



**LAKE COUNTY**  
BOARD OF COUNTY COMMISSIONERS  
*County Procedure*

**Title:** Sick Leave Bank

**Number:** ES-6.03.02

**Approved:** 1/20/2009

**Originator:** Employee Services &  
Quality Improvement

**Review:** 1/20/2014

**I. PURPOSE AND SCOPE**

The purpose of this document is to provide procedures for employee enrollment and use of the Sick Leave Bank.

**II. REFERENCES**

Sick Leave Bank Policy (LCC-75)

Replaces Sick Leave Bank Procedure ES-6.03.02 approved 3/16/2007

**III. APPLICABILITY**

This procedure applies to all employees of Lake County Board of County Commissioners (BCC).

**IV. PROCEDURES**

A. Enrollment can occur within 30 (calendar) days of an employee's completion of the initial six (6) month probationary period or during the month of January each year. To be eligible to enroll, an employee must meet the following criteria:

1. Be a regular full-time employee with six (6) months of continuous service.
2. Have a combined balance of forty (40) hours of sick and/or annual leave in order to enroll in the Sick Leave Bank for the first time.
3. Complete a Sick Leave Bank Enrollment Form (Attachment 1).

B. Employees enrolling upon the completion of their initial six (6) month probationary period shall donate eight (8) hours of sick leave upon enrollment should their 30 day window for enrolling fall within the months of January through June, and shall donate four (4) hours should the 30 day window fall within the months of July through December.

Employees enrolling during the annual open enrollment period shall donate eight (8) hours sick leave upon enrollment. Annual open enrollment for the Sick Leave Bank is generally during the month of January, however for 2009 the open enrollment period shall be January 26 through February 24, 2009. Effective date of enrollment in the

Sick Leave Bank, for employees enrolling during the annual open enrollment period, shall be March 1 for 2009 and February 1 for future years.

- C. Members of the bank will donate a minimum of eight (8) hours annually, generally during the month of February however for the 2009 plan year, the annual sick leave donation to the bank will be made during March). Additional hours (to a maximum of 24 hours), will be required of all participants in 8 hour increments, if needed to replenish the bank. Sick leave donated to the Sick Leave Bank will be deducted from the employee's sick leave accrual and will no longer be available to the employee.
- D. Hours will not be required to be donated to the Sick Leave Bank once the bank reaches 5,000 hours.
- E. No employee or member may donate a "lump sum" amount of leave at termination or any time during employment.
- F. Only during the annual open enrollment period each year, may an employee elect to no longer participate in the Sick Leave Bank program. (Attachment 4)

Outside of the Bank's annual open enrollment period, the only other time an employee can cancel participation in the Sick Leave Bank is if the employee elects Short Term Disability during the County's annual benefits open enrollment period. In this circumstance, the employee's participation in the Sick Leave Bank would be canceled effective 9/30 of that year and their Short Term Disability coverage would be effective 10/01 of that same year.

- G. Enrolled employees who later decide not to participate will lose the hours already donated into the program. Should the employee wish to re-join the bank they will need to meet the same eligibility criteria as a first time member.
- H. Employee must be an active participant to request a withdrawal of hours from the bank. Employees receiving Workers' Compensation benefits and employees eligible for or receiving short term disability, long term disability (LTD), or Social Security disability benefits will not be eligible to receive benefit payments from the Sick Leave Bank.
- I. Effective March 1, 2009 employees participating in the Sick Leave Bank program cannot participate in the short term disability program. Until February 28, 2009, employees enrolled in both the Sick Leave Bank and Short Term Disability, can apply for benefits from either plan but not both.

As indicated in item F, employees electing Short Term Disability coverage effective 10/01 each year, will automatically be canceled from the Sick Leave Bank effective 9/30 of that year.

- J. The Sick Leave bank must maintain a balance of a minimum of 240 hours. Additional donations will be required any time the Bank balance falls below 240 hours.

