURS ANNUALLY TO BE A MEMBER OF THE POOL. MEMBERS MAY DONATE ADDITIONAL HOURS DURING THE YEAR BY SUBMITTING A COMPLETED DONATION FORM TO THE HUMAN RESOURCES DIRECTOR'S OFFICE.

ADMINISTRATION OF THE SICK LEAVE POOL

THE ADMINISTRATOR OF THE POOL IS THE HUMAN RESOURCES DIRECTOR. THE HUMAN RESOURCES DIRECTOR WILL WORK WITH A COMMITTEE COMPOSED OF A MINIMUM OF FIVE AND A MAXIMUM OF TEN CONTRIBUTING MEMBERS. MEMBERS OF THE COMMITTEE WILL BE APPOINTED BY COMMISSIONER'S COURT AND WILL SERVE A TWO YEAR STAGGERED TERM.

A) APPOINTMENT OF THE SICK LEAVE POOL COMMITTEE. APPOINTMENTS TO THE COMMITTEE WILL OCCUR ON AN ANNUAL BASIS. MEMBERS OF THE COMMITTEE ARE TO BE EMPLOYEE REPRESENTATIVES, NOT SUPERVISORS, DEPARTMENT HEADS OR ELECTED OFFICIALS.

B) MEETINGS. THE SICK LEAVE POOL COMMITTEE WILL MEET ON AN AS NEEDED BASIS TO REVIEW WRITTEN REQUESTS.

C) VOTING. MEMBERS OF THE SICK LEAVE POOL WILL VOTE ON APPROVAL OF GRANTING HOURS FROM THE POOL WITH A MAJORITY VOTE. SICK LEAVE POOL REPRESENTATIVES WHO ARE UNABLE TO ATTEND A MEETING MAY CAST A VOTE IN WRITING.

D) HOURS AWARDED. HOURS WHICH ARE AWARDED FROM THE POOL SHALL BE AT THE DISCRETION OF THE COMMITTEE FOR UP TO AND INCLUDING EIGHTY (80) HOURS PER REQUEST.

COMMITTEE DUTIES AND RESPONSIBILITIES

A) AT THE INITIAL YEARLY MEETING, THE COMMITTEE SHALL ELECT A CHAIR PERSON, A VICE-CHAIR AND A SECRETARY.

B) REQUESTS FOR HOURS FROM THE POOL SHALL BE CONFIDENTIALLY AND INDIVIDUALLY REVIEWED BY THE COMMITTEE IN A CALLED MEETING. A MEMBER OR HIS/HER AGENT MAY BE REQUIRED TO APPEAR BEFORE THE COMMITTEE TO SUBSTANTIATE THE MEMBER'S REQUEST.

E) THE COMMITTEE SHALL APPROVE, DISAPPROVE OR MODIFY THE NUMBER OF HOURS REQUESTED FROM THE POOL. HOURS FROM THE POOL SHALL BE AWARDED IN AMOUNTS UP TO THE MAXIMUM EIGHTY (80) HOUR LIMIT.

EMPLOYEE SICK LEAVE POOL (Continued)

F) THE DECISION OF THE COMMITTEE SHALL BE BASED ON A MAJORITY VOTE OF THE COMMITTEE.

G) THE HUMAN RESOURCES DIRECTOR SHALL NOTIFY THE EMPLOYEE'S DEPARTMENT HEAD/ELECTED OFFICIAL OF ALL APPROVED PERSONAL LEAVE HOURS GRANTED TO THE EMPLOYEE FROM THE SICK LEAVE POOL.

H) THE HUMAN RESOURCES DIRECTOR SHALL FORWARD ALL APPROVED SICK LEAVE REQUESTS TO THE PAYROLL DEPARTMENT.

I) THE HUMAN RESOURCES DIRECTOR WILL FORWARD A NOTICE TO ELIGIBLE COUNTY EMPLOYEES 90 DAYS IN ADVANCE OF THE EFFECTIVE DATE OF THE SICK LEAVE POOL YEAR.

MEMBERSHIP DONATION EXCEPTIONS

A MEMBER RECEIVING HOURS FROM THE POOL AT THE TIME OF MEMBERSHIP RENEWAL WILL BE PERMITTED TO REMAIN A MEMBER UNTIL HE/SHE IS ABLE TO RETURN TO WORK, OR REACHES THE LIMIT OF HOURS HE/SHE MAY RECEIVE FROM THE POOL. UPON RETURNING TO WORK THE MEMBER WILL HAVE 90 DAYS TO CONTRIBUTE

THE REQUIRED MEMBERSHIP HOURS AND WILL NOT BE ELIGIBLE TO REQUEST MORE HOURS UNTIL THE CONTRIBUTION IS MADE. FAILURE TO PROVIDE THE REQUIRED MEMBERSHIP HOURS BY THE END OF THE 90 DAY PERIOD WILL INVALIDATE THE EMPLOYEE'S MEMBERSHIP IN THE POOL FOR THE REMAINDER OF THE MEMBERSHIP YEAR.

APPEALS

A MEMBER MAY APPEAL THE COMMITTEE'S DECISION BY SUBMITTING A WRITTEN REQUEST TO APPEAR BEFORE THE COMMITTEE IN PERSON OR BY AGENT. IF A MEMBER REQUESTS AN APPEAL TO THE COMMITTEE, THE COMMITTEE SHALL HEAR THE APPEAL FROM THE MEMBER OR HIS/HER DESIGNEE. THE COMMITTEE SHALL RESPOND TO THE APPEAL WITHIN TEN (10) WORKING DAYS AFTER RECEIPT OF THE WRITTEN APPEAL. THE COMMITTEE'S DECISION SHALL BE FINAL.