



## ADMINISTRATIVE POLICY & PROCEDURE MANUAL

**SECTION:** General Administration (1000)

**POLICY NO.:** 1008.2

**ADMINISTERING DEPARTMENT(S):** City Manager

**SUBJECT:** SAMP Sick Leave Pool

**Purpose:** To establish sick leave pool procedures for SAMP employees and Assistant City Attorneys of the City of Clearwater.

**Policy:** All Supervisory, Administrative, Management, Professional (SAMP) employees and Assistant City Attorneys shall be entitled to participate in a Sick Leave Pool to be used in the event of illness or injury to the employee or a member of the employee's immediate family.

The Sick Leave Pool may be used to provide paid sick leave to those employees who face significant time off without pay due to a serious illness or injury to the employee, whether job-connected or non-job-connected, or serious illness or injury to a member of the employee's immediate family requiring the personal care and attention of the employee. Leave pool time shall be granted only for time periods whereby an employee faces at least 15 workdays without pay.

**Definitions:** NA

**Administrative Repeal:** The provisions contained herein shall supersede and replace all prior policies and procedures regarding this subject.

/s/ William B. Horne

William B. Horne II, City Manager

7/26/2015

Date

Procedure: **See Attached.**

Effective Date: 4/2/2002

Amended or Reissue Date: 7/26/2015

Reference(s):

Statutes: \_\_\_\_\_ Ordinances: \_\_\_\_\_ Resolutions: \_\_\_\_\_ Legal Opinions: \_\_\_\_\_

Administering Department \_\_\_\_\_

Policy Committee \_\_\_\_\_

## **SAMP Sick Leave Pool Procedures**

A committee shall be formed and the committee shall determine the use of Sick Leave Pool days in accordance with the procedures below.

The SAMP Sick Leave Pool Committee shall consist of five SAMP employees designated by the City Manager designee and representing the various SAMP levels. A non-voting Chairperson will be designated from the Human Resources Department to provide oversight and administration. The Chair will notify Committee members of the necessity to meet and will keep meeting minutes including a record of Committee members who fail to attend Committee meetings on a regular basis. Recommendation for a member's removal from the Committee may be made to the City Manager/designee at the discretion of the Chair with the other Committee members' approval.

The Committee may recommend changes to procedures, forms, and rules deemed necessary for its effective operation. The City Manager/designee shall make the final determination on proposed changes.

The Committee shall be responsible for the administration of internal procedures to include but not be limited to the following:

The Committee shall meet whenever necessary to review requests for leave time from the pool. The Committee shall review employee needs and circumstances consistent with the provisions of the leave pool and shall by a simple majority vote determine eligibility and the amount of leave time that may be provided to the employee. The attendance of at least three Committee members shall be considered to constitute a quorum for voting purposes. In making its determination, the Committee will review the nature of the illness, hardship or injury as well as the attendance record of the employee for the prior two-year period.

SAMP employees and Assistant City Attorneys may donate days from their leave balances (vacation, floating holiday, sick, or bonus leave days) at 100% value to the leave pool at any time. All leave pool donations must be submitted on the appropriate SAMP LEAVE POOL DONATION FORM, available from department payroll preparers or Human Resources. No employee shall be permitted to donate more than three (3) days of leave per payroll calendar year to the pool. All donations of pool leave time must be in full-day increments based on the employee's full-time regularly scheduled day (i.e., either 7.5 or 8 hours). The Sick Leave Pool may be reduced in full-day increments or portions thereof, however either shall constitute one Pool Leave day for the purpose of meeting the maximum number of allowable days requested. Donations of leave time to the Sick Leave Pool are irrevocable. Pool leave time not used by the employee receiving the donated pool leave time shall be returned to the pool and all pool leave time shall be carried over to the following year. No donated pool leave time shall be refunded to the donor.

The Committee will convey reminders to the SAMP employee group requesting leave donations at periodic intervals and/or in the event that the Sick Leave Pool has an insufficient number of days to honor an employee's request for leave time.

All SAMP employees and Assistant City Attorneys shall be eligible to request leave time from the pool. All leave pool requests must be submitted on the appropriate SAMP LEAVE POOL REQUEST FORM along with a PHYSICIAN'S REPORT FORM, available from department payroll preparers or Human Resources. Upon completion, all Leave Pool Request Forms should be forwarded to the Human Resources Department. Requests for leave time from the pool shall be limited to a maximum of 60 workdays or portions thereof per illness/injury. Employees must have exhausted all other paid leave time benefits in order to be eligible to receive leave time from the pool. However, employees may apply for leave time from the pool prior to the expiration of paid

leave time benefits. Employees shall have the opportunity to explain leave pool requests to the Committee if so requested.

Recommendations for modification of this policy must be agreed to by a simple majority of the votes cast by members of the Committee.

The Committee shall show responsible judgment and act in the best interest of the SAMP employee group in the execution of the duties and responsibilities defined in this policy or in the internal procedures thereof. The Committee's decisions are final and are not grievable.

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**CITY OF CLEARWATER  
SAMP SICK LEAVE POOL DONATION FORM**

**TO:** Payroll

**FROM:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

*I voluntarily elect to donate the following number of full days (limit of 3 days total per calendar year) to the SAMP Sick Leave Pool to be used for the benefit of eligible SAMP City employees:*

\_\_\_\_\_ **Floating Holidays**

\_\_\_\_\_ **Vacation Days**

\_\_\_\_\_ **Sick Days**

\_\_\_\_\_ **Sick Leave Incentive Days**

I UNDERSTAND THAT THIS CONTRIBUTION IS IRREVOCABLE AND MAY BE USED FOR THE BENEFIT OF ANY ELIGIBLE SAMP EMPLOYEE AS DETERMINED BY THE SAMP SICK LEAVE POOL COMMITTEE.

\_\_\_\_\_  
**Signature**

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

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

\_\_\_\_\_  
**Work Phone Number**

\_\_\_\_\_  
**Employee ID Number**

\_\_\_\_\_  
**Scheduled Bi-Weekly Hours (75 or 80)**

**Benefits\SAMPsick**

**CITY OF CLEARWATER  
SAMP SICK LEAVE POOL REQUEST FORM**

**TO:** Human Resources/SAMP Sick Leave Pool Committee

**FROM:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

*I hereby request to be granted \_\_\_\_\_ days of paid leave from the SAMP Sick Leave Pool.*

*I am requesting this paid leave as a result of the following illness/injury (supporting documentation in the form of a Physician Report must be attached):*

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

**I will be without paid leave of any kind effective the following date:** \_\_\_\_\_

I understand that the decision to approve or deny this request for paid leave will be made by the SAMP Sick Leave Pool Committee and that such decision shall be deemed final and not grievable.

\_\_\_\_\_  
**Signature**

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

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

\_\_\_\_\_  
**Work Phone Number**

\_\_\_\_\_  
**Employee ID Number**

\_\_\_\_\_  
**Scheduled Bi-Weekly Hours**

For Committee Use Only

SAMP SICK LEAVE POOL COMMITTEE ACTION

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

Request Approved: \_\_\_\_\_

Request Denied: \_\_\_\_\_

Reason: \_\_\_\_\_  
\_\_\_\_\_

Approved Leave Begin Date \_\_\_\_\_

Approved Leave End Date \_\_\_\_\_

**Benefits\SAMPsickrequest**