- K. To request leave from the Sick Leave Bank, participating employees must submit a Sick Leave Bank Withdrawal Form (Attachment 2) and Sick Leave Bank Medical Certification Statement (Attachment 3).
1. Participants may not request to use Sick Leave Bank hours during the first ninety (90) day period following enrollment in the program.
  2. Participating employees requesting to withdraw leave from the Bank must have used all available paid leave prior to submitting the Sick Leave Bank Withdrawal Form and Sick Leave Bank Medical Certification Statement.
  3. All requests for time are subject to available hours. A maximum of 240 hours per year, per participating member, will be considered. A second withdrawal in the amount of 240 hours will be considered on a case-by-case basis. Determination will be made based on medical evaluation (Attachment 3) that the individual can return to work in his/her previous capacity at, or before, the exhaustion of the second 240 hour period of sick bank time.
- L. A participant may use remaining withdrawal hours upon their return to work on an intermittent basis. These hours may be used to complete a course of treatment related to their leave and must be documented by their attending physician or healthcare provider (Attachment 3).
- M. Payment for hours granted from the Sick Leave Bank will be at the receiving employee's hourly rate of pay earned on the last day of active/paid County service.
- N. If leave granted to a participating employee is not used, it will revert back to the Sick Leave Bank.
- O. Participating members of the bank will automatically renew each year in January, during the same time the annual eight (8) hours of leave is donated, unless they complete a Sick Leave Bank Cancellation Form (Attachment 4).
- P. A participant requesting Sick Leave Bank hours must have exhausted any entitlement to Family Medical Leave or must use any remaining Family Medical Leave entitlement concurrent with Sick Leave Bank hours.
- Q. Sick Leave Bank Withdrawal forms will be reviewed and processed by Employee Services personnel. Employee Services will forward all completed Medical Certification Statements to a Physician for review to determine whether the medical condition meets the definition of life-threatening or catastrophic as stated in the Sick Leave Bank policy. Employee Services will coordinate all questions or requests for additional information from the Physician reviewing the Medical Certification Statement to the employee applying for leave, if applicable. Applicants agree to provide any medical information, records, or releases necessary for the review and substantiation of a request.
- R. The granting of any Sick Leave Bank hours does not guarantee an individual continued employment for any period of time.

S. *(See Addendum, page 5 - effective March 18, 2009)*

V. **RESERVATION OF AUTHORITY**

The authority to issue or revise this Procedure is reserved to the County Manager. The County Manager may authorize exceptions to this procedure when deemed appropriate.

Approved By: Cindy Hall, County Manager  
Date: 1/20/2009



**LAKE COUNTY**  
BOARD OF COUNTY COMMISSIONERS  
*County Procedure*

**Title:** Addendum to Sick Leave Bank Procedure  
approved January 20, 2009

**Number:** ES-6.03.02  
**Approved:** March 18, 2009  
**Originator:** Employee Services &  
Quality Improvement  
**Review:** January 20, 2014

**IV. PROCEDURES**

- S. If the County receives information that casts doubt upon the employee's stated reason for the absence or the continuing validity of the Sick Leave Bank Medical Certification Statement, the County may request a recertification to determine if the employee continues to have a "life threatening or catastrophic" illness or injury as defined in the Sick Leave Bank Policy.

The County may also request recertification if circumstances described by the previous certification have changed significantly (e.g., the duration or frequency of the absence, the nature or severity of the illness, complications, etc.).

The employee must provide the requested recertification to the County within fifteen (15) calendar days. Any recertification requested by the County shall be at the employee's expense unless the County provides otherwise.

Sick leave bank payments will be suspended pending acceptable recertification from the employee's healthcare provider. If the condition still meets the definition of "life-threatening or catastrophic", the County will retroactively grant payment from the Sick Leave bank from the time of suspension.

**V. RESERVATION OF AUTHORITY**

The authority to issue or revise this Procedure and/or addendum is reserved to the County Manager. The County Manager may authorize exceptions to this procedure when deemed appropriate.

