



# Santa Fe College Rules Manual

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<b>Title:</b>	<b>Leaves of Absence</b>	<b>Procedure 3.20P</b>
Based on	Rule 3.20	
Effective Date:	May 13, 2008	

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**Purpose:** To provide an opportunity for employees to create a bank of sick leave hours that can be drawn on by fellow employee sick leave pool (SLP) members who exhaust all sick leave due to a catastrophic illness or health related emergency.

All full-time employees earn and accrue sick leave credit, which in most cases should be sufficient for their needs. However, there may arise extraordinary circumstances where an employee exhausts his/her earned sick leave which may result in loss of pay, benefits, and even jeopardize continued employment. The sick leave pool provides a way to assist these employees in a time of great and special need. The sick leave pool is not to be utilized for routine pregnancy, non-catastrophic routine illness and surgery, or non-emergencies and injuries requiring absence of short duration or that can be planned for in advance. SLP members are expected to use diligence in the management of their own earned sick leave and not rely on the sick leave pool to supplement or supplant normal sick leave use for routine, non-catastrophic, non-emergency, planned surgery, and/or routine pregnancy. The sick leave pool is also based on the employee's personal qualifying illness or injury and not for the care of a family member.

### Membership and Enrollment

Participation in the sick leave pool is voluntary and open to those employees with at least one year of full time service to the college and a minimum of six days/48 hours of accrued unused sick leave.

Enrollment is only on the anniversary date of full-time employment upon completion of the first year or during the annual open enrollment period. This enrollment period will coincide with the annual enrollment for our health/life program. These dates may vary from year to year. An application for Membership in the Sick Leave Pool must be completed and submitted to the Human Resources Office.

### Membership and Enrollment Continued

A member can discontinue participation in the pool at any time by completing the withdrawal from sick leave pool form and submitting the form to the Human Resources Office. However hours contributed will not be refunded. Such an employee would be eligible to re-enroll at the next open enroll period subject to the conditions above.

Employees cannot request hours from the pool during their first year of membership.

### Contributions to the Sick Leave Pool

Upon enrollment in the pool, each member will make a contribution of eight hours that is deducted from the employee's accrued sick leave. Each fiscal year all members make an automatic annual contribution of four hours of their accrued sick leave. A member who does not have a balance of at least four hours of earned sick leave shall have the four hours deducted from the next earned sick leave. This deduction shall have precedence over any other deduction from earned sick leave.

Whenever the balance in the pool falls below three hundred and twenty hours, all members shall make an additional automatic contribution of two hours subject to the following conditions:

The maximum number of additional automatic contributions in any twelve month period shall be two. If replenishment is necessary and two automatic contributions have already been made in the past twelve months, then each member shall have the opportunity to either make a two-hour contribution and thereby remain in the pool, or discontinue participation in the pool. This choice shall be in writing.

A member who does not have a balance of at least two hours of earned sick leave shall have the two hours deducted from the next earned sick leave. This deduction shall have precedence over any other deduction from earned sick leave.

A member who is currently withdrawing leave from the pool shall have his/her contribution waived.

Contributions to the sick leave pool are final. An individual who chooses to discontinue participation in the pool may not withdraw contributed sick leave.

### Request for Withdrawal of Leave from Sick Leave Pool

For a member to request hours from the sick leave pool, all of the following conditions must be satisfied:

- A. The individual must be a member of the sick leave pool.
- B. There shall be no withdrawal of leave from the sick leave pool until all of the applicant's accrued sick leave has been depleted.
- C. There shall be no withdrawal of leave from the sick leave pool until twenty consecutive workdays have been missed due to a qualifying catastrophic/emergency/non-routine illness, injury, or surgery.
- D. An employee must use any available leave, including sick, vacation, and/or compensatory during this 20-day period to remain, if possible, in a paid status.
- E. A "Request to Withdraw Leave Form" must be completed. This form shall require a description of the illness or injury and must be accompanied by a physician's

statement which supports the description, certifies inability to work, and provides an estimated time for return to work. The applicant must sign an authorization for release of any relevant information from physicians, clinics, hospitals, and/or insurance companies.

- F. The request must be consistent with the purpose and intent of the sick leave pool to provide leave to those who have managed their personal sick leave hours diligently and have a need for sick leave hours due to unforeseen emergency injury or catastrophic non-routine illness and be approved by the SLP Committee.

The maximum number of days that can be withdrawn from the sick leave pool by any one individual in any 12-month period is 60 or 480 hours. The maximum number of days that can be withdrawn from the sick leave pool by any individual in any 36 month period is 120 or 960 hours.

The SLP Committee can request additional or updated information at any time and can terminate withdrawal of leave from the pool at any time if not convinced that continued absence from work is necessary.

**SANTA FE COLLEGE**  
**APPLICATION FOR MEMBERSHIP IN SICK LEAVE POOL**

Employee's Name: \_\_\_\_\_  
(Print)

SF ID #: \_\_\_\_\_

I hereby apply for membership in the Santa Fe College Sick Leave Pool. I have been employed full time at SF for at least one full year and have accumulated at least six days (forty-eight hours) of sick leave. I request that eight hours of my accumulated sick leave be transferred to the sick leave pool. I certify that I have read and agree to comply with the SF Sick Leave Pool Policy.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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**TO BE COMPLETED BY THE HUMAN RESOURCE OFFICE**

\_\_\_\_\_ Full-time hire date

\_\_\_\_\_ Current sick leave balance

HR Representative: \_\_\_\_\_

Date: \_\_\_\_\_

SLP Member as of: \_\_\_\_\_