

*"Keep Orlando a safe city by reducing crime and maintaining livable neighborhoods."*

**ORLANDO POLICE DEPARTMENT POLICY AND PROCEDURE**

**1622.2, SICK LEAVE BANK**

EFFECTIVE:	2/25/14
RESCINDS:	1622.1
DISTRIBUTION:	ALL EMPLOYEES
REVIEW RESPONSIBILITY:	SICK LEAVE BANK COMMITTEE CHAIRPERSON
ACCREDITATION CHAPTERS:	NONE
CHIEF OF POLICE:	ORLANDO ROLON

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**PURPOSE:**

The purpose of this directive is to establish a procedure for the creation and maintenance of a Sick Leave Bank to assist participating sworn employees faced with a non-duty related illness over a prolonged period of time, and who have exhausted all personal leave, compensatory time and sick leave individual account time. The Sick Leave Bank will provide additional sick leave time available to participating members of the Sick Leave Bank who have exhausted all of their leave and are in need of additional support.

**PROCEDURES:**

**1. PARTICIPATION**

Membership in the Sick Leave Bank is voluntary and is available to all police civil service employees. A member may withdraw from membership in the bank at any time. However, no credit will be given for hours contributed. A member needs not pay back time withdrawn from the sick bank.

**2. ELIGIBILITY FOR MEMBERSHIP**

Prospective members of the Sick Leave Bank must be civil service employees for a minimum of 90 days before they are eligible for membership. Civil service employees who have separated from the Department and are subsequently rehired must be civil service employees for a minimum of 90 days before they are eligible for membership.

**3. ELIGIBILITY FOR BENEFITS**

A participating member is defined as an employee who has been a Sick Leave Bank member for a minimum of 30 days prior to the beginning of any illness or disability for which a withdrawal of sick leave time is requested. Employees who are not participating members of the Sick Leave Bank will not be eligible for Sick Leave Bank benefits.

**4. MEMBER'S CONTRIBUTIONS**

Applicants for participation in the bank shall complete a Sick Leave Bank Application for Membership form (Attachment A) authorizing the withdrawal of eight hours from either their personal leave or sick leave individual account for deposit in the

Sick Leave Bank. Civil service employees can only donate time (eight hours) to the Sick Leave Bank upon approval of their application for membership. The application forms are available in the Quartermaster Unit.

The Sick Leave Bank Application for Membership form also authorizes the bank to withdraw an additional eight hours of leave from each participating member whenever the committee determines the balance remaining in the bank reserve has been reduced to 600 hours or less based on the hourly rate of a Grade 11 Police Officer. Such contributions are mandatory in order to remain eligible for benefits.

Participating members shall not be assessed more than 16 hours of personal leave and/or sick leave individual account time per calendar year without prior approval of a majority of the membership itself.

## **5. SICK LEAVE BANK COMMITTEE**

The following procedures pertain to the Sick Leave Bank Committee.

### **5.1 MEMBERSHIP COMPOSITION**

The Sick Leave Bank Committee will be comprised of five participating members of the Orlando Police Department. Two participating members will be elected at large by the membership of the bank. Three participating members will be appointed by the Chief of Police.

### **5.2 REQUIREMENTS FOR COMMITTEE MEMBERSHIP**

All members of the committee must be civil service employees and participating members of the Sick Leave Bank.

### **5.3 FREQUENCY OF ELECTIONS AND APPOINTMENTS**

The elected representatives will be elected by the membership every two years at the beginning of the City's fiscal year. The appointed participating members will be selected by the Chief of Police on the same two-year cycle.

### **5.4 FILLING VACATED COMMITTEE POSITIONS**

In the event an elected participating member withdraws from the committee, the remaining committee members will appoint a new participating member until the end of the fiscal year. Should an appointed member be unable to fulfill his/her duties as a participating member of the committee, the Chief of Police will appoint a new participating member to assume the position until the end of the fiscal year.

### **5.5 CONDUCTING ELECTIONS**

The Chief of Police shall appoint a committee or designee to conduct elections for the Sick Leave Bank Committee and to certify the results of the election.

### **5.6 SELECTION OF COMMITTEE CHAIRPERSON**

The committee chairperson will be elected by the committee and will serve for a one-year term.

### **5.7 GUIDELINES FOR COMMITTEE MEETINGS**

The committee will meet and conduct business in the following cases:

- a. Review applications for membership in the Sick Leave Bank.
- b. Review applications for withdrawal of leave time.
- c. Meet at least four times in each fiscal year and any time the committee chairperson or a majority of the committee expresses a desire for a meeting.

