

## INTRODUCTION

*The County of Sussex Employee Sick Leave Bank Policy* was drafted September 25, 2011 in an effort to provide a fair and equitable means of protecting permanent County Employees and their families who face catastrophic, serious or long term illnesses.

While sick leave is a benefit gladly given by the County of Sussex, like most public agencies, it is virtually impossible for the County to provide to each employee total health insurance and compensation for every unexpected occurrence or emergency during their individual public work career, due to the combined nature of public service work and the exorbitant and ever increasing cost of health insurance. Consequently countless communities and public agencies throughout the Commonwealth of Virginia (and the Country itself) have had to resort to more creative means of remaining competitive in the “*work market*” by assuring the many outstanding and dedicated employees who constitute the “*Public Work Force*” that their individual contributions and service to the community are valued, appreciated and protected.

The County of Sussex, Virginia, is no exception to this public need and has therefore developed and implemented a formal “*Employee Sick Leave Bank*” where employees may voluntarily share their personal benefits for the health and welfare of their fellow employees, the protection of their individual positions and finances from personal or immediate family related major medical problems as well as for the greater good of the organization.

As County Administrator, I am proud to have played a part in establishing the *County of Sussex Employee Sick Leave Bank* and would like to take this opportunity to personally thank Chairman Harris L. Parker, Vice-Chairman C. Eric Fly, Sr., and Board Members T. Wayne Birdsong, Charlie E. Caple, Jr., Wayne M. Harrell, Rufus E. Tyler, Sr. for their faith and support throughout the development and submittal process; and most importantly, I would like to thank the Employees of “*Team Sussex*” who through their daily work set such high standards and make such an enormous contribution to the health, safety and welfare of the citizens of Sussex County.

Respectfully,

Thomas E. Harris  
County Administrator

**COUNTY OF SUSSEX  
EMPLOYEE SICK LEAVE BANK POLICY**

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**SUSSEX COUNTY**  
Post Office Box 1397  
20135 Princeton Road  
Sussex, Virginia 23884

**COUNTY OF SUSSEX**

**EMPLOYEE SICK LEAVE BANK POLICY**

**I. PURPOSE**

The purpose of the *County of Sussex Employee Sick Leave Bank* is to provide permanent full-time and permanent part-time employees who are “active” Sick Leave Bank Members an additional source of paid leave days when they or their immediate family members, as defined within this Policy, are incapacitated by an extended personal illness, disability or serious health condition, as defined in accordance with the Family Medical Leave Act (FMLA), but are not eligible for Worker’s Compensation or Retirement Benefits.

**II. ELIGIBILITY FOR MEMBERSHIP**

- A.** All permanent full-time and permanent part-time employees of the County who work 20 hours or more per week, year round and who have completed their initial probationary period, will be eligible to participate in the Sick Leave Bank.
- B.** Employees meeting the requirements specified above will be eligible to join the Bank during June of each year.
  - 1.** Or within the first twenty work days following satisfactory completion of an employee’s probationary period.
  - 2.** Or at such times as are determined necessary by the County Administrator to maintain a minimum sick leave balance of three hundred and twenty (320) hours.
  - 3.** Or at such times employee membership does not equal one-half of the total County employees.

### III. TERMS OF MEMBERSHIP

- A. Membership in the *County of Sussex Employee Sick Leave Bank* is voluntary.
- B. In order to participate in the Bank, each employee will be required to submit, in writing, an Application for Sick Leave Bank Membership within twenty (20) work days prior to satisfactorily completing their probationary period or during the month of June. The application requires that said employee must contribute personal sick and/or annual leave hours equal to a minimum of eight hours. Once completed, participation in the Sick Leave Bank will begin as of July 1.
  - 1. If an employee joins following satisfactory completion of his/her probationary period, participation will begin as of the first day of the first full pay period following the successful completion of his/her probationary period.
- C. Each July 1 thereafter, each participating employee who wishes to continue in the program will be required to contribute a minimum of eight (8) additional hours of sick or annual leave to the Bank. The County Administrator will determine the need and extent of all future contributions. The County Administrator is empowered to require a special assessment of eight (8) or more hours per Fiscal Year from each participating employee, if the Bank balance falls below one half (1/2) of the total number of County employees or the total sick bank leave hours fall below three hundred and twenty (320) hours at any time during the year. When a special assessment is required, members will have the option to cancel their membership. A member not wishing the special assessment may terminate membership in the bank by sending a written statement to the Chairperson of the County Employee Sick Bank Review Committee in care of the County Administrator within thirty (30) calendar days from the date of notice. A member who has no sick or annual leave to contribute at the time of assessment shall be assessed the sick/annual leave (total hours) and have them subsequently accumulated. Any member drawing leave from the Bank will be exempted from the assessment, but will be required to accumulate leave at a later date.
- D. Membership in the Bank is continuous and sick/annual leave will be contributed from the employee's accrued sick or annual leave as outlined above, unless the employee completes a *Termination of Sick Leave Bank Membership Form* and returns it to the County Administrator's Office before July 1.
- E. All employees applying for Sick Leave Bank Membership agree to permit the *Employee Sick Leave Bank Review Committee* to obtain for review all pertinent leave records and medical information.
- F. The Employee Sick Leave Bank will carry over its total balance of hours from one fiscal year to the next.

