



Subject: Dedicated Sick Leave Program for Employees in Titles Eligible for Collective Bargaining in Mayoral Agencies

Source: 1995-2001 Citywide Agreement

Date: October 2, 2000

DEDICATED SICK LEAVE PROGRAM FOR EMPLOYEES IN TITLES ELIGIBLE FOR COLLECTIVE BARGAINING IN MAYORAL AGENCIES

PROGRAM DESCRIPTION

The Dedicated Sick Leave Program for Employees in Titles Eligible for Collective Bargaining in Mayoral agencies enables employees in titles eligible for collective bargaining, in Mayoral agencies, to voluntarily donate sick leave and/or annual leave for use as sick leave by a seriously ill or injured eligible employee who has been designated by the donor. Eligible recipients may receive up to 180 days of paid sick leave in any one-year period. Covered employees may also donate leave to, or receive leave from, managers and other employees in titles not eligible for collective bargaining, who are covered by the Salary Continuation Program. Note that employees in the uniformed forces are not eligible to participate in this program.

Criteria for Recipient Eligibility

1. Employee must be serving in a title eligible for collective bargaining, in a Mayoral agency, and have at least two years of continuous full-time City service in any City agency, including service in a title not eligible for collective bargaining in any City agency.
2. Employee's illness or injury must not be job-related and must require an absence of at least 30 continuous working days. Absence due to illness or injury must be supported by acceptable medical documentation. The Agency Head or his/her designee will determine whether requests by eligible employees to receive dedicated sick leave will be approved, based solely upon the nature and severity of the illness or injury. Employees whose requests have been denied may appeal in writing to the Office of Special Programs. The Deputy Commissioner for Citywide Personnel Services of the Department of Citywide Administrative Services (DCAS), the First Deputy Commissioner of the Office of Labor Relations (OLR), and a union representative will review any such requests by eligible employees. Their decision shall be final. Agencies may contact the DCAS Office of Special Programs to request the assistance of the DCAS Deputy Commissioner and the OLR First Deputy Commissioner in making determinations.

3. An employee covered by the "Leave Regulations for Employees who are Under the Career and Salary Plan," who is eligible for the advancement of sick leave under Section 3.4 of the leave regulations, must apply for such advanced leave before receiving dedicated leave.
4. A permanent employee with at least ten years of continuous City service must apply for a sick leave grant under Section 3.5 of the "Leave Regulations for Employees who are Under the Career and Salary Plan" before receiving dedicated leave.
5. All annual leave and sick leave, compensatory time balances, leave advancements, and sick leave grants must have been exhausted.
6. Dedicated leave may not be used as a supplement to income benefits under any City or union short term or long term disability program. If the employee has already received income benefits under any City or union short term or long term disability program, those benefits must be reimbursed.

Criteria for Donating Dedicated Leave

An employee who wishes to donate annual leave and/or sick leave to a specific individual must meet the following criteria. Every reasonable effort will be made to keep the donors' identities confidential.

1. Employee must be serving in a title eligible for collective bargaining in a Mayoral agency.
2. There is a minimum donation of one day of annual leave or sick leave. The number of hours that comprise a day is determined by the title of the employee.
3. An employee with fewer than ten years of City service may donate only annual leave. There is no minimum length of service required to donate annual leave.
4. An employee with at least ten years of City service may donate sick leave and/or annual leave. In order to donate sick leave, an employee must have a sick leave balance of at least 24 days.

Program Requirements

1. There is no enrollment period. Donations are made on an "as-needed" basis.
2. All dedicated leave is irrevocable.
3. If the number of days dedicated is more than the number of days actually used by the recipient, the unused days will be forfeited after one year elapses from the date of the recipient's return to work. In the event of a medically documented recurrence of the original illness or injury during this one-year period, the recipient will be permitted, upon approval of the Agency Head or his/her designee, to utilize the unused balance provided that all other leave balances have been exhausted.
4. Each day of leave donated will be debited from the donor's leave balance as one full day; however, each day of sick leave donated will be credited to the recipient as one-half day. Each day of annual leave donated will be credited to the recipient as one full day.

