

Jerry Yarbrough
Lamb County Treasurer

100 6th Drive RM B4
Littlefield, Texas 79339
806-385-4222 Ext. 204

September 24, 2018

Judge James M. DeLoach and
Lamb County Commissioner's Court

Dear Sirs:

Thank you for taking the time to review and consider my Catastrophic Sick Leave Policy request. I appreciate the consideration you have given to it.

I am requesting the following persons to be on the Sick Leave Pool Committee:

Cory DeBerry, Commissioner Precinct #1, Elected Official #1

Brenda Goheen, Tax A/C, Elected Official #2


Terri Hanna, from the JPO Office, Employee #1

Lori Zina, from the DA/CA Office, Employee #2

Chris Westin, from the Sheriff's Office, Employee #3

Thank you for your help and consideration with this matter

Yours truly,


Jerry Yarbrough
Lamb County Treasurer

CATASTROPHIC SICK LEAVE POOL COMMITTEE

Cory DeBerry, Commissioner Precinct #1, Elected Official #1

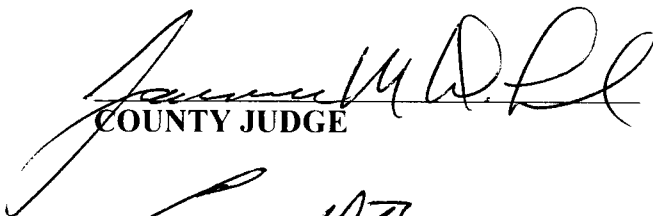
Brenda Goheen, Tax A/C, Elected Official #2

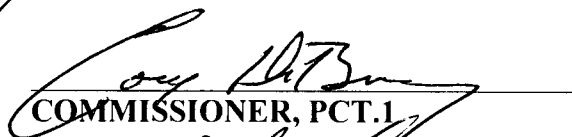
Terri Hanna, from the JPO Office, Employee #1

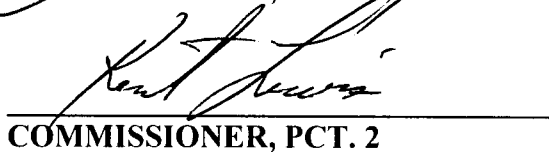
Lori Zinn, from the DA/CA Office, Employee #2

Chris Westin, from the Sheriff's Office, Employee #3

COMMISSIONER'S COURT SEPTEMBER 24, 2018


COUNTY JUDGE


COMMISSIONER, PCT. 1


COMMISSIONER, PCT. 2


COMMISSIONER, PCT. 3

COMMISSIONER, PCT. 4



**POLITICAL SUBDIVISION WORKERS' COMPENSATION ALLIANCE
ELECTION FORM**

I elect to participate in the Political Subdivision Workers' Compensation Alliance.
September 24, 2018 with Policy date of January 1, 2019
Effective Date of Alliance Participation

I elect NOT to participate in the Political Subdivision Workers' Compensation Alliance.

Termination Date of Alliance Participation

Lamb County
Company

Hon. Jerry Yarbrough, Lamb County Treasurer
Printed Name and Title

Jerry Yarbrough 9/24/2018
Signature of Workers' Compensation Coordinator or Pool Coordinator Date

James M. DeLoach 9/24/18
Hon. James M. DeLoach, County Judge Date

LAMB COUNTY SICK LEAVE POOL

The Lamb County Commissioners' Court has authorized a countywide voluntary Sick Leave Pool for eligible employees with a catastrophic injury or illness. Operation of the Sick Leave Pool shall be in accordance with guidelines established in this directive.

These guidelines do not constitute an employment contract or a guarantee of continued employment. The Lamb County Sick Leave Pool Committee reserves the right to change the provisions of these guidelines at any time, upon approval by Commissioners' Court.