- G.** Members utilizing sick leave hours from the Bank will not have to replace these hours except as a regular contributing member of the Bank.
- H.** Upon termination of employment or withdrawal of membership, a participating employee will not be permitted to withdraw his/her contributed hours.
- I.** Upon severance or retirement any employee may donate their unused sick leave to the Sick Leave Bank up to a maximum of forty (40) hours.

**IV. DISABILITY BENEFITS**

- A.** An employee may draw his/her regular base salary from the Bank for a maximum of three hundred and twenty (320) hours during any continuous twelve month period starting on the first day he/she starts drawing from the Sick Leave Bank. The employee would become eligible to again draw on the Bank one year from the last day he/she used the Sick Leave Bank.

Upon special appeal, providing at least three hundred and twenty (320) uncommitted hours are available in the Sick Leave Bank at the time of approval, the one year waiting period may be waived by the Review Committee and Section V. Eligibility for Benefits, Part A.1 will be followed.

- B.** An employee drawing sick leave from the Bank will not be expected to replace it.
- C.** An employee will not accrue sick or annual leave while drawing hours from the Sick Leave Bank.

**V. ELIGIBILITY FOR BENEFITS**

- A.** The first consecutive four weeks (160 hours) of each personal illness or disability must be covered by the member's own accumulated sick, annual or compensatory leave. This waiting period will begin on the first day the employee is absent from work as a result of the disability.

- 1.** If a Member Employee does not have the required 160 hours of combined sick/annual /compensatory hours an emergency request may be submitted to the Chairperson of the Sick Leave Bank Review Committee in care of the County Administrator for review and approval by the Sick Leave Bank Review Committee.

- B.** In all circumstances a member must exhaust all individually accrued sick leave hours, all annual leave hours, and all compensatory leave hours before withdrawing leave from the Bank.

- C. A member must make application for use of the Sick Leave Bank entitlement and be approved by the Sick Leave Bank Review Committee ...and therefore please understand that it is not automatic.
- D. The Sick Leave Bank member, or someone on his/her behalf, must submit an Application for Withdrawal of Sick Leave Bank Days and a Physician's Certification of Disability Form to the Chairperson of the Sick Leave Bank Review Committee through the County Administrator. This certificate must contain the nature of the illness or disability, a statement that the member is totally unable to work as a result of the illness or disability and the approximate length of absence. If an application is made due to the needs of an immediate family member all relevant and comparable information must be provided to the Review Committee (see V – G).
- E. Additional physician certification or documentation may be required by the Review Committee as necessary. (Failure to submit any requested physician's certification/documentation may result in the denial of Sick Leave Bank benefits.)
- F. If a member suffers a relapse or recurrence of the original illness or disability which initiated utilization of the Bank, and has/had not used all of the eight (8) week three hundred and twenty (320 hours) maximum authorized, with proper documentation the member need not meet another waiting period to draw upon the Bank.
- G. The Sick Leave Bank may also be used by an enrolled employee in good standing for an illness or injury of an immediate family member of the enrolled employee. "*Immediate Family Member*" means spouse, parent, son, daughter, brother, sister, grandparents, grandchild, step children, step parents, guardian and same relatives for spouse. Said illness or injury shall be certified by a physician on proper forms.
- H. Members may withdraw leave from the Bank (upon Review Committee approval) for maternity purposes if the pregnancy is termed "*complicated.*" Complicated shall mean that the member/spouse etc. is unable to perform normal duties and is both confined and the condition is certified by a physician on proper forms.

