



ADMINISTRATIVE DIRECTIVE

<b>SICK LEAVE</b>	NUMBER	PAGE
	<b>2.01-7B</b>	<b>1 of 6</b>
	EFFECTIVE DATE	
	<b>March 25, 2011</b>	

**I. PURPOSE**

To provide paid time off for illness of an eligible employee or an eligible family member.

**II. POLICY**

**A. ELIGIBILITY TO ACCRUE SICK LEAVE**

The following employees are eligible to accrue Sick leave:

1. Permanent, full-time employees.
2. Permanent, part-time employees, who work forty (40) hours or more per pay period.
3. Permanent, probationary employees in both of the above categories.

**B. RATE OF SICK LEAVE ACCRUAL**

Employees eligible to accrue Sick Leave shall accrue leave in accordance with Article V of Chapter 22 of the Tucson City Code, which may be accessed via the website at <http://www.amlegal.com/library/az/tucson.shtml>.

1. Permanent and probationary full-time employees accrue four (4) hours of Sick Leave each pay period, or thirteen (13) days per year (104 hours), except as otherwise provided by ordinance for commissioned public safety personnel.
2. Permanent part-time employees who work forty (40) hours or more per pay period accrue a pro-rated amount of Sick Leave according to the actual hours worked and hours of paid leave used per pay period.

**EXAMPLE:**

<b>Part-time</b>	<b>Sick Leave accrual</b>	
<b><u>hours worked:</u></b>	<b><u>Pro-ration:</u></b>	<b><u>Per pay period</u></b>
30 hours per week	60/80 x 4 hours =	3 hours

3. Permanent, part-time employees, who work less than forty (40) hours per pay period, as well as temporary and non-permanent employees, do not accrue Sick Leave.
4. An employee who is on Leave Without Pay or any unpaid leave status for up to one-half (1/2) of the pay period will accrue Sick Leave on a pro-rated basis for



## ADMINISTRATIVE DIRECTIVE

<b>SICK LEAVE</b>	NUMBER	PAGE
	<b>2.01-7B</b>	<b>2 of 6</b>
	EFFECTIVE DATE	
<b>March 25, 2011</b>		

that pay period based on the actual hours worked and hours of paid leave used.

Additionally, an employee who is on Leave Without Pay for more than one-half (1/2) of a pay period does not accrue Sick Leave for that pay period.

5. Sick Leave credit is cumulative with no maximum accrual.

### III. SICK LEAVE

- A. Employees should request leave in advance for pre-arranged optical, medical, or dental appointments. However, if the absence is unplanned, the supervisor must be notified in accordance with department policy and prior to the time scheduled to report for duty, unless there are extenuating circumstances which prevent the employee from doing so. Failure to follow proper leave requesting procedures may result in a charge of absence without leave (AWOL).
- B. If the employee requests sick leave or is absent due to a medical condition for more than five (5) consecutive workdays or forty (40) consecutive hours, whichever is less, or 56 consecutive work hours for commissioned Fire personnel, whichever is less, the supervisor will notify Human Resources so that Family and Medical Leave (FML) notifications can be sent to the employee on a timely basis. The employee will be required to submit a completed Certification of Health Care Provider Form to Human Resources as soon as possible but not later than fifteen (15) days from the date of the Family and Medical Leave Notice of Rights and Eligibility. (See Employee Leaves Administrative Directive 2.01-7.)

Upon return to work, the employee shall provide his/her supervisor with a Health Care Provider Note and promptly complete a leave card. If an employee is not available to sign a leave card because of absence due to illness, the employee's supervisor shall complete a leave card for that employee and include a signed notation explaining why the employee's signature is missing.

Employees on a formal written Work Improvement Plan may be required to submit a Health Care Provider Note for all unscheduled absences, regardless of the number of hours or days absent.

### IV. USE OF SICK LEAVE

- A. Probationary employees may use Sick Leave after they have completed two (2) full pay periods with the city.
- B. Sick Leave may not be used in less than half-hour (1/2) increments.



## ADMINISTRATIVE DIRECTIVE

<b>SICK LEAVE</b>	NUMBER	PAGE
	<b>2.01-7B</b>	<b>3 of 6</b>
	EFFECTIVE DATE	
<b>March 25, 2011</b>		