Meetings are to be held at the request of the chairperson, who will specify the location.

Four participating members are required to have a quorum necessary for the rulings. However, at least three participating members must agree in order to reach a ruling. Should the vote be two to two, the fifth participating member will be contacted for his/her vote. This vote shall be submitted in writing. If his/her vote makes it three to two, then the ruling is made. If an agreement cannot be reached by the committee, the participating members of the Sick Leave Bank will be

requested to reschedule the meeting for another date within five (5) days.

## 6. RECORDS

The Committee Chair shall maintain all records of Committee business for a minimum of four years. Such records shall be forwarded to each subsequent Chair.

The Civil Service Section personnel shall maintain records of contributions and withdrawals from the Sick Leave Bank.

It will be the committee's responsibility to notify Civil Service on the status of the Sick Leave Bank.

## 7. APPLICATION FOR SICK LEAVE WITHDRAWAL

Applicants for sick leave withdrawal shall complete an Application for Sick Leave Withdrawal form (Attachment B), which shall contain the following information:

- a. Name and employee number of the applicant.
- b. The nature of the illness, injury and disability, and the date it began.
- c. The number of sick leave hours requested.
- d. The dates of the sick leave days requested.
- e. A list of the sources that may compensate the applicant for income loss during this sick leave.

The applicant must sign the form giving authorization to the Sick Leave Bank Committee to communicate with any source from which the applicant may receive compensation for the sick leave time. At least two sworn members of the Department must witness the applicant's signature, and must place their names and addresses on the form in the appropriate spaces.

The application for sick leave shall be accompanied by:

- a. A physician's statement describing the illness or disability and the estimated length of time until the employee returns to work.
- b. A statement from the Budget/Payroll Unit certifying the employee has no personal, sick, or compensatory leave credit or a statement indicating the current balance of the employee's personal leave, compensatory time, or sick leave individual account time.

Failure to provide the information as requested on the application will be grounds for denial. These forms will be available in the Quartermaster Unit.

## 8. GUIDELINES FOR SICK LEAVE WITHDRAWAL

The following is a set of guidelines for withdrawal of Sick Leave Bank time.

### 8.1 DEPLETION OF ALL SOURCES OF LEAVE TIME

A participating member must use all of his/her personal leave, compensatory time, and sick leave individual account time to receive time from the Sick Leave Bank. A participating member shall submit the Sick Leave request prior to being in a "No Pay" status before submitting the Application for Sick Leave Withdrawal form to the Sick Leave Bank Committee. Any hours lost as a result of going into a "No Pay" status will not be reimbursed by the Sick Leave Bank.

Should a participating member acquire an illness, injury, or disability while on personal leave, the remainder of the personal leave, compensatory time, and sick leave individual account time must be utilized before applying to the Sick Leave Bank.

### 8.2 MAXIMUM TIME THE BANK MAY AWARD

A participating member may receive up to the maximum of 520 hours as needed for the same period of illness, injury, or disability.



### 8.3 AWARDS OF LEAVE TO SUPPLEMENT WORKERS COMPENSATION

An employee who has met the criteria outlined in Section 8.1 and is eligible for compensation benefits of a Workers' Compensation Insurance carrier shall be eligible to receive limited Sick Leave Bank benefits. The Committee shall determine the computation of the salary payable to the nearest full hour of the approved Sick Leave Bank withdrawal. Maximum payment of the approved Sick Leave Bank withdrawal and the amount payable by the Workers' Compensation carrier shall not exceed the employee's regular salary for that period.

### 8.4 CARING FOR SICK RELATIVES

Sick time may be granted for illnesses or injuries directly suffered by participating members, but shall not be granted for participating members who wish to care for sick relatives or dependents.

### 8.5 REFUSAL TO PERFORM RESTRICTED DUTY

An employee who the City physician determines is physically able to perform restricted duties and who refuses to perform such duties shall forfeit the right to Sick Leave Bank benefits and shall have their membership permanently terminated by a majority vote of the Sick Leave Bank Committee. Such employees are never eligible to reapply for membership.

## **9. ABUSE OF SICK TIME**

The Sick Leave Bank Committee will use the following guidelines concerning abuse of sick time when considering applications for sick leave withdrawal from the bank.

