

**THREE RIVERS COLLEGE  
PERSONNEL POLICY**

|   |                           |
|---|---------------------------|
| Section: 4000 Personnel   |                           |
| Sub Section: 4300 Leave   |                           |
| Title: PP 4330 Shared Sick Leave                                    | Page 1 of 6               |
| Associated Regulation: PR 4320 Authorized Types of Leave            |                           |
| References:   |                           |
| Addendum: Application for Use of the Three Rivers College Sick Bank |                           |
| Responsible Administrator: Director of Human Resources              |                           |
| Initial Approval: 11-12-2009  | Last Revision: 11-17-2021 |

1. All personnel eligible for sick leave at Three Rivers College may elect to participate in a voluntary sick leave contingency plan. The personnel eligible to join this plan, hereinafter referred to as the Three Rivers College Sick Bank, will include any employee of the college receiving sick leave benefits under board policy. The Three Rivers College Sick Bank will be deemed to be in operation when a minimum of 20 people elect to participate in the plan.
  
2. To participate in the Three Rivers College Sick Bank, the employee must fill out an application form and donate an initial two days of sick leave during the initial enrollment period or during any subsequent open enrollment period. The initial enrollment period for the sick bank shall start on the date of hire for the employee and continue through the ten business days that follow. Subsequent enrollment periods may be held at the discretion of the sick bank committee if the event is deemed necessary with a majority vote of the sick bank committee and published to all full-time, benefit eligible employees. Should the employee not have two days of sick leave to donate during the initial enrollment period, the application will be held until such time the days are accumulated. As personal days are given in lump sum, a donation of two personal days shall also be acceptable at the time of initial application for membership.
  
3. Membership in the Three Rivers College Sick Bank will be continuous upon a member joining unless a member specifically revokes his or her membership. Individuals may withdraw from the Three Rivers College Sick Bank at any time by submitting a written request to the presiding member of the governing committee. Any sick days contributed to the bank will be forfeited upon withdrawal. Any member who chooses to withdraw may join during any open enrollment period; however, they must again contribute the two initial days of sick leave from their own accumulated total of days.
  
4. The Three Rivers College Sick Bank will be maintained in the following manner:

In addition to the initial donation of two days, each participating member will be required to donate an additional day per year after his/her initial donation of two days unless it is determined by the governing committee that no contribution is

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needed for a given year. Additional assessments may be recommended by the governing committee but must be approved by a simple majority vote of the membership of the Three Rivers College Sick Bank. It is recommended that approximately 500 days be maintained in the Three Rivers College Sick Bank for a given year.

5. To be eligible to draw from the Three Rivers College Sick Bank, a member must be an employee of the college receiving sick leave benefits under board policy, must have used all accumulated leave, and must have been off work for three consecutive days without pay. The member must further have been a member of the Three Rivers College Sick Bank plan for a minimum of thirty (30) days prior to submitting a request for withdrawal of days. The thirty (30) day minimum membership requirement begins after the initial two days have been donated. In the event that a member is physically or mentally unable to apply for sick bank days, the immediate next of kin may apply on the member's behalf. If no next of kin is available, a legally appointed guardian or conservator or an individual acting under a legal power of attorney may apply. Application for sick bank days should be made no later than thirty (30) days after depletion of all other available leave days.
  
6. The Three Rivers College Sick Bank is to be used only for an employee illness or injury in which a written statement from the attending physician certifies that the illness or injury is of such a nature that the person affected is unable to perform his or her duties. There must be a reasonable expectation that the individual will be able to return to work and an estimated day of return will be verified by the physician. This excludes uncomplicated pregnancy as it is not considered an illness or injury but a normal life process.
  
7. Employees who are granted sick bank days will continue to accrue their regular sick days, vacation days (if applicable), and service credit for retirement during the time that they are on sick leave. In addition, they will receive credit for any holidays, or applicable school vacations which occur during the sick leave period. Any accrued sick leave or vacation days accumulated while utilizing sick bank leave will be subtracted from the total requested sick bank days.

