

ARTICLE [x]. SICK LEAVE POOL

Section 1. Procedure Statement

Oregon Tech strives to create a welcoming, inclusive and caring work environment for its employees (unclassified staff and faculty). When one member of the Oregon Tech community experiences a prolonged illness or serious injury, colleagues often seek ways to support and assist those experiencing such hardships. Oregon Tech's Sick Leave Pool (SLP) is a way for employees to combine a portion of their individually accrued sick, COVID or vacation leave for collective use when prolonged illness or serious injury exhausts an enrolled employee's leave balances.

Section 2. Reason for Procedure/Purpose

Oregon Tech will establish a SLP to benefit enrolled employees who suffer a Qualifying Event (defined below), or whose immediate family member suffers a Qualifying Event.

The purpose of this procedure is to establish the structure, eligibility requirements, and operational processes used to implement the SLP, including outlining the process to enroll, apply for direct donations and sick leave fund grants, and donate hours to the SLP or specific individuals seeking direct donations.

The SLP empowers employees to help sick or injured colleagues continue to receive paid leave after they have exhausted their accrued leave.

Section 3. Applicability/Scope

The SLP is a voluntary benefit offered to Unclassified Staff and Faculty (including all bargaining members) who wish to join during the annual open enrollment period.

Section 4. Terms and Definitions

Direct Donation – When one SLP Participant directly donates accrued leave, including sick, COVID or vacation time, to a specific SLP Participant.

Immediate Family Member – For purposes of the SLP applicability, this includes any family member living in the same household as well as spouse, domestic partner, child (biological, adopted, foster, stepchild, or otherwise), parent, parent-in-law, grandparent, grandchild, or domestic partner's parent or child.

Long Term Disability (LTD) Insurance – An optional benefit available to Oregon Tech employees at the time of hire and during open enrollment. LTD insurance pays a percentage of an employee's salary if they are unable to work due to illness, injury, or accident for a long period of time.

Medical Documentation – Typically, any medical documentation that is sufficient for leave under FMLA/OFLA or to support a Workers' Compensation claim will be sufficient for a SLP Application. If none of these apply, a letter from the SLP Applicant's medical provider detailing illness or injury of the employee, or immediate family member, with an anticipated return to work date will suffice.

45 Enrollment – The time period during which Oregon Tech employees sign up for benefits. As used
46 in these procedures, references to open enrollment refer to SLP open enrollment. However, the SLP
47 open enrollment is the same as open enrollment for benefits to avoid confusion.

48

49 Qualifying Event – An illness, injury, disability, disability period, or quarantine that incapacitates an
50 employee for ten (10) or more consecutive working days resulting in an exhaustion of all accrued
51 leave.

52

53 Short Term Disability (STD) Insurance – An optional benefit available to Oregon Tech employees
54 at the time of hire and during open enrollment. STD insurance pays a percentage of an employee’s
55 salary if they become temporarily disabled, which means that they cannot work for a short period of
56 time due to sickness or injury.

57

58 SLP Application – The application form that must be completed by a SLP enrolled and eligible
59 employee to request a SLP Grant or a SLP Direct Donation.

60

61 SLP Committee – A committee consisting of two (2) Klamath Falls faculty, two (2) Portland Metro
62 faculty, two (2) unclassified staff and Chief Human Resource Officer (CHRO) or designee will
63 review SLP Applications to grant, deny, or partially grant such applications. All committee members
64 shall be enrolled in SLP.

65

66 SLP Donation Form – The form an employee uses to make a voluntary donation of hours to the
67 SLP pool (an SLP Grant) or to an enrolled employee with a pending SLP Application (a SLP Direct
68 Donation).

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70 SLP Enrollment Form – The form used at the time of enrollment and re-enrollment.

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72 Section 5. Procedure

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74 A. Procedure Overview

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76 The following is an overview of the SLP application process:

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78 1. Enroll. Employee enrolls in SLP at the time of hire or during open enrollment or during any
79 other qualifying event where a member can change or enroll for membership.

80

81 2. Qualifying Event. The enrolled employee, or an immediate family member thereof, experiences
82 an illness, injury, disability, disability period, or quarantine that incapacitates an employee for ten (10)
83 or more consecutive working days resulting in an exhaustion of all accrued leave.

84

85 3. Apply. The enrolled employee submits a SLP Application with appropriate supporting medical
86 documentation to the Chief Human Resource Officer (CHRO).

87

88 4. In-take Review of Application. CHRO, or designee, reviews application and medical
89 documentation. Seeks clarification from the SLP applicant, if needed.

90

91 5. SLP Committee Activated. CHRO, or designee, activates the SLP Committee. For privacy
92 purposes, the medical documentation will not be provided to the SLP Committee, only the SLP
93 Application with the applicant's name redacted. The SLP Committee will only be activated and
94 receive applications when the medical documentation has already been reviewed and accepted by the
95 CHRO, or designee.

96
97 6. SLP Recommendation. The SLP Committee meets to discuss the application and request being
98 made. They will decide to grant, deny, or partially grant the request.
99

100 7. Decision. The CHRO notifies the SLP applicant of the outcome. If the request is granted or
101 partially granted, the CHRO, or designee, initiates the transfer of hours out of the SLP bank to the
102 applicant's sick leave balance.