## VI. EXCLUSIONS, LIMITATIONS AND TERMINATION OF BENEFITS

- A. Disabilities resulting from the following will be excluded from eligibility for Sick Leave Bank benefits:
  1. Any occupational-related accident or illness for which Worker's Compensation benefits are payable.
  2. Intentionally self-inflicted injuries.
  3. Injury occurring in the course of committing a felony or assault.

4. Horseplay or intoxication by alcohol or drugs while at work, or failure to obey instructions or to use safety devices while at work.
  5. Service in the Armed Forces.
  6. War, insurrection, rebellion or active and illegal participation in a riot.
  7. Cosmetic surgery or treatment, or surgery or treatment not deemed necessary by a physician.
- B.** No Sick Leave Bank benefits will be payable for that portion of any period of disability when the disabled employee is confined in a Penal or Correctional Institution as a result of conviction for a criminal or other public offense.
- C.** The granting of Sick Leave Bank benefits for any period of disability caused by nervous or mental diseases or disorders, alcoholism or drug addiction or chemical dependence will be limited to a total period of sixty (60) days annually unless the participating employee is confined in a legally constituted and approved hospital, clinic or detox facility.
- D.** Pre-Existing Conditions (Charter Members and their Immediate Family Members excluded) may be considered when determining eligibility for Sick Leave Bank use by members. As such, disabilities arising within the first year of participation and attributable to a pre-existing condition may be excluded from the bank. Pre-existing conditions are those conditions for which medical advice or treatment was received during the twelve (12) month period prior to the effective date of the employee's participation in the Sick Leave Bank.
- E.** A participating employee will immediately lose the right to use Sick Leave Bank benefits because of the following:
1. Termination, resignation or severance from Employment with the County.
  2. Suspension without pay.
  3. Voluntary cancellation of participation in the Sick Leave Bank.
  4. Failure to make required contributions or to provide required Physician Certification or requested documentation.
  5. Any abuse or misuse of the Employee Sick Leave Bank Policy.
  6. Any misrepresentation of fact before, during or after the utilization of Sick Leave Bank benefits.
  7. Exhaustion of Sick Leave Bank days.

## **VII. ADMINISTRATION**

- A.** The Sick Leave Bank will be administered through the County Administrator by a Review Committee of seven (7) County employees. The Review Committee will be comprised of one (1) member each from the Environmental Inspections, Building and Grounds, Animal Control, Housing Department, Planning Department, Building Department and one from (combined) the County Administration Office or Public Safety Department. The Review Committee shall

be chaired the first year by the designated representative from the County Administration Office/Public Safety and henceforth by one of the Committee Members with the Chairmanship rotating annually each January 1. The Administration Office/Public Safety, Animal Control, Housing Department and Planning Department will begin with a two-year term and the remaining Members will begin a one-year term on January 1, 2012. Upon expiration of the original term of office, each succeeding term shall be for two (2) years and future membership positions seven (7) to the *County of Sussex Employees Sick Leave Bank Review Committee* shall be open to all participating County Departments and Constitutional Offices, Department of Social Services and Registrar's Office if they individually or collectively participate in the program.

1. Members may succeed themselves if no one else desires to serve on the committee although every effort will be made to rotate representation between all participating County Department/Offices et.al.
2. Vacancies due to removal, resignation or termination shall be reported to the County Administrator and shall be filled as original appointments, except that the term of office is restricted to the unexpired term of office.
3. Any modifications, changes or additional policies or rules developed and recommended by the Review Committee must be submitted to the County Administrator for final disposition.
4. All requests for Sick Leave Bank benefits shall be made on authorized forms and submitted to the Review Committee via Department Heads. The request forms and support documentation (as needed) are to be addressed to the Chairperson: *County of Sussex Employee Sick Leave Bank Review Committee* C/O (in care of) the County Administrator.
5. Each request for Sick Leave Bank benefits shall be made on the appropriate form including a signed physician certification with all appropriate documentation confirming the cause of the illness or accident and certifying the existence of a disability which prevents the participating employee from performing assigned duties.
6. All forms for application for participation in the Bank, requests for withdrawal of Bank hours, and/or cancellation of participation shall be available from the County Administrator's Office.
7. Applicants may submit requests for an extension of benefits before the expiration of their current requests.

