

THE CITY UNIVERSITY OF NEW YORK

The Dedicated Sick Leave Program

I. Program Description

The Dedicated Sick Leave Program enables individuals who are employed full-time on an annual salary basis to 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. ¹Eligible recipients may receive up to one-hundred and twenty (120) days or six (6) months of paid sick leave, whichever is greater, in any one (1) program year (September 1 – August 31), inclusive of the annual leave period for teaching faculty. Donated leave may be approved in increments not exceeding two (2) months. The Dedicated Sick Leave Program permits donations of annual leave and/or sick leave across campuses and across titles.

II. Criteria For Recipient Eligibility

1. An employee must be in a full-time title employed on an annual salary basis and have at least two (2) years of continuous full-time service with the University. Those employed in substitute titles with no underlying regular annual appointment are not eligible to receive donated leave.
2. An employee's illness or injury must not be job-related and must require an absence of at least thirty (30) continuous working days. Absence due to illness or injury must be supported by medical documentation acceptable to the recipient's college. The recipient's college 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 CUNY's Appeals Panel, as set forth in Section VI., paragraph 2 herein.

¹ *Employees in skilled trade titles represented by District Council 37 (Laborer, Locksmith and High Pressure Plant Tender) and those represented by Teamsters Local 237 (Maintenance Worker, Cement Mason, Roofer and Plasterer) are also eligible; all other skilled trade employees and employees represented by IATSE, Local One are presently excluded.*

3. All annual leave, sick leave, compensatory time balances, and sick leave advancements, to the extent applicable, must have been exhausted.
4. Dedicated sick leave may not be used to supplement or supplant income benefits under any applicable collectively-bargained or union-provided short-term or long-term disability program. If the employee has already received income benefits under any applicable union provided short-term or long-term disability program, those benefits must be reimbursed.
5. The number of hours that comprise a day for the recipient is determined by the title of the recipient.
6. (a) The time that an employee is on a paid parental leave, paid Family and Medical Leave Act ("FMLA") leave, paid Fellowship leave, or any other applicable paid leave will count towards service in calculating whether the employee has met the two (2) years of full-time continuous CUNY service required for recipient eligibility.

(b) The time that an employee is on an unpaid child care leave, unpaid Family and Medical Leave Act ("FMLA") leave, or on a Scholar Incentive Award leave will serve to bridge service which immediately precedes and follows such leave in calculating whether the employee has met the two (2) years of full-time continuous CUNY service required for recipient eligibility.
7. A prospective recipient's College may deny his/her request to use dedicated sick leave if he/she is on a disciplinary suspension.

III. 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:

1. The employee must be in a full-time title, employed on an annual salary basis.
2. Donations must be made in increments of one (1) day, with a minimum donation of one (1) day of annual leave or sick leave. The number of hours that comprise a day for the donor is determined by the title of the donor.
3. Employees with fewer than five (5) years of full-time continuous CUNY service may donate only annual leave. There is no minimum length of service required to donate annual leave and no cap on the amount that may be donated. Employees with five (5) or more years of full-time continuous CUNY service may donate annual leave (without limitation) and/or sick leave up to ten (10) sick leave days per program year. In order to donate sick leave, an employee must maintain a sick leave balance of at least twenty-four (24) days.

4. (a) The time that an employee is on a paid parental leave, paid Family and Medical Leave Act ("FMLA") leave, paid Fellowship leave, or any other applicable paid leave will count towards service in calculating whether the employee has met the five (5) years of full-time continuous CUNY service required for donating dedicated sick leave.

(b) The time that an employee is on an unpaid child care leave, unpaid Family and Medical Leave Act ("FMLA") leave, or on a Scholar Incentive Award leave will serve to bridge service which immediately precedes and follows such leave in calculating whether the employee has met the five (5) years of full-time continuous CUNY service required for donating dedicated sick leave.