DEFINITIONS:

1. Catastrophic Injury or Illness: A severe condition or combination of conditions affecting the mental or physical health of a full-time employee or the full-time employee's immediate family that: (1) requires the services of a licensed practitioner for a prolonged period of time; and (2) forces the employee to exhaust all leave time earned by that employee and to lose compensation from the County.
Catastrophic Injury or Illness does not include: (a) elective procedures or procedures that could be scheduled at a time more compatible with work responsibilities without detriment to the employee's health; or (b) pregnancies without complications.
2. Employee: Any person employed for at least 12 months by the County on a full-time non-contract basis.
3. Immediate Family: (*Mother, Father, Sister, Brother, Children, Spouse*) Includes those individuals who reside in the same household with an employee and who are related by kinship, adoption or marriage, as well as foster children certified by the Texas Department of Protective and Regulatory Services. Minor children of an employee, whether or not living in the same household, shall be considered immediate family for the purposes of Pool Leave. An employee's use of Pool Leave for family members not residing in their household is strictly limited to the time necessary to provide care and assistance to a spouse, child or parent who needs such care and assistance as a direct result of a documented medical condition.
4. Licensed Practitioner: A Doctor of Medicine or Doctor of Osteopathy, other than a hospital resident or intern, who is acting within the scope of his license.

5. Licensed Practitioner's Statement: A licensed practitioner's statement should be that of the attending licensed practitioner and must contain the description of the catastrophic injury or illness, date of the onset or initial diagnosis, prognosis for recovery, and anticipated date of the return to active duty. If the statement is for the care of an immediate family member, it must also include the type and duration of assistance required from the employee and the projected date of recovery. This statement must be dated within 30 days of the requested leave. Should the employee be released to return to work, the licensed practitioner's statement should list any restrictions or limitations and should indicate whether the limitations are temporary or permanent. If no restrictions are listed, it shall be considered an unconditional release.
6. Pool Leave: Sick leave that is covered by withdrawals from the Sick Leave Pool.
7. Release to Return to Work: A licensed practitioner's statement listing any restrictions or limitations and whether the illness/injury is of a temporary or permanent nature. If no restrictions or limitations are listed, the release shall be considered an unconditional release to return to work.
8. Sick leave: Leave taken when injury, illness, or pregnancy and confinement prevent an employee's performance of duty (essential functions) of the job or when a member of an employee's immediate family is actually ill.
9. Sick Leave Pool: Accrued sick leave voluntarily contributed by County employees to benefit County employees who suffer a catastrophic injury or illness or who are required to take leave due to an immediate family member's catastrophic injury or illness.
10. Sick Leave Pool Administrator: The County Treasurer
11. Sick Leave Pool Committee: Committee of 2 elected officials and 3 county employees approved by the Commissioners' Court.
12. Workdays: Monday through Friday, excluding county recognized holidays and days when offices are closed in observance of a National Holiday (i.e., Thanksgiving, the day before Christmas).

PROCEDURES:

I. Contributing to the Sick Leave Pool:

All contributions to the sick leave pool are voluntary. Employees who make contributions to the sick leave pool may not designate the contributed hours for use by a specific employee. An employee who contributes to the sick leave pool must meet the eligibility criteria in Section II of this directive to withdraw the contributed hours of pool leave.

Membership eligibility shall be for a period of one year, from October 1 to September 30.

A. Employee Responsibilities:

An employee shall notify their Department Head if the employee wishes to contribute to the Sick Leave Pool. Any hours donated to the pool will not be reinstated. The donated hours must remain in the pool and may only be withdrawn by the employee in accordance with Section II of this directive.

1. Active Employees:

Active employees may contribute accrued sick leave to the Sick Leave Pool. The contribution a full-time employee may make to the sick leave pool is not less than 1 day or more than 5 days of accrued sick leave.

2. Retiree, Resigned, or Terminated Employees:

An employee who retires, resigns or who is terminated may voluntarily donate not more than 10 days of accrued sick leave.

II. Withdrawing from the Sick Leave Pool:

A. General Provisions:

1. An employee who withdraws from the Sick Leave Pool is not required to pay back the utilized pool leave.
2. Any Sick Leave Pool time granted shall count as family and medical leave if applicable.
3. The department that normally bears the employees earned sick leave expense will also bear the expense of the sick leave awarded from the Sick Leave Pool.

B. Eligibility Criteria:

In order to be eligible to withdraw from the Sick Leave Pool, an employee must meet all of the following eligibility criteria.

1. The employee must:
 - a. Be on the Counties active payroll;
 - b. Have exhausted all accumulated paid leave and compensatory time available;
 - c. Have completed a minimum of 12 months of employment at the time the request is made;
 - d. Have donated a minimum of 1 day (8 hours) to the Sick Leave Pool during the fiscal year;
2. Another family member may not be concurrently accessing the Sick Leave Pool for the same catastrophic injury or illness.