Approved By: Cindy Hall, County Manager  
Date: 3/18/2009



**LAKE COUNTY**  
FLORIDA

**Attachment 1**

**Sick Leave Bank Enrollment**

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

Date of Hire: \_\_\_\_\_ Effective Date of Enrollment: \_\_\_\_\_

Department: \_\_\_\_\_

Division/Section: \_\_\_\_\_

Enrollment can occur within 30 days of an employee's completion of the initial six (6) month probationary period or during the Annual open enrollment for the Sick Leave Bank.

An employee meets the following eligibility requirements.

- Regular full-time employees with six (6) months of continuous service.
- Employees must have a combined balance of forty (40) hours of sick and/or annual leave in order to enroll in the Sick Leave Bank for the first time.
- Employees must donate eight (8) hours sick leave upon enrollment.

Check here:  I wish to enroll in the Sick Leave Bank.

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

\_\_\_\_\_  
Date

Forward completed form to the Office of Employee Services & Quality Improvement, Administration Building, Room 430.

To be completed by the Office of Employee Services & Quality Improvement:

Enrollment Type:  Annual Enrollment Period or  Completion of 6 months

Is enrollment being made after "Completion of 6 Months" & within 30 days of the completion? Y or N

Effective date of enrollment: \_\_\_\_\_

Donation amount:  8 hours or  4 hours (if enrolling between July and December of new hire year)

Current balance of Annual Leave \_\_\_\_\_ and Sick Leave \_\_\_\_\_ (must total 40 hours)

Employee has completed six (6) months of employment? Y or N

Employee enrolled in Short Term Disability program? Y or N



**Attachment 2**

**Sick Leave Bank Withdrawal**  
(To be completed by the employee applying for leave.)

Full Name: \_\_\_\_\_ Department: \_\_\_\_\_

Division/Section: \_\_\_\_\_ Date Leave Needed: \_\_\_\_\_

All requests for time are subject to available hours. Participating employees requesting to withdraw leave from the Bank **must have used all available paid leave prior to submitting a written request** and must currently be on or have depleted their FMLA entitlement. A maximum of 240 hours per year, per participating member, will be considered. Any unused hours will revert back to the Sick Leave Bank. **This form must be accompanied by a Sick Leave Bank Medical Certification Statement, which is to be completed by the employee's healthcare provider.**

Describe the Life-threatening or catastrophic illness and/or injury necessitating leave.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State the anticipated period of incapacity and number of days of leave anticipated to be necessary.

\_\_\_\_\_

Have you exhausted all other paid leaves?  Yes  No

Have you exhausted or are you using any Family Medical Leave entitlement you may have?  
 Yes  No

Is the illness or injury related to an on-the-job injury or workers' compensation matter?  Yes  No

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewed by Division Director/Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Reviewed by Department Director

\_\_\_\_\_  
Date

Please forward this form along with the Sick Leave Bank Medical Certification Statement to the Office of Employee Services & Quality Improvement, Administration Building, Room 430.

To be completed by the Office of Employee Services & Quality Improvement:

**Upon application for withdrawal:**

- Is employee currently enrolled in the Sick Leave Bank? Y or N
- Did the Sick Leave Bank Medical Certification Statement accompany this request? Y or N
- Has the employee exhausted all sick and annual leave? Y or N
- Is the leave being requested during the first ninety (90) days of enrollment in the Bank? Y or N
- Is employee receiving other disability (short-term, long term or social security)? Y or N
- Has the employee previously withdrawn hours from the Sick Leave Bank during the current calendar year (e.g., January 1 – December 31)? Y or N
  - If so, how many hours did the employee use during the current calendar year? \_\_\_\_\_
- Is the purpose of leave in keeping with the policy and procedure? Y or N  
(Must have “yes” answer to all 3 items below.)
  - Life-threatening or catastrophic condition – Y or N
  - Requires in-patient hospitalization, surgery OR extended medical treatments and rehabilitation – Y or N
  - Period of incapacitation greater than 7 calendar days – Y or N