C. Accrued Sick Leave may be used for:

1. **Illness, disease, or malady** - Of an employee which prevents the employee from performing assigned duties. An employee with a serious health condition will be placed on FML, if otherwise eligible, in accordance with the Family and Medical Leave Act (FMLA) or Military Family Leave (MFL) until such time as the employee's FML or MFL is exhausted. (See Family Medical Leave (FML) Administrative Directive 2.01-7C, and Military Leave Administrative Directive 2.01-7G.)
2. **Contagious or Pandemic Preparedness** - When a supervisor observes an employee exhibiting flu or other symptoms of a potentially contagious illness, the supervisor may place the employee on Sick Leave and require the employee to seek medical attention and provide a Health Care Provider Note before the employee can return to work.
3. **Off-the-job accidental injury** - Which prevents the employee from performing assigned duties.
4. **On-the-job accident or injury** - In the amount needed to supplement the Worker's Compensation benefit in order for the employee to receive their regular pay.
5. **Fitness for Duty** – If, in the opinion of the department director, the employee is unable to perform the assigned duties, or may create a direct threat to self or others, the department director will contact the Director of Human Resources or designee to request that the employee submit to an examination by a city physician. If appropriate, Human Resources will arrange a fitness for duty examination by the city physician. Refer to the Fitness for Duty Guidelines, which may be obtained through the Human Resources department. If the employee is examined and the report of the examining physician indicates that the employee creates a direct threat to the safety or health of themselves or others in the performance of assigned duties, or is unable to perform the assigned duties, the employee may be placed on Sick Leave by the Human Resources Director or department director. (See Drug and Alcohol Use Administrative Directive 2.02-22, and Reasonable Accommodation of Applicants and Employees with Disabilities Administrative Directive 2.05-2.)
6. **Medical, dental, or optical treatments, examinations, or fittings** - Which must be made during working hours. Sick Leave may not be used for insurance examinations, pension examinations, etc., which are not connected with city employment.
7. **Use of Sick Leave** - To attend to the serious health condition (as defined by FML) or death of an employee's immediate family member will be permitted



## ADMINISTRATIVE DIRECTIVE

<b>SICK LEAVE</b>	NUMBER	PAGE
	<b>2.01-7B</b>	<b>4 of 6</b>
	EFFECTIVE DATE	
<b>March 25, 2011</b>		

subject to the department director's discretion and the needs and operational requirements of the department. An employee who is needed to care for a spouse, son, daughter, or parent with a serious health condition may be eligible for FML. (See Bereavement Leave Administrative Directive 2.01-7H, Family and Medical Leave (FML) Administrative Directive 2.01-7C, and/or Military Family Leave Administrative Directive 2.01-7G)

8. **Attending the birth of the employee's child** - Or other circumstances covered by authorized parental leave. (See Family and Medical Leave (FML) Administrative Directive 2.01-7C, and Medical Leaves and Parental Leave Administrative Directive 2.01-7D.)
- D. An employee is required to use accrued paid leave benefits, including accrued Sick Leave, and/or Vacation Leave (if eligible to use Vacation Leave) and/or Compensatory time, and/or Personal Leave whenever he/she is absent from work due to personal or family member illness. Vacation Leave and Compensatory Time may be used for such absence if the employee has exhausted their accrued Sick Leave and the absence is not considered unscheduled.
1. **Exempt employees** - A salaried employee who is exempt from overtime and who has exhausted all Sick Leave and Vacation Leave may have deductions made for absences of less than one day due to illness (to the extent permitted under the Fair Labor Standards Act (FLSA)). An exempt employee who has exhausted all accrued paid leave and is absent for one or more days (in whole day increments) is to be placed on Leave Without Pay.
  2. **Non-exempt employees** - Employees who are eligible for overtime are to be placed on Leave Without Pay for any hours not at work when all other accrued paid leave has been exhausted.
- E. Employees on Sick Leave will be paid their regular salaries and will continue to accrue normal Sick Leave and Vacation Leave. Additionally, such paid Sick Leave will be considered part of an employee's normal work period for the calculation of overtime.
- The usage of leave donated by another employee will not count towards accrual of normal Sick Leave and Vacation Leave.
- F. An employee who has a non-work-related illness or injury and has exhausted all accrued paid leave including Vacation Leave, Sick Leave, Personal Leave, and Compensatory time may apply for Donated Leave until eligible to receive Long-Term Disability. For more information on Long-Term Disability, employees may call Human Resources Employee Benefits at 791-4597. (See Donated Leave Administrative Directive 2.01-7E.)



ADMINISTRATIVE DIRECTIVE

<b>SICK LEAVE</b>	NUMBER <b>2.01-7B</b>	PAGE <b>5 of 6</b>
	EFFECTIVE DATE <b>March 25, 2011</b>	

**V. TRANSFER OF SICK LEAVE DAYS TO VACATION**

Annually, as of the first day of the pay period in which April 1st falls, any unused portion of the first seven (7) days (not to exceed 56 hours) of Sick Leave, (since April 1st of the preceding year) will be transferred to Vacation Leave unless the employee requests in writing to Human Resources Department, attention Personnel Records, that the leave not be transferred. Employees may elect to retain the days as Sick Leave or delay transfer for up to one (1) year.