C. Maximum Allowable Workdays:

An eligible employee may not use time in the Sick Leave Pool in an amount that exceeds the lesser of 1/3 of the total amount of time in the pool or 180 days.

D. Submission of a Sick Leave Pool Application for Withdrawal:

Employee Responsibilities:

In order to request withdrawal of Sick Leave Pool hours, an employee must submit a Sick Leave Pool Application for Withdrawal with required attachments identified below, to the Department Head. The application must be submitted at least 10 working days, but not more than 30 calendar days prior to the exhaustion of all accrued paid leave entitlements. The following attachments to the Sick Leave Pool Application are required:

Employee's Catastrophic Injury or Illness:

A licensed practitioner's statement must be submitted that contains a description of the catastrophic injury or illness, date of the onset or initial diagnosis, a prognosis for recovery, and anticipated date of return to active employment.

Immediate Family Member's Catastrophic Injury or Illness:

A licensed practitioner's statement must be submitted that contains a description of the catastrophic injury or illness, date of the onset or initial diagnosis, a prognosis for recovery, and amount of required assistance to the family member by the employee.

A requirement of a HIPPA release to the County, as required by a licensed practitioner/physician. The County Employee or County Family member will be responsible for providing any and all necessary HIPPA release documents to the physician to fulfill this requirement.

E. Review by Sick Leave Pool Committee:

The Department Head shall forward the completed Sick Leave Pool Application for Withdrawal to the Sick Leave Pool Administrator who will contact all Sick Leave Pool Committee members for approval.

Consideration will be on a first-come, first-serve basis. If two or more applications are received on the same day, those applications shall be prioritized based on months of county employment.

The decision of the Sick Leave Pool Committee is final and may not be submitted as grievance or appealed to a higher level.

F. Employee Notification of Approval or Disapproval:

Upon approval or disapproval of an Application by the Sick Leave Pool Committee the employee shall be notified that the number of days requested are/are not available.

G. Transfer of Pool Leave:

If the application was approved, the County Treasurer shall arrange for the transfer of approved pool leave days to the employees' sick leave balance on his/her timesheet.

H. Use of Accrued Leave While on Pool Leave:

An employee who utilizes pool leave for a full calendar month shall accrue paid leave for that month. However, such an employee shall be eligible to use accrued leave only if the employee returns to active duty before or immediately following expiration of the granted Pool Leave.

I. Return to Work:

If an employee returns to work and has not used all of the Sick Leave Pool days granted, the unused days will be credited back to the pool. The employee will not be allowed to keep unused Sick Leave Pool days.

J. Deceased Employee's Estate:

The estate of a deceased employee is not entitled to payment for unused pool leave. Any unused Pool Leave granted to the employee prior to the employee's death shall be returned to the sick leave pool effective the date of the employee's death.

Lamb County Sick Leave Pool Application for Contribution

Name

Department

Current accrued sick leave balance: _____

For full-time employees:

Number of days CONTRIBUTING to the Sick Leave Pool: _____
No less than 1 day (8 hours), no more than 5 days

For retirees or termed employees:

Number of days CONTRIBUTING to the Sick Leave Pool: _____
No more than 10 days

Contributions shall not be designated for any specific employee.

Employee Signature

Date

Lamb County Sick Leave Pool Application for Withdrawal

Name

Department

Date all accrued leave will be exhausted: _____

Number of days contributed to Sick Leave Pool this fiscal year: _____

Number of days requesting from Sick Leave Pool: _____

Catastrophic Injury or Illness of:

Employee

Immediate Family Member

Relationship: _____ (*mother, father, sister, etc.*)

Where family member resides: _____

If not in employee's household, include statement indicating to what extent the family member is totally dependent upon the employee on a continuing basis.

Required documentation attached:

Attending licensed practitioner's statement containing description of injury or illness, date of onset or initial diagnosis, prognosis for recovery, and anticipated date of return to active duty. If family member, include the amount of assistance required by the employee.

Employee Signature

Date

Department Head Signature

Date

Request Approved Date: _____

Request Denied Date: _____

Days Granted by Committee: _____

Committee Member

Committee Member

Committee Member

Committee Member

Committee Member

