

PRESIDIO COUNTY, TEXAS

SICK LEAVE POOL POLICY

ADOPTED BY

PRESIDIO COUNTY

COMMISSIONER'S COURT

JUNE 14, 2016

PRESIDIO COUNTY

SICK LEAVE POOL POLICY

PURPOSE The purpose of the Presidio County Sick Leave Pool is to provide additional sick days to County employees in the event of a catastrophic illness, or injury, surgery, or disability that prevents an employee from active employment. Days may be applied from the Pool only after the employee has exhausted all accrued sick, vacation or compensatory time.

DEFINITIONS

1. A catastrophic illness or injury is defined as:

A terminal, life-threatening, and/or severe condition or combination of conditions affecting the mental or physical health of the employee that requires the services of a licensed health practitioner for a prolonged period of time and that forces the employee to exhaust all accrued leave time (sick leave, vacation leave, and compensatory time) and to lose compensation from the County.

2. A licensed practitioner is:

A practitioner, as defined by the Texas Insurance Code who practices within the scope of his/her license.

ADMINISTRATION OF THE POOL

1. At the direction of the Commissioners' Court, the County Treasurer Director shall serve as the Pool administrator. The Pool Administrator shall be responsible for developing mechanisms to transfer accrued sick leave into and out of the Pool; developing rules and procedures for the operation of the Pool; and developing forms for contributing leave to, or using leave from the Pool.

2. The Pool Administrative Committee shall be composed of the following members: County Treasurer, Frances Garcia, County Judge Cinderela Guevara, County Clerk, Virginia Pallarez, the County Auditor, Patty Roach non-supervisory employee, Crystal Funke. This committee shall be responsible for considering all requests for use of leave from the Pool.

POOL

MEMBERSHIP

1. All regular full-time employees are eligible to join the Sick Leave Pool by contributing a minimum of one day or a maximum of five days accrued sick leave.
2. New employees may join the pool after 12 month of continuous employment. Days donated will be subtracted from their accrued leave.
3. After the Pool is established, employees will only be able to join at a time designated each year by the Pool Administrator or, in the case of new employees, immediately upon completion of 12 months of continuous service.
4. Membership enrollment forms must be submitted to the County Treasurer. Days donated will be subtracted from each member's accrued sick leave.
5. Days donated become the property of the Presidio County Sick Leave Pool and cannot be returned in the event of membership cancellation.
6. Employees on approved leave of absence will retain membership in the Pool and will not be required to donate additional days.
7. To maintain the Sick Leave Pool, all members must donate a minimum of 1 day or a maximum of days of sick leave each October 1st, or at a time during the fiscal year designated by the Pool Administrator for general membership donations. Only one donation during the fiscal year is required to maintain membership in the Pool.

DAYS GRANTED

1. Days will be granted only for catastrophic illness or surgery or other disability, which necessitates an absence from work for five consecutive days or longer. In case of chemotherapy for cancer treatment, days can be granted for 1 – 4 days absence.
2. Pregnancy will not be covered by the Sick Leave Pool, but complications due to pregnancy or delivery will be considered.

FINAL AUTHORITY

The Sick Pool Leave Administrative Committee shall have the final approval/disapproval of employee applications.

**APPLICATION
FORMS**

Applications for donation of accrued sick time to the Presidio County Sick Leave Pool are available in the County Treasurer's Office.

Applications for withdrawal from the Presidio County Sick Leave Pool are available in the County Treasurer's Office.

**PRESIDIO COUNTY SICK LEAVE POOL
APPLICATION FOR SICK DAYS
COMMITTEE DECISION FORM**

Name of Applicant _____

Position _____ Department _____

Social Security Number _____

Date Lost Time Began _____ Date of Request _____

Number of Days Requested from Pool _____

Request Approved by Committee: _____ Yes _____ No

Reason request denied:

Signature of Committee Member/Date

Signature of Committee Member/Date

Signature of Committee Member/Date

Signature of Committee Member/Date

Signature of Pool Administrator/County Treasurer

Processed in Payroll on this _____, day of _____, _____

Signature of Payroll Manager

**PRESIDIO COUNTY
APPLICATION FOR SICK POOL DAYS**

Name _____ SS# _____

Department _____ Position _____

First date absent for this illness _____

Date returned to work or expected to return _____

Number of days absent for this illness _____

The above days requested are needed due to illness/injury described below:

Signature of Employee or Family Member

Date

PLEASE RETURN THIS FORM TO THE POOL ADMINISTRATOR/HUMAN RESOURCES DIRECTOR

**PRESIDIO COUNTY SICK LEAVE POOL
MEMBERSHIP APPLICATION**

Membership in the Presidio County Sick Leave Pool is available to all full-time employees who accrue sick leave benefits and have been employed for at least 12 months.

I have read the rules and guidelines in the Presidio County Sick Leave Pool Policy concerning The Pool and desire to become a member by donating one (1) to five (5) sick leave days to the Pool.

I understand that these days, once donated to the Pool for membership will be subtracted from my available sick leave days. All donations to the Pool become the property of the Pool and cannot be returned even upon cancellation of membership.

My authorization to deduct days from my accumulated sick leave is verified by my signature below.



Employee _____ Department _____
(Print Full Name)

Social Security Number _____ Number of days to be donated _____

Signature

Date



I have read the above information concerning the County's Sick Leave Pool and I do not wish to become a member.

Signature

Date

Social Security Number

Department

PLEASE RETURN THIS FORM TO THE COUNTY TREASURER.

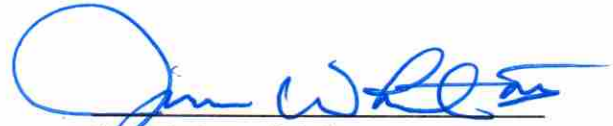
NOTE: DONATIONS WILL ONLY BE ACCEPTED FROM 07/01/2016 THRU 07/31/2017. IF YOU DO NOT DONATE DURING THIS PERIOD, YOU WILL HAVE TO WAIT UNTIL NEXT FISCAL YEAR. THE ONLY EXCEPTION WILL BE FOR INDIVIDUALS WHO HAVE JUST COMPLETED 12 MONTHS OF CONTINUOUS EMPLOYMENT AND HAVE NOT YET DONATED SICK LEAVE TO THE POOL. YOU MUST DONATE EACH YEAR TO REMAIN ELIGIBLE TO USE TIME FROM THE POOL.

APPROVED AND ADOPTED, THIS THE 14TH DAY OF JUNE, 2016 IN A REGULAR PRESIDIO COUNTY COMMISSIONERS' COURT MEETING HELD IN THE PRESIDIO COUNTY COURTHOUSE:

"SICK LEAVE POOL POLICY" FOR PRESIDIO COUNTY



Presidio County Judge



Commissioner Pct. 1

Commissioner Pct. 2



Commissioner Pct. 3



Commissioner Pct. 4



District Clerk