

SICK LEAVE AT HALF PAY

Request Form

Employee: _____

Title: _____

Date Hired: _____

Date of Request: _____

Department: _____

Reason for Request: _____

Time Period Requested: From: _____ To: _____

Sick leave at half pay for personal illness may be granted to an employee having not less than one year of service, after all sick leave and vacation credits have been used. Additionally, the following questions have been derived from the enabling resolution passed in 1973. They should serve as guidelines to be used when judging whether or not to grant a leave of this nature. A denial of a half pay sick leave request should be based upon these criteria and any other criteria which the department head feels are appropriate to the case. Reasons for denial should be forwarded to the employee. A written record should be made of all denials.

Part I: Instructions: This form must be completed by the department head in order to request sick leave at half pay for a period longer than thirty (30) days. Upon completion, the department head should forward this form to the Commissioner of Personnel. Please expect a 30-day processing period.

1. Is there a financial need? The employee's financial security is an important criterion for granting a half pay sick leave and the decision to grant or not to grant must be made in relation to the employee's financial picture. Please comment:

Approximate Family Income: _____

Members of Household: Adults: _____ Minors (under 18): _____

Approximate Family Monthly Expenses: _____

2. Has the employee used all accumulated sick leave and vacation credits? Has the employee abused sick leave benefits?

Employees accumulate sick leave credits at the rate of one day for each month worked. It is expected that employees use any accumulated sick and vacation days before requesting sick leave at half pay leave. However, attendance records should be reviewed to verify that the employee has not abused sick leave credits. Unacceptable absence patterns may be grounds for denial of half pay request. Please comment:

Department Head Certification:

I hereby certify that I have investigated the above criteria and, on the basis of such, do hereby request the County Executive and the County Legislature to approve a half pay sick leave for the time period requested above.

Department Head

Part II

Instructions: To be completed by the Commissioner of Personnel upon consultation with the Commissioner of Finance and the Commissioner of Social Services:

In some instances, benefits gained from any of the following may be better than half pay. In the best interests of both the employee and the County, the following should be investigated and the decision to grant a leave should consider the alternatives.

Is the employee eligible for and/or receiving any of the following:

- a. Workers' Compensation _____
- b. Social Security _____
- c. Disability Insurance or Retirement _____
- d. Normal Retirement _____
- e. Public Assistance _____

Recommendation of the Sick Leave at Half Pay Committee:

Signature

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III
Decision of the County Executive:

County Executive