IV. Program Requirements

1. There is no enrollment period. Donations are made on an "as-needed" basis.
2. All dedicated leave is irrevocable.
3. All dedicated leave is to run concurrently with FMLA leave, *i.e.*, a recipient's use of dedicated sick leave shall be counted towards his/her FMLA leave entitlement as though he/she were using his/her own sick leave.
4. The number of dedicated sick leave days will be extended by any CUNY observed holiday contained in a recipient employee's collective bargaining agreement or CUNY policy that is observed during the period of the recipient employee's approved dedicated leave.
5. If the number of days dedicated is more than the number of days actually used by the recipient, the unused days will be transferred by the recipient's College Office of Human Resources, via notice to the University Benefits Office, to the Catastrophic Sick Leave Bank after one (1) year elapses from the date of the recipient's return to work. (The transfer of such leave shall not, however, qualify a donor for participation in the Catastrophic Sick Leave Bank.) In the event of a medically documented recurrence of the original illness or injury during this one (1) year period, the recipient will be permitted, upon approval of his/her respective College Human Resources Office, to utilize the unused balance, provided that all other leave balances have been exhausted.
6. Each day of leave donated will be debited from the donor's leave balance as one (1) full day; however, each day of sick leave donated will be credited to the recipient as one-half (1/2) day. Each day of annual leave donated will be credited to the recipient as one (1) full day.

7. 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, as otherwise appropriate, but will not be credited until the employee returns to work.
8. A determination regarding a prospective recipient's eligibility should be made, and his/her 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 and the identity of donors.

V. Procedures For Donating Dedicated Sick Leave

1. An employee who wishes to donate annual leave and/or sick leave to a designated employee must complete Form No. [DSL to Donate 001_2010], "Application to Dedicate Sick Leave," and return it to his/her respective College Office of Human Resources as soon as possible. The application shall include an attestation by the donor that he/she understands that the decision to donate sick leave and/or annual leave to another employee is irrevocable and that the donated leave will not be returned to the donor, unless the intended recipient is deemed ineligible to receive the dedicated leave. The donor's attestation shall also provide that the donor has not been coerced and is not receiving any benefit, express or implied, in return for the donated sick leave and/or annual leave. The donor's identity is confidential and may not be released to the recipient by the college.
2. The following steps are to be taken when the employee dedicating leave and the employee receiving leave are employed in the same CUNY college:

Upon receipt of an application to dedicate leave, the College Office of Human Resources must review the application, determine the accuracy of all the statements in accordance with college personnel and payroll records, and complete the appropriate section. The application must be returned to the applicant with the disposition within five (5) working days of receipt. If the employee is deemed eligible to donate leave, and the recipient has been approved to receive donated leave in accordance with Section II above, then the College Office of Human Resources shall make the appropriate adjustments in time and leave records and shall notify the donor and the recipient, respectively, of the number of days to be debited or credited and when such debit or credit will occur. In the event the recipient is determined to be ineligible to receive donated leave, the College Office of Human Resources will so notify the intended donor.

3. The following steps are to be taken when the employee dedicating leave and the employee receiving leave are employed in different CUNY colleges:

Upon receipt of an application to donate dedicated leave, the donor's College Office of Human Resources must review the application, determine the accuracy of all the statements in accordance with college personnel and payroll records, and complete the appropriate section. The application must be returned to the applicant with the disposition within five (5) working days of receipt. If the employee is deemed eligible to donate leave then the donor's College Office of Human Resources shall send a copy of the approved application to the Office of Human Resources of the recipient's college within two (2) working days of the approval. The recipient's college must notify the donor's college whether the recipient has been approved to receive dedicated sick leave. If approved, the donor's Office of Human Resources will make the appropriate adjustment in the time and leave records to debit the donor's leave balances and notify him/her of the number of days to be debited and when such debit will occur. In the event the recipient is determined to be ineligible, the donor's Office of Human Resources will so notify the intended donor.

