



TOWN OF RANDOLPH, VERMONT

Sick Leave Bank Policy

Eligibility and Limitations

1. When an employee or member of the employee's immediate family, as defined below, experiences a serious, non-work related medical condition which requires the services of a physician and requires or is expected to require the employee to be out of work for 31 or more calendar days, the employee may apply to the Sick Leave Bank (herein after referred to as SLB). An employee must meet all of the criteria set forth in this policy to be eligible to receive leave from the SLB.
2. An employee may apply to the SLB during any period of disability related to or resulting from complications of pregnancy, but shall not be eligible for sick leave for purposes of child care following the birth of the employee's child unless the employee remains disabled from complications.
3. Immediate family or household for the purposes of eligibility for SLB benefits is defined as; husband, wife, mother, father, children, step-children or any relative or person living in the employee's household for whom the employee can claim as a dependent and for whom the employee is the primary caregiver.
4. The SLB is available to those employees who have completely exhausted all accumulated leave time (accrued vacation pay, sick pay, personal pay and earned comp-time) and who are not otherwise receiving any related compensable benefits from the Town of Randolph. If an employee is eligible for leave under either the Vermont Parental and Family Leave Act or the federal Family Medical Leave Act, such leave will run concurrently with the employee's use of sick leave.
5. Eligibility for participation in the SLB begins upon the employee's donation of a minimum of forty (40) hours of accumulated sick leave to the Bank within that calendar year. Eligibility will continue provided the employee donates a minimum of 16 hours of accumulated sick leave each subsequent calendar year. To enroll, an employee must complete an application and submit it to the Human Resources Director.
6. Withdrawal requests cannot be made within ninety (90) days of enrollment.
7. Donated sick time contributed to the Bank becomes the property of the SLB.
8. Seasonal employees are only eligible to use SLB time during their active employment.

Donations

1. Any employee who wishes to transfer a portion of his/her accumulated sick leave must complete the Employee Enrollment or Donation of SLB Time form and submit it to the Human Resources Director. Employees will be given an opportunity to donate accumulated sick time to the Bank quarterly.
2. The minimum amount of accumulated sick time an employee may contribute is 16 hours. The donating Employee must retain a minimum of 40 hours of accumulated sick time in their personal account at the time of the donation.
3. Donations are to be taken from accumulated sick time. No transfers of funds shall occur, but the contributing employee's cumulative accrued sick leave balance is reduced by the number of hours donated.
4. SLB donations will be accepted until total hours reach 2,080 (52 weeks). Subsequent annual donations of 16 hours will be waived until additional hours are needed. However, new employees will be eligible for enrollment, and their initial contribution of sick leave days up to the required forty (40) hours will be added to the SLB, notwithstanding that the SLB has reached its maximum number of hours.

Withdrawals

1. An employee or his/her designee must request sick leave from the Bank by completing an Employee Request for SLB Time form and submitting it to the Human Resources Director.
2. All requests must be accompanied by a physician's statement that includes the start date of the condition, a description of the illness or injury and an estimation of Sick Leave Time needed and an estimated "return to work" date. An employee must be expected to return to work to be eligible for SLB. Employees will also be expected to present to the Human Resources Director an updated physician's statement for every 30 days of SLB time requested or for every follow-up visit, whichever comes first.
3. The Committee will render a decision to the employee within five (5) working days after receipt of the request.
4. The amount, if any, of SLB time granted for each request will be determined by the Committee. The amount granted cannot exceed one-third of the SLB balance or the number of days needed to recover per the physician's statement (whichever is less) per calendar year.
5. SLB time will be granted on a per pay period basis. Employee's accumulated leave time and any holiday time will be used first with SLB time supplementing the remaining hours needed for an 80 hour pay period.
6. One-third of the SLB balance is determined by the number of hours currently in the Bank at the time of the application.

Appeal Process

1. Reasons for denial – An employee requesting use of the SLB may have his or her sick leave usage audited. Patterns of absence indicating abuse will be reviewed, noted, and considered. The

audit will cover the two years preceding the employee's request, or if a pattern is established, can go back further. Patterns of abuse are most often indicated by frequency, duration and time of absences. Illnesses of 3 or more consecutive days will be considered abuse unless accompanied by a physician's note and a clear pattern has been established.