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8. Grants of sick bank days are not contingent upon repayment of days used or waiver of other employment benefits or rights. If the employee returns to work early any unused Sick Bank days will be returned to the Sick Bank.
  
9. The Three Rivers College Sick Bank will be administered by a governing committee consisting of two members of the faculty elected from its members, two members of the non-exempt staff elected from among its members, two members to represent the administration of the college elected from among the members of the administration and exempt (non-teaching) staff, and one board member to be appointed yearly by the college board. NO governing committee member may serve more than two consecutive three-year terms. The governing committee will meet as needed but will meet at least once yearly, within the first 60 days of the beginning of the fall semester, to select officers (chair, vice chair, secretary) from among their membership. In the event of the resignation of a member of the governing committee of the sick bank the chair of the appropriate employee group will select a member of their group to serve the remainder of the resigning member's term.
  
10. The governing committee of the Three Rivers College Sick Bank will make all decisions as to eligibility and number of days granted within the following parameters:
 

No withdrawal in excess of (40) forty days shall be made without the majority consent of the governing committee of the Three Rivers College Sick Bank.

In all cases, the total number of days granted shall be at the discretion of the governing committee within the limits expressed above, with the further provision that no more than eighty (80) days during any one twelve-month period will be granted.
  
11. Requests for withdrawal of banked days from the Three Rivers College Sick Bank will be made as follows:
  - A. An official Three Rivers College Sick Bank withdrawal form will be completed and forwarded to the presiding member of the governing

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committee of the Three Rivers College Sick Bank. A copy of this form may be found as the last page of this document.

- B. An initial physician's statement detailing the nature of the illness or injury will be required. This statement should include information that will aid the governing committee in its decision to grant sick bank days.
- C. If required, the applicant may be asked to meet with the Sick Bank committee in order to explain the reasons for their sick day withdrawal request.
- D. Upon receipt of the required form and physician's statement, the governing committee will meet and the request will be either approved or denied by a majority vote of the committee. In either case, the applicant will be notified in writing of the board's decision within ten (10) business days of receipt by the governing board of the applicant's written request.

A member of the governing committee with a conflict of interest shall abstain from voting.

- E. All decisions of the governing committee of the Three Rivers College Sick Bank will be final.
- F. If an extension of days is needed, the same basic procedure as in parts "A" through "E" above will be followed. An additional statement from a physician will be required. A member currently receiving sick bank days may apply for additional days; days granted will be dated in such a manner as to assure that there will be no gap in sick-day coverage.
- G. It will be the responsibility of the presiding member of the governing board to keep all applications, supporting documents, and physician's statements submitted by or on behalf of the member strictly confidential. All submitted documents will become the property of the governing committee of the Three Rivers College Sick Bank; the security of all

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documents will be maintained. Documentation will be securely maintained long term in the Human Resources office.

12. All requests granted for withdrawal of sick bank days will be provisional to the extent that they will be subject to constant review by the governing committee of the Three Rivers College Sick Bank. In the event that the time of illness or injury is extensive, the governing committee may require additional medical evidence from a physician or medical facility at appropriate intervals.
  
13. All college employees upon termination of employment from Three Rivers College will cease being members of the Three Rivers College Sick Bank upon the effective day of their termination from college employment, and all days donated by the individual will be forfeited.
  
14. An official copy of the Three Rivers College Sick Bank guidelines will be on file in the Rutland Library for employee review. The Three Rivers College Sick Bank option will be listed in the Employee Handbook and available for review on the College website. It is incumbent upon the employee to request participation and to comply with all guidelines.
  
15. In the event that the Three Rivers College Sick Bank is dissolved for any reason, all sick days in the bank will be restored to current members of the Three Rivers College Sick Bank on a prorated basis.
  
16. Any changes in or amendments to the Sick Bank guidelines outlined above shall be recommended by the governing committee and approved by a majority vote of the members.