**B. The Department Director shall:**

1. Receive Employee Sick Leave Bank applications from Department employees within their Department/Agency/Office.
2. Review and complete the *Employee Sick Leave Bank Application Form*, as needed. If applicable, the Department Director should sign the form where appropriate.
3. The Department Director is responsible for forwarding the completed Sick Leave Bank Application to the County Administrator (addressed to the Chairperson of the Review Committee) within three (3) working days of receiving the completed application.
4. The Department Director is responsible for notifying the Chairperson of the Review Committee through the County Administrator immediately of any change in the employee's Sick Leave Bank Application.

**C. The Review Committee shall:**

1. Review all applications for Bank use, ensure that they meet Bank policy guidelines and recommend approval or denial of the request. The Review Committee must meet as a group to discuss and determine the decision on every request submitted.
2. Each Committee Member will have an equal vote in determining a decision. A quorum of four (4) members must be present for voting to take place.
3. Respect the right to privacy of those individuals who made application for use of the Sick Leave Bank.
4. Not vote on his/her own Sick Leave Bank request.
5. Review and/or recommend revisions to Bank policy as appropriate.
6. A representative from the Office of the County Administrator/Public Safety shall serve the first year as Chairperson and henceforth as a voting member of the Review Committee.
  - a. The Chairperson of the Review Committee (or designee) will interact as necessary with the County Administrator in the operation of the Sick Leave Bank.
7. An employee who is eligible for any other loss of time benefits (disability retirement, workers' comp., etc.) will be encouraged to apply for such benefits by the Review Committee. Regardless of other benefits, however, under no circumstance may the *County of Sussex Employee Sick Leave Bank* be used in conjunction with or in addition to any other loss of time benefit without

explicit approval by the **Board of Supervisors** following recommendation by the County Administrator.

**D. The Deputy County Administrator shall:**

1. Compile a list of members interested in serving on the Review Committee from those indicating an interest on their Application for Sick Leave Bank Membership form.
2. The Deputy County Administrator shall review with the Chairperson (if not the same), rule and then recommend to the County Administrator whether the Review Committee's decisions are in conflict with the County's sick leave or other leave policies, with any County Personnel Policy and finally is consistent with the rules and regulations of the Sick Leave Bank.
3. Notify the County Administrator and Payroll Department/Clerk to effect Sick Leave Bank payments and to effect Sick Leave Bank approvals.

**E. The Payroll Department shall:**

1. Maintain records of all participating employee contributions, withdrawals, and the status of the Bank.
2. Report the status of the Bank on June 30 and December 30 as well as any time upon the request of the County Administrator and shall provide him/her information with respect to any participating employee's contribution status or prior use of Bank benefits.
3. Effect Sick Leave Bank payments as directed and account for Sick Leave Bank usage as taken.

**F.** All applications for participation in the Bank, requests for withdrawal of Bank days, and/or cancellation of participation will be available through the County Administrator's office.

**G.** The contribution of sick leave days by participating permanent full-time employees will be in hours and the use of Bank days will be hours payable at the rate of 100% of eligible daily earnings. The contribution of permanent part-time employees defined in **II (A)**, will also be in hours; prorated according to the average hours worked per week, and the benefit payable to the Bank will be identical to the contribution.

**H.** Decisions of the Review Committee may be appealed to the County Administrator within fourteen (14) calendar days of receipt of the decision.

- I. Final authority for Sick Leave Bank administration rests with the County Administrator.

## **VIII. TERMINATION OR MODIFICATION OF THE SICK LEAVE BANK**

- A. The County of Sussex fully intends to continue the Bank as a permanent employee benefit. However, it may become necessary to terminate or modify the Bank for reasons including, but not limited to, termination by law or by the County Administrator on the opinion of the State Attorney General's Office, failure of one-half (1/2) of eligible County employees to contribute to the Bank or the total Bank sick leave hours fall below the minimum balance of three hundred and twenty (320) hours for more than six (6) consecutive months. Therefore the County reserves the right to terminate or to make necessary modifications to the Employee Sick Leave Bank as needed, and shall not be held responsible to anyone then eligible or who may be or become eligible to participate in the Bank.
- B. If the Bank were to become inoperative, the sick/annual/compensatory leave days remaining in the Bank at that time shall be distributed according to the following priorities:
  - 1. First, to the bank members then drawing sick leave days from the Bank, until all unused sick leave hours are exhausted or until the member has received the maximum allowable entitlement from the Bank.
  - 2. Second, to those bank members who have applications pending decision at the time the Bank becomes inoperative, and who are subsequently ruled eligible for benefits under the terms of this Policy, until the limits described in 1, above are reached.
  - 3. Third, assuming 1 and 2 above are not applicable or have been met, then the benefits remaining in the Bank shall be returned to its members prorated in direct proportion to their individual contributions.