2. In the event that an employee is denied entry into the Bank or is denied benefits from the Bank, the employee may appeal the decision to the Town Manager within five (5) business days. Formal written letters of appeal should be submitted directly to the Town Manager. A formal response to such an appeal shall be issued within ten (10) working days of receipt.

Exclusions, Limitations, and Termination of Benefits

1. Disabilities resulting from the following will be excluded from eligibility for Sick Leave Bank time:
 - Horseplay or intoxication by alcohol or drugs or a failure to obey instructions or use a safety device while at work.
 - Intentional self-inflicted injuries.
 - Injury occurring in the course of committing a crime.
 - Active duty service in the armed forces.
 - War insurrection, rebellion, or active and illegal participation in a riot.
 - Cosmetic surgery or treatment, or surgery or treatment deemed medically unnecessary by a physician.
 - Alcoholism, drug addiction or chemical dependence.
 - Paternity Leave.
2. No SLB time will be payable for that portion of any period of disability when the disabled employee is confined in a penal or correctional institution or a result of conviction of a criminal or other public offense.
3. A participating employee will immediately lose the right to use SLB time because of the following:
 - Termination of employment with the Town.
 - A suspension without pay.
 - Failure to make required contributions or provide required written physician statement.
 - Fraud or misrepresentation in requesting or use of SLB time.

Effective:

This policy is hereby adopted by the Selectboard of the Town of Randolph, Vermont, this 21st day of April, 2015, and is effective as of this date until amended or repealed.

Tini Brassard
Tini Brassard

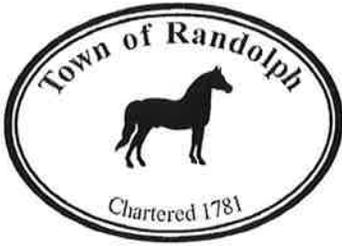
Ross Evans

Larry Richburg
Larry Richburg

Marjorie Ryerson
Marjorie Ryerson
Tom Schersten
Tom Schersten

RANDOLPH TOWN CLERK'S OFFICE
Received for Filing

April 22 A.D. 2015
at 8 o'clock 30 minutes AM
Attests Janet L. Maynard
Town Clerk



TOWN OF RANDOLPH, VERMONT

Employee Enrollment or Donation of Sick Leave Bank Time

EMPLOYEE: _____
(print)

DATE: _____

NUMBER OF HOURS: _____

DONATION: INITIAL ____ SUBSEQUENT ____

Eligibility Requirements:

1. Initial enrollment requires a donation at least 40 hours within a calendar year before one can draw from the Sick Leave Bank.
2. Subsequent yearly donations of at least 16 hours.
3. Must maintain 40 hours in your own personal account.
4. Form must be returned to the Human Resources Director.

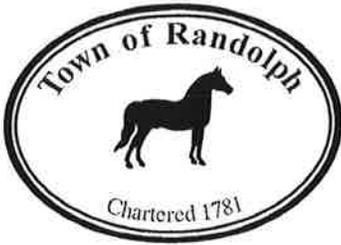
Employee Signature

For Sick Leave Bank Committee Use Only

Received by Human Resources Director: _____
Date

Reviewed by Sick Bank Committee: _____
Date

Hours added to Sick Bank spreadsheet: By: _____ Date: _____
(Initials)



TOWN OF RANDOLPH, VERMONT

Employee Request for Sick Leave Bank Time

To: Sick Leave Bank Committee
From: _____
Date: _____

I, or an immediate family member for whom I am the primary caregiver or can claim as a dependent, has experienced a serious non-work related medical condition. I have exhausted all of my leave time (sick, vacation, personal and comp time) which will result in me not to receive any income from the Town of Randolph. To help my family and enable me to receive a paycheck, I would like to request a donation of sick leave time from the Sick Leave Bank.

Please return this form to the Human Resources Director.

Employee Signature

For Sick Leave Bank Committee Use Only

Received by Human Resources Director: _____
Date

Reviewed by Sick Leave Bank Committee: _____
Date

Physician Note Received On: _____ Probable Duration of Condition: _____

Is Medical Condition Pregnancy: Yes _____ No _____

Is Employee unable to perform any of his/her job functions due to condition? If so, identify:

Number of Hours Requested: _____ Number of Hours Approved: _____

Sick Bank Spreadsheet Updated: By: _____ Date: _____