**VI. SICK LEAVE AT TERMINATION**

**A.** Employees who are laid-off, discharged, or resign will not be compensated for unused accrued Sick Leave; however, accrued Sick Leave will be reinstated for an employee who is laid-off if the employee accepts reemployment, in accordance with Section IV of the Civil Service Rules and Regulations, with the city within two (2) years of the date of layoff.

**B.** Retiring Employees.

**1.** An employee taking normal, early, or permanent disability retirement will be paid for unused, accrued Sick Leave as follows, except as otherwise authorized by ordinance for commissioned public safety personnel:

**Sick Leave Hours**

<b>Accrued:</b>	<b>Payment:</b>
0 through 240	0%
Over 240 through 480	25%
Over 480 through 720	35%
Over 720	50%

**2.** Sick Leave payments shall be paid at the employee's current rate of pay exclusive of overtime, shift differential, standby pay, out of class pay, and longevity pay.

**3.** Any payment for unused accumulated Sick Leave will not be considered salary for the purpose of making Tucson Supplemental Retirement System (TSRS) retirement contributions. Unused accumulated Sick Leave can be used to achieve eligibility for TSRS retirement, and will be counted when computing length of service for employees hired prior to July 1, 2011. This inclusion in determining pension shall not be construed as giving to any employee any vested rights to payment.

State law establishes the manner and method in which benefits will be calculated for Public Safety Personnel Retirement System participants.



ADMINISTRATIVE DIRECTIVE

<b>SICK LEAVE</b>	NUMBER <b>2.01-7B</b>	PAGE <b>6 of 6</b>
	EFFECTIVE DATE <b>March 25, 2011</b>	

**C. Deceased Employees**

The city shall provide a special death benefit in an amount equal to all of the unused, accrued Sick Leave to the survivor(s) of any employee who dies while still employed by the city.

1. "Survivor(s)" shall be the person(s) who are indicated as the beneficiary of the employee's pension or as otherwise provided by law.
2. While this special death benefit shall be paid by the city to the employee's survivor(s) without any restriction, it is the intent of the city that such monies be used to assist in the payment of the employee's funeral expenses.

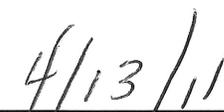
**Appendices (Forms)** may be obtained through the Human Resources Medical Leaves, Worker's Compensation and ADA Division.  
Certification of Health Care Provider Form  
Medical Clearance Form

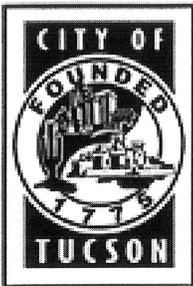
**References** (for a complete list of references for the entire AD Leaves series, please see AD 2.01-7)  
2.01-7 Employee Leaves  
2.01-7C Family and Medical Leave (FML)  
2.01-7D Medical Leaves and Parental Leave  
2.01-7G Military Leave  
2.01-7H Bereavement Leave  
2.02-22 Drug and Alcohol Use: Impaired Employees Physical Evaluations; Applicant Testing  
2.05-2 Reasonable Accommodation of Applicants and Employees With Disabilities  
Fitness for Duty Guidelines  
Tucson Code

**Review Responsibility and Frequency** The Director of Human Resources will review this directive annually, based on date of publication.

**Authorized**

  
\_\_\_\_\_  
City Manager

  
\_\_\_\_\_  
Date



**CITY OF TUCSON**  
**MEDICAL CLEARANCE FORM**

Fitness for Duty Evaluation

This form is used when an employee is required to provide a medical clearance prior to returning to work pursuant to Administrative Directive 2.01-7.

**EMPLOYEE INFORMATION**

**EMPLOYEE INFORMATION**

LAST NAME	FIRST NAME	M.I.	EMPLOYEE #

**TO BE COMPLETED BY PHYSICIAN**

MEDICAL CLEARANCE REQUIRED BY: \_\_\_ CITY PHYSICIAN \_\_\_ EMPLOYEE'S PHYSICIAN

PHYSICIAN'S NAME	PHYSICIAN'S PHONE NUMBER	PHYSICIAN'S FAX NUMBER

Date of Medical Examination: \_\_\_\_\_  
mm/dd/yy

**MEDICAL CLEARANCE TO RETURN TO WORK**

- Employee may return to work without restrictions:  Immediately  On date: \_\_\_\_\_
- Employee may return to modified duty on \_\_\_\_\_ with the following restrictions  
until \_\_\_\_\_ (date).
- No driving  No equipment operation  Reduced hours \_\_\_\_\_ hrs/day  Other – Explain Below
- Employee unable to work at this time. Expected return to work date is: \_\_\_\_\_

**OTHER: (Please explain)**

\_\_\_\_\_

\_\_\_\_\_

**PHYSICIAN'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_