## **IX. FINANCING**

The participating employees will bear the benefit cost of the Bank through their annual contribution of sick/annual/compensatory leave days provided to them at no cost by the County under the current sick/annual/compensatory leave accrual plan. The County will bear the necessary administrative cost to the Sick Leave Bank.

## **X. POLICY AMENDMENT**

This policy may be amended upon recommendation of the Review Committee provided.

- a. That a simple majority of active members approve such amendment. Voting shall be by written secret ballot. A member who does not return a ballot within five (5) days of its receipt shall be deemed to have abstained from voting.
- b. The County Administrator approves and forwards the proposed amendment to the Board of Supervisors; and
- c. The **Sussex County Board of Supervisors** approves (or disapproves) the amendment once submitted by the County Administrator.

Adopted: November 17, 2011

# **FORM A:**

## **Application for Sick**

## **Leave Bank Membership**



**FORM B:**  
**County of Sussex Employee**  
**Sick Leave Bank**  
**Accumulation/Use Form**



# **FORM C:**

**County of Sussex**

**Application for use of Sick Leave Bank Hours**

**SUSSEX COUNTY**

Post Office Box 1397  
20135 Princeton Road  
Sussex, Virginia 23884

**COUNTY OF SUSSEX  
EMPLOYEE SICK LEAVE BANK  
APPLICATION FOR USE OF SICK LEAVE BANK HOURS**

**IMPORTANT: READ CAREFULLY BEFORE COMPLETING APPLICATION**

**NOTE: SUPERVISORS ARE ENCOURAGED TO RENDER ASSISTANCE TO ANY EMPLOYEE IN COMPLETING THIS FORM**

To file for withdrawal of Sick Leave Bank hours, you must complete this application form. The Physician’s Certification of Disability Form is to be completed by a licensed and practicing Physician. It is your responsibility to provide the Review Committee with any information requested. Incomplete forms will delay the processing of your claim. You must apply while you are still employed in a permanent full-time or permanent part-time position. To be eligible to withdraw days from the Bank, you must be an active member, and have exhausted all sick leave, annual leave, and compensatory leave. Pursuant to Adopted Employees Sick Leave Bank Policy.

1. Name: \_\_\_\_\_  
Last First Middle

2. Address \_\_\_\_\_

3. Phone ( ) \_\_\_\_\_ 4. Social Security No. \_\_\_\_\_

5. Employment Date \_\_\_\_\_ 6. Position/Title \_\_\_\_\_

7. Department \_\_\_\_\_

8. Length of employment in the above type work \_\_\_\_\_

9. Last date you worked \_\_\_\_\_

10. Describe the duties of this job \_\_\_\_\_

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

**11.** How does your disability now prevent you from performing this job? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**12.** Has your disability resulted from any of the following? (Check YES or NO)

- a.** Any occupationally related accident or illness for which Worker's Compensation benefits are payable? [ ] YES [ ] NO
- b.** Intentionally self-inflicted injuries? [ ] YES [ ] NO
- c.** Injury occurring in the course of committing a felony or assault? [ ] YES [ ] NO
- d.** Service in the armed forces? [ ] YES [ ] NO
- e.** War, insurrection, rebellion, or active and illegal participation in a riot? [ ] YES [ ] NO
- f.** Cosmetic surgery, or treatment, or surgery or treatment not deemed necessary by physician? [ ] YES [ ] NO

**13.** Explain fully all YES answers to questions in item 12. Identify each question by letter. Attach additional sheets if necessary. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 14.** Did your job at the time of your disability involve:
- a.** The use of machines, tools or equipment? [ ] YES [ ] NO
  - b.** Technical knowledge or special skills? [ ] YES [ ] NO
  - c.** Any special supervisory skills? [ ] YES [ ] NO

**15.** Explain all YES answers to questions in item 14. Identify each question by letter.  
\_\_\_\_\_  
\_\_\_\_\_

16. How many days have you lost from work during the past year because of this or any other disability/reason? \_\_\_\_\_

