



Emergency Medical Service General Order



Date of Issue: December 7, 2015	Effective Date: December 7, 2015	Number: 1.29
Subject: Voluntary Sick Leave Contribution		No. Pages: 1 of 2
Classification: Organization Management	Rescinds: All previous directives	
Commissioner of Emergency Medical Service: <i>W. Allen, Acting</i>		

Policy:

- I. Eligible employees may voluntarily contribute accumulated paid sick leave for the use of another eligible employee who is unable to work due to illness. Donations are to be received and processed before the employee's status changes to inactive.

Eligibility:

- I. An employee who is suffering from a serious medical condition as defined by the FMLA; who has exhausted all of his/her sick, vacation, compensatory time and holiday time; and
 - A. CARE/ILA Local 1975 AFL-CIO bargaining unit employees:
"who is not in any step of the Attendance Policy (except for employees who are on Step 1, and have a grievance pending challenging his/her placement in Step 1 of the Attendance Policy or are on Step 1 due to a violation of the City's AWOL or Tardiness Control policies), may submit a written request for sick leave donations from other bargaining unit members."
 - B. CWA Local 4340 AFL-CIO bargaining unit employees:
"must not be on any step of the sick-abuse policy", may submit a written request for sick leave donations from other bargaining unit members.
- II. The employee who is requesting sick leave donations must have medical documentation on file, and must be in an approved leave of absence status (FMLA or Non-FMLA Medical Leave of Absence) including the estimated duration of the leave.
 - A. To be eligible to receive a contribution of sick leave, an employee must have first exhausted his/her own accumulated sick leave, vacation time, personal days and compensatory time.
 - B. Sick leave contribution is for approved leaves of absence for illness, not for daily use of sick leave.
- III. In response to a request for sick leave from an eligible employee, an employee may donate, in writing, sick leave up to a maximum of one hundred and twenty (120) hours.
 - A. Donating employees must have a minimum balance of one hundred and twenty (120) hours of sick leave immediately following the donation.
 - B. Employees cannot contribute more than one hundred and twenty (120) hours of sick leave in total donations per calendar year.
 - C. Sick leave donations may be donated to and/or received from employees within the CARE/ILA Local 1975 AFL-CIO and CWA Local 4340 AFL-CIO bargaining units.

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Procedure:

- I. The contributing employee must complete a Voluntary Sick Leave Contribution form and submit the form to the Administrative Manager within the Human Resources Section.
- II. The Human Resources Section will review, sign and forward the copy to the Commissioner of the Division of Emergency Medical Service for approval.
- III. The form is then forwarded to the Director of Human Resources for signature than forwarded to Central Payroll in the Division of Accounts.
- IV. A copy shall be placed in both the contributing and receiving employee files.



City of Cleveland – Division of Emergency Medical Service
General Order 1.29 Voluntary Sick Leave Contribution
Voluntary Sick Leave Contribution Form

Contributing Employee

Name: _____ Classification: _____
Department: **Public Safety** Division: **Emergency Medical Service**

Receiving Employee

Name: _____ Classification: _____
Department: **Public Safety** Division: **Emergency Medical Service**

Contribution Information

I wish to contribute _____ hours from my accumulated sick leave balance
to _____

I understand that this time will be permanently deducted from my accumulated sick
leave balance and assigned to the receiving employee's sick leave balance.

I understand that my accumulated sick leave balance must be equal to or more than
120 hours in order for this transaction to be processed. Once this transaction is
processed, my remaining accumulated sick leave balance will be _____

Contributing Employee Signature _____ Date _____

Payroll Signature _____ Date _____

Commissioner - Division of EMS _____ Date _____

Director (or designee) Department of Human Resources _____ Date _____