VI. Procedures For Receiving Dedicated Sick Leave

1. The employee must complete Form No. [DSL to Receive 002_2010], "Application to Receive Sick Leave," include medical documentation, and forward the application to his/her College Office of Human Resources. The application will include a release by the intended recipient permitting the College Office of Human Resources or a physician retained by the College to seek clarification or additional information from the employee's physician concerning the medical documentation submitted by the intended recipient. The release shall also provide that the employee shall submit to an examination by a physician retained by the College if deemed necessary. Where practicable, applications should be submitted when the employee has been absent for twenty (20) continuous working days and anticipates being absent in excess of thirty (30) continuous working days, and will not have sufficient leave to cover the projected period of his/her absence.
2. The College Office of Human Resources must review the application, determine the accuracy of all statements in accordance with college personnel and payroll records, and complete the appropriate section. All discrepancies must be resolved with the employee before a determination is made, based solely upon the nature and severity of the illness or injury as indicated by the medical documentation. The College Office of Human Resources shall consult with the Vice Chancellor for Labor Relations or designee, prior to rendering a determination as to whether the applicant's condition qualifies for this benefit. Dedicated Sick Leave approvals will be made in increments not to exceed two (2) months. Employees needing more than two (2) months of Dedicated Sick Leave will be required to submit additional medical documentation for each subsequent two (2) month period, up to a maximum of one-hundred and twenty (120) days or

six (6) months of paid leave, whichever is greater. The application of an employee who has been granted or denied approval to receive leave should be returned to the applicant with the disposition within five (5) working days of receipt by the College Office of Human Resources, to the extent feasible. The College Office of Human Resources must inform an employee whose request has been denied that denial of the request may be appealed in writing to CUNY's Appeals Panel, in care of the University Benefits Office, 395 Hudson Street, New York, New York 10014, within fifteen (15) working days of the employee's receipt of the denial. The CUNY Appeals Panel will be constituted as follows:

- a) For classified staff, the appeals panel shall consist of the Vice Chancellor for Human Resources Management, the Vice Chancellor for Labor Relations, or their respective designees, and a classified staff union representative;
- b) For instructional staff, the appeals panel shall consist of the Vice Chancellor for Human Resources Management, the Vice Chancellor for Labor Relations, or their respective designees, and a PSC union representative;
- c) For classified managerial staff, executive compensation staff, and other non-represented employees, appeals shall be decided by the Vice Chancellor for Human Resources Management or designee;

All decisions issued by CUNY's Appeals Panel shall be final and shall not be subject to any further appeal by way of employee collective bargaining agreement or otherwise.

3. Following approval of an eligible employee's application to receive sick leave from the Dedicated Sick Leave Program, the College Office of Human Resources will match the application to any approved request(s) to dedicate leave to the employee that have been forwarded to the recipient's college. If the employee is to receive dedicated leave, the College Office of Human Resources shall make the appropriate adjustments in his/her time and leave records and shall inform him/her of the number of days to be credited and when such credit will occur.

Application to Receive Dedicated Annual/Sick Leave for Full-time Employees

This application is to be completed by a full-time employee employed on an annual salary basis with at least 2 years of continuous full-time service with the University, who believes he/she is eligible to receive donated annual/sick leave through the Dedicated Sick Leave Program.

To Be Completed By Employee

Name of Employee: _____

Home Address: _____

Employee ID No.:* _____

Title: _____

College and Department: _____

CUNY 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. Have you applied for a sick leave advance from your college and/or for supplemental income benefits from your union for your present illness? Yes No
If yes, please specify: _____
4. Have you exhausted all of your annual leave, sick leave, compensatory time balances, and sick leave advancements, to the extent applicable? Yes No
If no, please indicate the number of days/hours of leave remaining.
Annual Leave: _____
Sick Leave: _____
Compensatory Time: _____
Sick Leave Advancements: _____
5. Taking into account all of your annual leave, sick leave, compensatory time, and sick leave advancements, to the extent applicable, state the last date for which you will be or were entitled to paid leave. Last date of leave entitlement: _____
6. Please indicate that you have attached documentation from your physician stating the nature and severity of your illness or injury and the projected period of your absence from work by checking the box below.
 Documentation Attached

I hereby authorize my college to accept donations of leave on my behalf with the understanding that every reasonable effort will be made by the college to maintain the confidentiality of my medical information.

* If you don't know your Employee ID No., please contact the College Office of Human Resources.

I hereby authorize the College Office of Human Resources or physician retained by the College to contact my personal physician to seek clarification or additional information concerning the medical documentation submitted herewith. I also agree to submit to an examination by a physician retained by the College, if deemed necessary. I understand that Dedicated Sick Leave may be approved by the College Office of Human Resources in increments not to exceed two (2) months. Should I need more than two (2) months of Dedicated Sick Leave, I understand that I will be required to submit additional medical documentation for each subsequent two (2) month period, up to a maximum of 120 days or six (6) months of paid leave, whichever is greater.