5. Dedicated sick leave will be granted to the recipient retroactive to the first day of absence without pay. A recipient utilizing dedicated sick leave is deemed to be in active pay status as though the employee were using his/her own sick leave. Annual leave and sick leave will therefore be accrued while using dedicated sick leave, but will not be credited until the employee returns to work.
6. A prospective recipient's consent should be obtained before efforts are made to secure donations of leave. Every reasonable effort will be made to maintain confidentiality of employee medical information.

PROCEDURE FOR DONATING DEDICATED LEAVE

1. An employee who wishes to donate annual leave and/or sick leave to a designated employee must complete Form DP-2517, "Application to Dedicate Sick Leave for Employees in Titles Eligible for Collective Bargaining" (copy attached), and return it to his/her agency Personnel Officer as soon as possible. Please note that the donor's identity is confidential and may not be released to the recipient or the recipient's union.
2. The following steps are to be taken when the employee dedicating leave and the employee receiving leave are employed in the same agency.

Upon receipt of an application to dedicate leave, the agency Personnel Officer must review the application, determine the accuracy of all statements in accordance with agency records and the records of the Office of Payroll Administration, and complete the appropriate section. The application of an employee who is ineligible to donate dedicated sick leave must be returned to the applicant with the disposition within five working days of receipt. If the employee is deemed eligible to donate dedicated leave, and the recipient has been deemed eligible and has been approved to receive donated leave, as in paragraph (2) of the Procedure For Receiving Dedicated Sick Leave, then the Personnel Officer is to send both the donor's application and the recipient's application, with medical documentation attached, to the Office of Special Programs within five working days from receipt of either the donor's or the recipient's application, whichever is received later. The Office of Special Programs will notify the Office of Payroll Administration of the determination. If both employees are eligible to participate, the Personnel Officer will be requested by the Office of Special Programs to make the appropriate adjustments in the Payroll Management System and notify both the donor and the recipient, respectively, of the number of days to be debited or credited and when such debit or credit will occur. Such notification to employees must be sent simultaneously with a copy to the Office of Special Programs and a copy of the recipient's notification to the employee's union. If it is determined that the recipient is ineligible or is not approved to receive donated leave, the Personnel Officer must notify both employees and the Office of Special Programs accordingly.

3. The following steps are to be taken when the employee dedicating leave and the employee receiving leave are employed in different City agencies. The same time frames apply as above.

Upon receipt of an application to donate dedicated leave, the Personnel Officer must determine the eligibility of the donor, as above, and send the application of the eligible donor to the Office of Special Programs. If the Office of Special Programs is in receipt of an approved "Application to Receive Sick Leave Under the Dedicated Sick Leave Program for Employees in Titles Eligible for Collective Bargaining," (Form DP-2518), for the designated recipient, the Office of Special Programs will request the donor's Personnel Officer to make the appropriate adjustment in the Payroll Management System

to debit the donor's leave balance(s) and notify him/her of the number of days to be debited and when such debit will occur. Such notification to the donor must be sent simultaneously with a copy to the Office of Special Programs in order that the recipient may receive the dedicated leave as expeditiously as possible. Once the Office of Special Programs receives the above notice from the donor's Personnel Officer, it will notify the Personnel Officer of the agency employing the recipient to make the appropriate adjustment in the Payroll Management System to credit the recipient's leave balances. The Personnel Officer must then notify the recipient of the number of day(s) to be credited and when such credit will occur, sending simultaneous notice to the Office of Special Programs and to the employee's union.

Note: Applications of additional donors should be forwarded to the Office of Special Programs within five working days from their receipt, and the same procedures as above should be followed.

