

PANOLA COLLEGE
CATASTROPHIC SICK LEAVE POOL
POLICY AND PROCEDURES

PANOLA COLLEGE CATASTROPHIC SICK LEAVE POOL

General: The Panola College Catastrophic Sick Leave Pool is funded “by employees for employees” and is administered by the Office of Human Resources. The sick leave pool exists and continues through the generosity and deposits of full-time Panola College employees.

Catastrophic Sick Leave Pool Guidelines

The pool is a secondary source of paid sick leave available to full-time employees who have exhausted all other paid leave (i.e. vacation, sick, etc). Qualifying rules pertaining to the pool include:

1. The employee must be full-time with at least six months of service, and
2. The employee or an immediate family member (as defined in Board Policy DEC (LOCAL)) must have a “catastrophic” condition or combination of conditions that affect their mental and/or physical health. Catastrophic is generally defined as a condition that is severe, long-term, renders the individual unable to work and would qualify the individual for disability insurance, and
3. The condition must be treated by a licensed practitioner for a prolonged period of time (20 consecutive calendar days or more), and
4. The employee must exhaust all earned leave from the College, and
5. The leave may be requested for a pregnancy with severe complications, and/or
6. The leave is not requested for an injury or illness related to a workers compensation claim.

Contributions to the Pool

Full-time employees may contribute on a voluntary basis from their earned sick leave. Contributions are made in August of each year by completing the “Sick Leave Pool Contribution Form” form provided by the Office of Human Resources. These election forms must be completed annually and will be made available at the beginning of each fall semester.

Employees can contribute a minimum of one (1) day and a maximum of five (5) days to the pool annually. This leave will be deducted from the employee’s earned sick leave on or before August 31st by Human Resources and credited to the pool.

Review Committee

A review committee, appointed by the President on an annual basis, will consist of the Director of Human Resources as chair, an administrator, a professional employee, an instructor, and a support staff employee. This committee will review all requests of the sick leave pool and determine the need. Requests will be reviewed and processed within ten (10) working days from the date it is received. The committee chair will have the responsibility to notify the applicant in writing of the committee's decision.

Sick Leave Usage from the Pool

1. Employees must make an application to use time from the pool.
2. Applications for leave time from the pool are approved on a first come basis and are subject to availability of contributed time.
3. No individual may be granted more than one-third of the total amount of leave time in the pool at the time of application.
4. Employees are eligible to withdraw one time during a plan year (September through August), and must make application for time from the pool on an annual basis if needed.
5. The total paid leave from the sick leave pool may not exceed 45 days (360 hours).

Procedures for Making Application to Request Leave

An eligible employee may apply for sick leave pool hours by completing the "Application for Sick Leave Pool Days" form. An Attending Physician Statement must be attached to the sick leave pool request. If the employee is applying for disability benefits, a copy of the disability form may be attached in lieu of the Attending Physician Statement. The Office of Human Resources provides these forms.

If the employee is requesting sick leave pool hours for a qualified family member, the employee must complete the "Application for Sick Leave Pool Days" form and provide supplemental information as follows:

- The relationship of the family member
- Where the family member resides
- A statement concerning to what extent and in what ways the immediate family member is dependent upon you
- Medical documentation by the Attending Physician

- The medical documentation should include the anticipated length of time the employee may be needed to provide personal care to the family member.

Upon submission, the committee will review the form for applicable benefits and eligibility. If the employee is eligible and approved, the Office of Human Resources will determine the amount of days the employee can withdraw from the pool. The amount of approved days will be withdrawn from the sick leave pool and assigned to the employee.

Returning Unused Sick Leave Pool Days

If the employee does not exhaust the leave during the episode for which sick leave pool time was requested, the unused amount will be returned to the sick leave pool. The employee is responsible for notifying the Office of Human Resources upon return to work.

PANOLA COLLEGE
Application for Sick Leave Pool Days

Name: _____

Requested leave is for: Self ____ Family Member: _

If for family member, state relationship: _____

Expected dates of absence: From _____ To _____

Nature of Injury/Illness: _____

Period of Time under Physician's Care: _____

Employee Signature

Date

Human Resources Office

Date

PANOLA COLLEGE
Sick Leave Pool Contribution Form

Name: _____

It is my desire to contribute the following amount of time from my accumulated sick leave. I understand that the Office of Human Resources will deduct the time at a rate of 8 hours per day from my accumulated time off.

1 day _____ 2 days _____ 3 days _____ 4 days _____ 5 days _____

Employee Signature

Date

Human Resources Office

Date