### 9.1 ABUSE OF MEMBER'S OWN SICK LEAVE

Demonstrated and documented abuse and/or misuse of a participating member's own sick time or unscheduled personal leave can be used by the committee to deny withdrawal of time from the bank. Factors and evidence that may be considered by the committee shall include, but not be limited to the following:

- a. Work record (e.g., personnel files, payroll files).
- b. Length of service.
- c. Job assignments.
- d. Witnesses called by the Committee.
- e. Medical records (i.e., doctor records, hospital records) of prior medical conditions resulting in absence from duty.
- f. Witnesses and evidence submitted by the requesting member.
- g. Use of unscheduled personal leave or sick leave for illness when the employee is not ill.

### 9.2 ABUSE OF SICK LEAVE AWARDED BY THE BANK

Should the Sick Leave Bank Committee become aware of a participating member abusing sick time received from the bank, that person will be required to explain to the Committee the circumstances surrounding the questioned abuse. In the event that previously granted sick time is withdrawn, a participating member can appeal such decisions as outlined in the following section.

## **10. APPEALING SICK LEAVE BANK COMMITTEE DECISIONS**

A participating member who has been denied leave withdrawal from the Sick Leave Bank may appeal the decision. A written appeal to the Chief of Police shall be made within ten (10) days of the final decision of the Committee. Upon receipt of the appeal, the Chief of Police shall arrange within five (5) days to review the appeal during a special meeting of the Sick Leave Bank Committee. The Chief of Police shall have the authority to affirm, reverse and/or modify the decision of the Sick Leave Bank Committee and shall issue a written decision within five (5) days of review.

If the participating member is still aggrieved after the decision of the Chief of Police, the participating member can proceed to arbitration in accordance with the Arbitration Code, Chapter 682 of the Florida Statutes, with the provision that the party not prevailing must pay all costs, fees, and expenses of the arbitration.

ATTACHMENT A

ORLANDO POLICE DEPARTMENT  
SICK LEAVE BANK  
APPLICATION FOR MEMBERSHIP

NAME OF APPLICANT: \_\_\_\_\_ EMPLOYEE # \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ DOH: \_\_\_\_\_

I hereby apply for membership in the Sick Leave Bank of the Orlando Police Department, City of Orlando.

Upon acceptance of this application by the Sick Leave Bank Committee, I hereby authorize the withdrawal of eight hours from leave time accrued to my credit. The subsequent withdrawal of eight hours of leave from my account is further authorized whenever the committee determines the bank reserve has been reduced to 600 hours or less.

Deduct from my accrued:

- Personal Leave
- Sick Leave Individual Account

Signed: \_\_\_\_\_

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

Approved

Disapproved

Sick Leave Bank Committee

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

ATTACHMENT B

ORLANDO POLICE DEPARTMENT  
APPLICATION FOR SICK LEAVE WITHDRAWAL

TO: SICK LEAVE BANK COMMITTEE DATE: \_\_\_\_\_  
NAME: \_\_\_\_\_ EMPLOYEE #: \_\_\_\_\_

DATE OF ILLNESS, INJURY OR DISABILITY AND NATURE THEREOF:

SICK LEAVE HOURS REQUESTED: \_\_\_\_\_ FOR PAY PERIOD (DATES): \_\_\_\_\_

Sources other than the Sick Leave Bank from which I may be entitled to compensation for the sick leave time requested (include Workers' Compensation):

NAME	ADDRESS

- Should I receive compensation from another source other than the Sick Leave Bank for any of the time received from the bank, I hereby agree to repay the bank within five working days of the receipt of such compensation by check payable to the City of Orlando for an amount of money equal to the compensation received (but not exceeding the amount of salary received from the City for the said time). The money repaid will be converted to sick leave hours and returned to the bank.
- I hereby authorize the Sick Leave Bank Committee to communicate with any source from which I may receive compensation for the sick leave time I am requesting from the bank. This is to further authorize the source to whom the Sick Leave Bank Committee communicates to provide the committee with any information regarding potential compensation to which I may be entitled, or compensation received from the source for time requested from the bank.

\_\_\_\_\_  
(SICK LEAVE BANK MEMBER) (DATE)

WITNESSES (SWORN MEMBERS ONLY):

1. \_\_\_\_\_ (DATE)  
\_\_\_\_\_  
(ADDRESS)

2. \_\_\_\_\_ (DATE)  
\_\_\_\_\_  
(ADDRESS)

ATTACHMENTS REQUIRED: (1) Physician statement describing the illness or disability and the estimated length of time until the employee returns to work. (2) Statement from the Budget/Payroll Unit certifying the employee has no personal, sick, or compensatory leave credit, or a statement indicating the current balance of the employee's personal, sick, or compensatory leave credit.