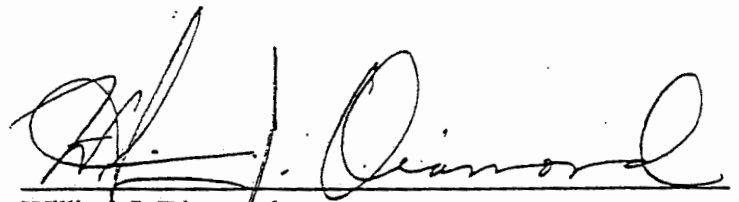
PROCEDURE FOR RECEIVING DEDICATED SICK LEAVE

1. The employee must complete Form DP-2518, "Application to Receive Sick Leave for Employees in Titles Eligible for Collective Bargaining," (copy attached), include medical documentation, and forward the application to his/her agency Personnel Officer. Where practicable, applications should be submitted when the employee has been absent for 20 continuous working days but anticipates being absent in excess of 30 continuous working days and will not have sufficient leave to cover the projected period of absence beyond the 30 days.
2. The Personnel Officer must review the application, determine the accuracy of all statements in accordance with agency records and the records of the Office of Payroll Administration, and complete the appropriate section. All discrepancies must be resolved with the employee before a determination is made. The application of an employee ineligible to receive leave must be returned to the applicant with the disposition within five working days of receipt by the Personnel Officer. The application of an employee eligible to receive leave must be forwarded to the Agency Head or his/her designee within five days of receipt by the Personnel Officer. The Agency Head or his/her designee must determine whether to approve requests by eligible employees within five days of receipt, based solely upon the nature and severity of the illness or injury, as indicated by the medical documentation. The applications of employees who have been granted or denied approval to receive leave from the Dedicated Sick Leave Program for Employees in Titles Eligible for Collective Bargaining must be forwarded to the Personnel Officer, for immediate return to the employee, within five days of receipt by the agency head or his/her designee. The Personnel Officer must inform an employee whose request has been denied that denial of the request may be appealed in writing to the Office of Special Programs. The Personnel Officer must also send a record of the agency's disposition, including the applications and medical documentation of all employees, whether their requests to receive leave have been approved or denied, to the Office of Special Programs within five working days of receipt from either the applicant or the agency head or his/her designee.

3. Upon receipt of an eligible employee's approved application to receive sick leave from the Dedicated Sick Leave Program for Employees in Titles Eligible for Collective Bargaining, the Office of Special Programs will match the application to any approved request(s) to dedicate leave to the employee that have been received. The Personnel Officer will be notified of the amount of leave dedicated. If the employee is to receive dedicated leave, the Personnel Officer must make the appropriate adjustment in the Payroll Management System immediately upon notification, informing the recipient and the donor(s) in writing when such leave will be credited or debited. Notice of this determination must also be sent simultaneously to the Office of Special Programs. A copy of the recipient's notice must also be sent to the employee's union. Denial of approval will be subject to reevaluation by the DCAS Deputy Commissioner, the OLR First Deputy Commissioner, and a union representative, upon written request of the employee to the Office of Special Programs. Such request must be received within 15 working days from the date of agency notice to the employee.

When the recipient and the donor are employed in different City agencies, the applicable steps described in paragraph (3) of the Procedure For Donating Dedicated Leave must be followed to credit the recipient's sick leave balance and to provide appropriate notification to the donor and the recipient.

The Office of Payroll Administration will issue a User Bulletin to establish procedures in the Payroll Management System and designate corresponding event codes to be used for the Dedicated Sick Leave Program for Employees in Titles Eligible for Collective Bargaining.



William J. Diamond
Commissioner



Application to Dedicate Sick Leave
for Employees in Titles Eligible for Collective Bargaining

This form is to be completed by an employee in a title eligible for collective bargaining, in a Mayoral agency, who believes he/she is eligible to donate sick leave and/or annual leave to an employee designated by the donor. Every reasonable effort will be made to keep the donor's name confidential.