Explain: \_\_\_\_\_

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17. Are you making application for retirement from a disability which is compensable under the Virginia Workers' Compensation Act? [ ] YES [ ] NO

18. Have you filed for Workers' Compensation benefits? [ ] YES [ ] NO  
(If YES, attach a copy of the decision)

19. Have you filed a claim for Social Security benefits? [ ] YES [ ] NO  
(If YES, attach a copy of the decision)

20. Have you filed a claim for unemployment compensation? [ ] YES [ ] NO  
(If YES, date claim filed \_\_\_\_\_.)

21. Have you filed a claim for disability retirement? [ ] YES [ ] NO  
(If YES, attach a copy of the decision).

22. Has your doctor told you to restrict your activities in any way? [ ] YES [ ] NO  
(If YES, state the name of the doctor and those restrictions)

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23. List the names and address of the physicians currently or most recently treating you.

**Name of Physician:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**Name of Physician:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**Name of Physician:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**24.** Have you been hospitalized or treated at a clinic for your disability?  YES  NO

If YES, give name and address of hospital or clinic: \_\_\_\_\_

\_\_\_\_\_

**a.** Were you an inpatient? (Stayed at least overnight?)  YES  NO

Date(s) of admission: \_\_\_\_\_

Date(s) of discharge: \_\_\_\_\_

**b.** Were you an outpatient?  YES  NO

Date(s) of visits: \_\_\_\_\_

Name of Hospital or Clinic: \_\_\_\_\_

\_\_\_\_\_

**c.** Type of Treatment Received: \_\_\_\_\_

\_\_\_\_\_

**25.** If you have been in other hospitals/clinics for your illness, list the names, addresses, dates and reasons: \_\_\_\_\_

\_\_\_\_\_

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

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

**FORM D:**  
**Medical Release Form**

**SUSSEX COUNTY**



# **FORM E:**

## **Review Committee Approval Form**

**SUSSEX COUNTY**  
Post Office Box 1397  
20135 Princeton Road  
Sussex, Virginia 23884

**COUNTY OF SUSSEX REVIEW COMMITTEE APPROVAL FORM**

**Employee Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

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

**Date Requested:** \_\_\_\_\_ **Date Committee Approved/Disapproved:** \_\_\_\_\_

**Request:** \_\_\_\_\_ **Approved** \_\_\_\_\_ **Disapproved**

**Committee Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature/Chairperson**

\_\_\_\_\_  
**Date**

**cc:** County Administrator  
County Attorney

# **FORM F:**

## **Physician's Certification of Disability**



# **FORM G:**

## **Termination of Sick Leave Bank Membership**

**COUNTY OF SUSSEX**



# **FORM H:**

## **Serious Health Condition**

**“Serious Health Condition”**  
**Definition under Family and Medical Leave Act of 1993**

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A “*serious health condition*” of a family member is defined in the FMLA regulations as any illness, injury, impairment or physical or mental condition that involves one of the following:

**1. Hospital care:** this means inpatient care (that is, an overnight stay) in a hospital, hospice or residential medical care facility, including any period of incapacity or subsequent treatment in connection with or consequent to such inpatient care.

**2. Absence plus treatment:** A period of incapacity of more than three consecutive calendar days (including any subsequent treatment or period of incapacity relating to the same condition), that also involves:

**a. Treatment two or more times** by a health care provider, by a nurse or physician’s assistant under direct supervision of a health care services (e.g., physical therapist) under orders of , or on referral by, a health care provider; or

**b. Treatment** by a health care provider on at least one occasion which results in a regiment of continuing treatment under the supervision of the health care provider.

**3. Pregnancy:** Any period of incapacity due to pregnancy, or for prenatal care.

**4. Chronic conditions requiring treatments:** A chronic condition which

**a. Requires periodic visits** for treatment by a health care provider, or by a nurse or physician’s assistant under direct supervision of a health care provider.

**b.** Continues over an extended period of time (including recurring episodes of a single underlying condition); and

**c.** May cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy).

**5. Permanent/long-term conditions requiring supervision:** A period of incapacity which is permanent or long term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by a health care provider. Examples include Alzheimer’s, a severe stroke, or the terminal states of a disease.

**6. Multiple treatments (non-chronic conditions):** Any period of absence to receive multiple treatments (including any period of recovery there from) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment such as cancer (chemotherapy, radiation, etc.), severe arthritis (physical therapy), kidney disease (dialysis).