

MichiganTech

VOLUNTARY SICK LEAVE POOL

(Covering Catastrophic Illness/Injury)

GUIDELINES AND PROCEDURES

The purpose of the Voluntary Sick Leave Pool is to alleviate hardship caused to all regular employees (30+ hours per week) who are unable to work because of a catastrophic illness or injury to themselves or a qualified immediate family member and who have not met the eligibility requirement for long-term disability.

Qualified immediate family members shall include: spouse, children and step-children.

USE OF VOLUNTARY SICK LEAVE POOL

1. Catastrophic illness or injury is an illness/injury which would render the individual disabled for a long period of time or possibly for life. The following will be considered catastrophic: severe traumatic injury, degenerative neurological disease, cancer, cardiovascular disease, stroke, long-term psychiatric care and AIDS.
2. Eligibility - all eligible employees wishing to participate in the Voluntary Sick Leave Pool must donate 3 days (24 hours) of their accrued sick leave. **Donations can only be made during the open enrollment month (April) held once a year and the employee must have 3 days (24 hours) available.**
3. There will be a 30 business day waiting period for each catastrophic illness/injury before an employee can use the Voluntary Sick Leave Pool. An employee does not have to exhaust all their sick leave.
4. If the Voluntary Sick Leave Pool becomes exhausted, an additional donation will be required to continue your eligibility.
5. No employee can receive more than 100 days from the Voluntary Sick Leave Pool in any 12 month period. When long-term disability begins, the employee is no longer eligible to receive days from the Voluntary Sick Leave Pool.
6. The Voluntary Sick Leave Pool can also be used after accrued sick leave is used up to care for: parents, parent-in-laws, brothers, sisters, grandparents, or grandchildren. This use is limited to 30 days in any 12 month period.
7. All requests for Voluntary Sick Leave Pool time must be accompanied by a physician's statement which includes:
 - a description of the illness/injury
 - the beginning date of the condition
 - a prognosis for recovery
 - the anticipated return to work date

8. If the time being requested is to care for a family member, the request must **also** include:
 - the relationship
 - a statement concerning to what extent the family member is dependent on the employee for continuing care
9. Those employees who are claiming a work-related injury under workers' compensation are not eligible for the Voluntary Sick Leave Pool.
10. All benefits (health, life, long-term disability, retirement) will be continued by the University during the usage of the Voluntary Sick Leave Pool. Sick leave and vacation time are not accrued while drawing from the Voluntary Sick Leave Pool. Employees will be responsible for their share of the insurance cost.
11. All Voluntary Sick Leave Pool forms shall be forwarded to the Manager of Benefits. A committee, consisting of the Manager of Benefits and three others, will have 15 working days in which to approve all or part of the request, or to deny the request.
12. The guidelines and procedures of the Voluntary Sick Leave Pool will be reviewed annually and any required changes will be made at that time.

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AUTHORIZATION TO TRANSFER SICK LEAVE to the VOLUNTARY SICK LEAVE POOL

Employee: _____ Date: _____

Social Security Number: _____

I elect to transfer three days (24 hours) of my accrued sick leave to the Michigan Tech Voluntary Sick Leave Pool. I understand that:

- My election to transfer sick leave must be made during the open enrollment period.
 - My total accrued sick leave balance will be reduced by three days (24 hours).
 - I cannot revoke or cancel my transfer.
 - I understand this donation has no tax consequences and is not deductible as a charitable contribution.
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I acknowledge that I have received a copy of the Voluntary Sick Leave Pool guideline procedures and understand its provisions.

Employee's Signature

Date

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REQUEST FOR SICK LEAVE from the VOLUNTARY SICK LEAVE POOL

(MUST BE ACCOMPANIED BY A PHYSICIAN'S STATEMENT)

Employee: _____ Date: _____

Social Security Number: _____

I hereby request use of the Voluntary Sick Leave Pool for the following reason:

_____ Leave requested is a result of a catastrophic illness or injury suffered by me

_____ Leave requested is a result of a catastrophic illness or injury suffered by a family member:

Name: _____ Relationship: _____

_____ Resides in my household

_____ Does not reside in my household but, is totally dependent upon me for personal care or services on a continuing basis

Date beginning Sick Leave from Pool: _____

Employee's Signature

Date

_____ Request Approved

_____ Request Denied

_____ Required documentation by a physician not provided

_____ Condition not considered catastrophic

_____ All earned sick leave not used

_____ Not a member of the Voluntary Sick Leave Pool

_____ Not a qualified family member

_____ 30 day waiting period has not lapsed

Assistant Director, Benefits

Date

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PHYSICIAN'S STATEMENT

I am applying for sick leave from Michigan Tech's Voluntary Sick Leave Pool. In order to be considered eligible, I ask that you complete the following:

Employee: _____ Date: _____

Family Member Name: _____ Relationship: _____

1. Description of Illness/Injury: _____

2. Beginning Date of Condition: _____

3. Prognosis for Recovery: _____

4. Anticipated Date of Return to Work: _____

5. Hours Per Day Able to Work: _____

6. Other Remarks: _____

If this is a family member of the MTU employee, please note the extent to which the family member is dependent on the employee for care: _____

Employee's Signature

Date

Physician's Signature

Date

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CONTRIBUTING to the VOLUNTARY SICK LEAVE POOL

1. Employees become eligible to participate in the Voluntary Sick Leave Pool by donating three days (24 hours) of accrued sick leave during the open enrollment period.
2. An open enrollment period will be held each April to give employees an opportunity to participate.
3. Contributions to the Voluntary Sick Leave Pool are a prerequisite for using the Voluntary Sick Leave Pool.
4. Employees who use leave from the pool are not required to pay it back.
5. Once sick leave has been donated to the Voluntary Sick Leave Pool, the donated days cannot be restored to the individual.
6. Employees may not designate a particular employee to receive their donated time.
7. If the Voluntary Sick Leave Pool becomes exhausted, an additional donation will be required to continue your eligibility.