Employee Signature: _____ Date: _____

To Be Completed By The College Human Resources Director

Date Application Received: _____

Please note that this application is to be returned to the employee within five (5) working days of receipt by the College Office of Human Resources.

- I have reviewed the employee's application and certify that all the answers herein are accurate when compared with the personnel and payroll records of this College.
- Based upon the medical documentation provided, the employee is determined to be eligible, or will shortly be eligible, to receive a sick leave donation under the Dedicated Sick Leave Program for Full-time Employees.

The employee is ineligible to receive a sick leave donation because:

- He/she does not meet the two (2) year continuous full-time CUNY service requirement.
- He/she failed to submit satisfactory medical documentation establishing a qualifying non-work related illness or injury.

He/she failed to exhaust leave entitlements.
- He/she failed to reimburse union short-term or long-term disability benefits.
- (Other)_____.

If your request to receive sick leave donations has been denied, you may appeal this determination within fifteen (15) working days from the date of receipt of the denial, by writing to CUNY's Appeals Panel, in care of the University Benefits Office, 395 Hudson Street, New York, New York 10014. You should include any additional medical documentation you may have for review by CUNY's Appeals Panel.

Signature of the College Human Resources Director: _____ Date: _____

Application to Dedicate Annual/Sick Leave for Full-Time Employees

This form is to be completed by a full-time employee employed on an annual salary basis who believes he/she is eligible to donate annual leave and/or sick leave to an employee designated by the donor. Every reasonable effort will be made by the college to keep the donor's name confidential.

Criteria For Dedicating Leave

1. You must be in a full-time title on an annual salary basis.
2. Your donation of sick leave and/or annual leave must be in increments of one day.
3. If you have fewer than five (5) years of full-time continuous CUNY service, you may donate only annual leave. If you have five (5) or more years of full-time continuous CUNY service, you may donate annual leave and/or sick leave up to ten (10) sick leave days per program year. In order to donate sick leave, you must maintain a sick leave balance of at least twenty-four (24) days.

To Be Completed By Donor

Name of Donor: _____
Employee ID No.:* _____
Title: _____
College and Department: _____

CUNY Start Date: _____
Sick Leave Balance: _____
Annual Leave Balance _____
Days of Sick Leave To Be Donated: _____
Days of Annual Leave To Be Donated: _____

Name of Recipient: _____
Title: _____
College and Department: _____

PLEASE NOTE THAT YOUR DONATION OF SICK LEAVE MAY ADVERSELY IMPACT YOUR TRAVIA OR TERMINAL LEAVE BENEFIT. YOU ARE ADVISED TO CONSULT WITH YOUR COLLEGE HUMAN RESOURCES OFFICE.

Please return this application to the Human Resources Director of your College as soon as possible. Your College 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.

* If you don't know your Employee ID No., please contact the College Office of Human Resources.

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 donated is more than the number of days actually used by the recipient, the unused days will be transferred by the recipient's College Office of Human Resources, upon notice to the University Benefits Office, to the Catastrophic Sick Leave Bank after one (1) year elapses from the date of the recipient's return to work. (The transfer of such leave shall not, however, qualify the donor for participation in the Catastrophic Sick Leave Bank.) In the event of a medically documented recurrence of the original illness or injury during this one (1) year period, the recipient will be permitted, upon approval of his/her respective college, to utilize the unused balance, provided that all other leave balances have been exhausted.

I hereby acknowledge and understand that my decision to donate sick leave and/or annual leave to another employee of The City University of New York is irrevocable and that the donated leave will not be returned to me, unless the intended recipient is deemed ineligible to receive the dedicated leave. I also acknowledge and understand that I have not been coerced nor am I receiving any benefit, express or implied, in return for the donated sick leave and/or annual leave; and that my donation may impact my Travia or Terminal Leave Benefit.

Signature of Donor: _____ Date: _____

To Be Completed By The College Human Resources Director

You are eligible to donate sick leave and/or annual leave.

You are not eligible to donate sick leave because

You are not eligible to donate annual leave because

Approved number of days to be donated:

_____ days of sick leave

_____ days of annual leave

Signature of Human Resources Director: _____ Date: _____

Please return this application with the disposition to the employee within five (5) working days from receipt.