Criteria for Dedicating Leave

1. You must be in a title eligible for collective bargaining.
2. Your donation of sick leave and/or annual leave must be in increments of one day.
3. If you have less than ten years of City service, you may donate only annual leave.
4. If you have at least ten years of City service, you may donate sick leave and/or annual leave. In order to donate sick leave, you must have a sick leave balance of at least 24 days.

To be completed by donor

Name of Donor: _____
Social Security Number: _____
Civil Service Title: _____
Title Code Number: _____
Employing Agency: _____
Agency Code Number: _____
City Start Date: _____
Sick Leave Balance: _____
Days of Sick Leave Donated: _____
Days of Annual Leave Donated: _____

Name of Recipient: _____
Social Security Number: _____
Civil Service Title: _____
Title Code Number: _____
Employing Agency: _____
Agency Code Number: _____

Signature of Donor: _____

Date: _____

Please return this application to the Personnel Officer of your agency as soon as possible. Your agency will notify you of your eligibility to donate and, if eligible, the date your donation of sick leave and/or annual leave will be deducted from your leave balances.

Please note that each day of sick leave donated will be credited to the recipient as one-half day. Each day of annual leave donated will be credited to the recipient as a full day.

If the number of days dedicated is more than the number of days actually used by the recipient, the unused days will be forfeited after one year elapses from the date of the recipient's return to work. In the event of a medically documented recurrence of the original illness during this one year period, the recipient will be permitted, upon approval, to utilize the unused balance, provided that all other leave balances have been exhausted.

To be completed by Personnel Officer

You are eligible to donate _____ day(s) of sick leave and/or _____ day(s) of annual leave.

You are not eligible for the Dedicated Sick Leave Program because

You are not eligible to donate sick leave through the Dedicated Sick Leave Program because _____ If you wish to donate annual leave, please submit your new application before the end of the enrollment period.

Signature of
Personnel Officer: _____

Date: _____

If employee is ineligible to donate leave, please return this application with the disposition to the employee within 5 working days from receipt.

If employee is eligible to donate leave, please forward this application, along with the designated recipient's application (Form DP-2518) and medical documentation, to the Office of Special Programs.

Application to Receive Sick Leave
for Employees in Titles Eligible for Collective Bargaining

This application is to be completed by employee in a title eligible for collective bargaining, in a Mayoral agency, who believes he/she is eligible to receive donated sick leave through the Dedicated Sick Leave Program.

To be completed by employee

Name of Employee: _____
Home Address: _____
Social Security Number: _____
Civil Service Title: _____
Title Code Number: _____
Employing Agency: _____
Agency Code Number: _____
City Start Date: _____

1. Is your illness or injury job-related? _____ Yes _____ No

2. How many consecutive working days have you been absent from work due to your present illness or injury? State the last day you were at work.
Days Absent: _____ Last Date Worked: _____

3. Did you apply for advanced sick leave from your agency? If yes, state how many days of sick leave were advanced, if any. _____ Yes _____ No
Days Advanced: _____

4. Has annual leave been advanced to you? If yes, state how many days of annual leave were advanced. _____ Yes _____ No
Days Advanced: _____

5. If you are a permanent employee with at least ten years of City service, did you apply for a sick leave grant from your agency? If yes, state how many days of sick leave were granted, if any. _____ Yes _____ No
Days Granted: _____

6. Have you exhausted all of your sick leave and annual leave, compensatory time, advanced leave, and sick leave grants? If no, please indicate the number of hours of leave remaining.
_____ Yes _____ No

Sick Leave: _____
Advanced Sick Leave: _____
Annual Leave: _____
Advanced Annual Leave: _____
Compensatory Time: _____
Sick Leave Grant: _____

7. Taking into account all of your sick leave, annual leave, compensatory time, advanced leave and sick leave grants, state the last date for which you are, or were, entitled to paid leave.
Last Date of Leave Entitlement: _____
8. Check the line below if you have attached documentation from your physician stating your diagnosis and the projected number of days you will be absent from work.
_____ documentation attached
9. Do you authorize your agency to secure donations for leave on your behalf with the understanding that every reasonable effort will be made to maintain the confidentiality of medical information? ____ Yes ____ No

Employee Signature: _____

Date: _____

To be completed by Personnel Officer

Date Application Received: _____

I have reviewed the employee's application and certify that all answers are accurate when compared with the records of this agency and the Office of Payroll Administration. The employee is eligible, or will shortly be eligible, to receive a sick leave donation under the Dedicated Sick Leave Program for Employees Eligible for Collective Bargaining.