If not, specify the reason(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Notify FMLA administrator of leave for coordination purposes. Y or N/A
- Anticipated date of employee return from leave? \_\_\_\_\_

**Upon return of employee:**

- Date employee returned from leave? \_\_\_\_\_

Distribution:  Medical / Miscellaneous file (original)     Employee     Finance/Payroll



**Attachment 3**

**Sick Leave Bank  
Medical Certification Statement**

**To be completed by Employee's healthcare provider** and submitted with the employee's request for Sick Leave Bank Withdrawal, an additional request for withdrawal, intermittent use of withdrawal, and/or to document the employee's ability to return to work.  
*(All sections of this form must be completed.)*

Employee's name: \_\_\_\_\_

Date condition began: \_\_\_\_\_ Date condition ended/expected to end: \_\_\_\_\_

State the anticipated period of incapacity and number of days of leave anticipated to be necessary. \_\_\_\_\_

Describe the life-threatening or catastrophic illness and/or injury necessitating leave.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Life-threatening or catastrophic illness and/or injury is defined by the Sick Leave Bank Policy as requiring in-patient hospitalization, surgery, or extended medical treatments and rehabilitation which will result in periods of incapacity expected to be greater than 7 calendar days. Periods of incapacity may be continuous or intermittent.

For purposes of this policy, life-threatening or catastrophic illness and/or injury does not include: (1) short term ailments such as flu, colds, or routine medical or dental appointments; (2) elective, cosmetic, or reconstructive surgery unrelated to another major illness, accident or injury; (3) job-related illnesses or injuries which may be covered by workers' compensation; or (4) intentional self-inflicted injuries.

State medical facts describing the life-threatening/catastrophic nature of the condition.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Explanation of extent to which employee is able/unable to perform the functions of his/her job (a copy of the employee's job description should be attached):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Healthcare provider's name (print): \_\_\_\_\_

Healthcare provider's signature: \_\_\_\_\_

Date: \_\_\_\_\_ Office phone: \_\_\_\_\_

-----  
**Medical Release:**

I authorize the release of any medical information necessary to process the above request.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please forward this form along with the Sick Leave Bank Withdrawal to the Office of Employee Services & Quality Improvement, Administration Building, Room 430.

***This section for County use only.***

**Physician Review:**

Does medical condition meet the definition of Life-threatening or Catastrophic illness and/or injury as defined in the County's Sick Leave Bank policy?

Yes       No

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requesting additional information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Physician's name (print): \_\_\_\_\_

Physician's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Attachment 4**



**LAKE COUNTY**  
FLORIDA

**Sick Leave Bank Cancellation**

Name: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Department: \_\_\_\_\_

Division/Section: \_\_\_\_\_

This form should be used by an employee currently participating in the Sick Leave Bank (Bank) who wishes to cancel from the Bank.

Participants can only cancel participation in the Bank during the Bank's annual open enrollment period or if they elect to participate in the County's Short Term Disability program during the County's annual benefits open enrollment.

- Participating members of the bank will automatically renew each year during the Annual open enrollment period for the Sick Leave Bank (generally during the month of January, except for 2009 in which the period will be January 26 through February 24, 2009) during the same time the annual eight (8) hours of leave is donated, unless they complete this form.
- Outside of the Bank's annual open enrollment period, the only other time an employee can cancel participation in the Sick Leave Bank is if the employee elects Short Term Disability during the County's annual benefits open enrollment period. In this circumstance, the employee's participation in the Sick Leave Bank would be canceled effective 9/30 of that year and their Short Term Disability coverage would be effective 10/01 of that same year.

Check here:  I wish to cancel my membership in the Sick Leave Bank.

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

\_\_\_\_\_  
Date

Forward completed form to the Office of Employee Services & Quality Improvement, Administration Building, Room 430.

To be completed by the Office of Employee Services & Quality Improvement:

Is member discontinuing membership in the bank during the Annual Sick Leave Bank open enrollment period? Y or N

Effective date of cancellation: \_\_\_\_\_