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**DOCUMENT HISTORY:**

- 11-12-2009:** Initial approval of policy PP 4330 Shared Sick Leave.
- 09-21-2016:** The College Board of Trustees approved the name change of the college from Three Rivers Community College to Three Rivers College.
- 03-22-2017:** Minor language edits for clarification. Replacing faculty, professional staff, and support staff handbooks with employee handbook and website for listings of the Shared Sick Bank.
- 02-20-2019:** Clarification of the employee's initial start date, classification of exempt and non-exempt employees, and sick bank eligibility requirements.
- 11-17-2021:** Clarification of Shared Sick Bank membership start date and use of the Shared Sick Bank for employee illnesses, as well as the addition of a clause relating to committee members with conflicts of interest.

**APPLICATION FOR WITHDRAWAL OR AN EXTENSION OF SICK DAYS  
FROM THE THREE RIVERS SICK BANK**

**Name of Applicant** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Applicant Address** \_\_\_\_\_

**Position at Three Rivers** \_\_\_\_\_

**Specific Illness or Injury**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Beginning Date of Infirmity** \_\_\_\_\_

**Number of Banked Sick Days Requested** \_\_\_\_\_

**Is this a request for an extension of days?** \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

**Last day in which employee can apply any sick leave, vacation days, or personal days toward the infirmity**

\_\_\_\_\_  
*(include granted sick banks days if applicable)*

**Name of physician and clinic where treatment is being administered**

\_\_\_\_\_

**Physician/Clinic Phone Number** \_\_\_\_\_

**NOTE:** A written statement concerning the details of the above infirmity filled out by the appropriate physician must accompany this form. If this is a request for an extension of days, an additional statement from the attending physician must accompany this form.

I hereby affirm that I have exhausted or will exhaust all of my regular sick days, personal days, vacation days (if applicable) or sick bank days granted (if applicable) on the day stated above and I hereby apply for the number of sick days requested above.

\_\_\_\_\_

**Employee Signature**

\_\_\_\_\_

**Date of Request**

**PHYSICIAN'S CERTIFICATION OF EMPLOYEE ILLNESS/INJURY**

To be completed by the employee: \_\_\_\_\_

Name: First Middle Last

**INSTRUCTIONS TO THE HEALTH CARE PROVIDER:**

Please answer the following questions based upon your knowledge of the employee's job function and upon his ability to perform those functions. Your answer should be your best estimate based upon your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "lifetime," "unknown," or "indeterminate" may not provide sufficient information to determine Sick Bank eligibility. Limit your responses to the condition for which the employee is seeking leave. Please be sure to sign this form.

Approximate date condition began: \_\_\_\_\_

Probable duration of condition: \_\_\_\_\_

Was the patient admitted for an overnight stay in a hospital? \_\_\_\_\_

If yes, dates of admission \_\_\_\_\_

Was the patient referred to other health care specialists or health care providers for evaluation or treatment (i.e., physical therapy, etc.)? \_\_\_\_\_ If yes, please state the nature of the treatments and the expected time of duration \_\_\_\_\_

Is the patient unable to perform any of his/her job functions due to the illness/injury? \_\_\_\_\_

If yes, please identify the job functions the employee is unable to perform:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there a reasonable expectation that the individual will be able to return to work? \_\_\_\_\_

If no, please explain. \_\_\_\_\_

Expected date of return to work: \_\_\_\_\_

Please provide any other relevant facts which may be used to determine the patient's eligibility for Sick Bank leave:  
\_\_\_\_\_  
\_\_\_\_\_

Physician Signature \_\_\_\_\_ Address \_\_\_\_\_

Type of Practice / Medical Specialty \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Employee Release:

I, \_\_\_\_\_, request that my physician/healthcare professional release the enclosed information to the Chair of the Three Rivers Sick Bank Committee at Three Rivers College. This request is made freely and without any expectation of remuneration or liability on the part of Three Rivers.

\_\_\_\_\_  
Employee Signature Date