Please forward this application, with medical documentation attached, within 5 working days of receipt from employee to the Agency Head or his/her designee.

The decision of the Agency Head or his/her designee will be sent to the Personnel Officer within 5 working days of receipt.

If employee is not eligible to receive a sick leave donation based on this application, or has been denied approval by the Agency Head or his/her designee, please complete applicable portion below and return to employee within 5 working days of receipt of application or denial.

You are ineligible to receive a sick leave donation because _____

Your request to receive a sick leave donation has been denied. You may appeal this determination by writing to the DCAS Office of Special Programs, and attaching additional medical documentation, within 15 working days from the date of this notice.

Signature of
Personnel Officer: _____

Date: _____

Informational Copy

TO: Personnel Officer

FROM: Office of Special Programs

DATE:

SUBJECT: Debit/Credit to Leave Balance(s) for the Dedicated Sick Leave Program for Employees in Titles Eligible for Collective Bargaining

re: _____
 (name of employee/recipient)

(Social Security #)

(employing agency)

re: _____
 (name of donor)

(Social Security #)

(employing agency)

(when the donor and the recipient are employed in the same agency)

The employee/recipient named above is eligible to receive sick leave through the Dedicated Sick Leave Program for Employees in Titles Eligible for Collective Bargaining. Immediately upon receipt of this notice, please make the appropriate adjustment in the Payroll Management System to debit the above named donor's leave balance(s) by ____ day(s) of sick leave and/or ____ day(s) of annual leave and credit the recipient's sick leave balance by ____ day(s). Please notify, in writing, both the donor and the recipient, respectively, of the amount of the debit and the credit and when they will occur, sending simultaneous notice to the Office of Special Programs and the recipient's union. Please note that the donor's identity is confidential and may not be released to the recipient or the recipient's union.

or

(when the donor and the recipient are employed in different agencies)

The employee/recipient named above is eligible to receive dedicated sick leave from your employee, named above, through the Dedicated Sick Leave Program for Employees in Titles Eligible for Collective Bargaining. Immediately upon receipt of this notice, please make the appropriate adjustment in the Payroll Management System to debit the above named donor's leave balance(s) by ____ day(s) of sick leave and/or ____ days(s) of annual leave. Please notify the donor of the amount of the debit and when such debit will occur, sending simultaneous notice to the Office of Special Programs. Please note that the donor's identity is confidential and may not be released to the recipient or the recipient's union.

or

(when the donor and the recipient are employed in different agencies)

Your employee/recipient named above is eligible to receive sick leave through the Dedicated Sick Leave Program for Employees in Titles Eligible for Collective Bargaining from the donor named above, who is employed in another City agency. Immediately upon receipt of this notice, please make the appropriate adjustment in the Payroll Management System to credit the recipient's sick leave balance by _____ day(s). Please notify the recipient in writing of the amount of the credit and when such credit will occur, sending simultaneous notice to the Office of Special Programs and the recipient's union. Please note that the donor's identity is confidential and may not be released to the recipient or the recipient's union.

or

The appeal of the employee/recipient named above has been denied. Immediately upon receipt of this notice, please notify the employee in writing of the decision. The agency's notice must be sent simultaneously with a copy to the Office of Special Programs.

or

Since it has been determined that the employee/recipient named above is ineligible to receive donated sick leave, and either has not appealed this decision or has appealed and been denied, please notify the above named donor in writing that no deduction will be made from his/her leave balance(s).

or

c: Office of Payroll Administration