103 104 B. Enrollment Requirements

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106 Unclassified staff and faculty may voluntarily elect to participate in the SLP by enrolling during any
107 enrollment period. SLP enrollment occurs at the same time as open enrollment for benefits.
108

109 To enroll, full-time employees must complete the Enrollment Form and donate to the SLP eight (8)
110 hours of accrued leave, which may come in the form of sick leave or vacation time. An additional
111 eight (8) hours will be donated annually at the time of re-enrollment. To enroll, an employee must
112 have a balance of at least eighty (80) hours of combined sick leave and vacation time.

113
114 Part-time employees will follow a pro-rated enrollment (e.g., .75 FTE would donate 6 hours; .5 FTE
115 would donate 4 hours at enrollment and annual re-enrollment) and have a pro-rated minimum
116 balance of leave (e.g., sixty (60) hours of .75 FTE; forty (40) hours if .5 FTE).

117
118 Employees may donate additional sick leave up to 1040 hours per year.

119
120 Employees who enroll in the SLP waive all rights to the hours from their donation. Donated hours
121 will not be returned upon unenrollment, resignation, termination, or retirement from Oregon Tech.
122

123 C. Eligibility to Make SLP Direct Donations or SLP Grants

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125 If the bank of hours in the SLP account is depleted and unable to meet applications requesting
126 hours, enrolled members may elect to voluntarily donate additional hours to the pool for general use
127 (a SLP Grant) or may elect to donate hours to a specific individual applying for hours (SLP Direct
128 Donation). To be eligible to make a voluntary SLP Grant or Direction Donation, the donating
129 employee must maintain a balance of eighty (80) hours of combined sick leave and vacation time.
130

131 This 80-hour minimum leave balance rule may be waived by the Chief Human Resource Officer
132 (CHRO) in consultation with the Sick Leave Pool Committee by making a request directly to the
133 CHRO detailing why such a waiver should be granted.
134

135 D. Eligibility to Request SLP Direct Donations or SLP Grants

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137 1. To be eligible to receive a SLP Direct Donation and/or SLP Grant, the employee making the
138 request must:

*OT-AAUP reserves the right to add to, modify, or amend proposals during the course of negotiations.

- 139
140 a. Be a current unclassified staff or faculty member of Oregon Tech and be enrolled in the SLP. Like
141 STD and LTD, enrollment must occur during any enrollment period, not at the time of need.
142 b. Suffer a Qualifying Event, wherein the enrolled employee, or an immediate family member,
143 experiences an illness, injury, disability, disability period, or quarantine that incapacitates an
144 employee for ten (10) or more consecutive working days resulting in an exhaustion of all accrued
145 leave.
146 c. Have exhausted all personally accrued sick leave, annual, and compensatory time.
147 d. Submit to the Office of Human Resources a completed SLP Application and provided acceptable
148 supporting medical documentation.

149
150 2. Employees are not eligible to receive SLP Grants and/or Direct Donations if:

- 151
152 a. They are not enrolled in the SLP;
153 b. They have not exhausted their own accrued leave;
154 c. They are not on active pay status, such as they are on leave without pay for reasons unrelated to
155 the extensive illness or accident (job abandonment, suspension, etc.); are on less than 12-month
156 appointments and make the request during a period of non-appointment (summer session); lay-off;
157 d. They are eligible to receive other pay benefits, including workers' compensation, short-term
158 disability, or long-term disability; and/or
159 e. The SLP does not have an adequate bank of hours in which to approve the request.

160
161 E. SLP Committee

162
163 The SLP Committee – A committee consisting of two (2) Klamath Falls faculty, two (2) Portland
164 Metro faculty, two (2) unclassified staff and Chief Human Resource Officer (CHRO) or designee
165 will review SLP Applications to grant, deny, or partially grant such applications. All committee
166 members shall be enrolled in SLP.

167
168 SLP Committee members will serve two (2) year staggered terms. To remain on the SLP Committee,
169 each member must attend annual training and be available to attend SLP review meetings.

170
171 The SLP Committee may also be called upon to assist with training or education of newly hired or
172 existing unclassified staff and faculty about the SLP.

173
174 F. SLP Annual Reporting

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176 The CHRO, in collaboration with the SLP Committee, will make an annual report to the Oregon
177 Tech President, OT-AAUP President, Chief Financial Officer, and Director of Payroll updating
178 them on, including but not limited to: the hours in the SLP bank; the number of applications
179 received in the prior year; number of applications granted, denied, or partially granted; the number
180 of hours awarded; and recommendations to update or modify any SLP forms, procedures, or
181 practices.

182
183 Annual reports should be completed and submitted to the Oregon Tech President and OT-AAUP
184 President by the CHRO no later than July 31 of each year.

185

186
187 APPENDIX XX: SICK LEAVE POOL Enrollment Form

188 ARTICLE [x]. SICK LEAVE POOL

189 APPLICATION FOR ENROLLMENT FORM

190 Employee Name: Date of Request:

191 Department: Position:

192 Hire Date: Phone Number:

193 I hereby request enrollment for membership in the Oregon Tech Sick Leave Pool
194 (SLP) effective immediately.

195 I understand that my membership in the Sick Leave Pool is subject to the terms and
196 conditions of the Collective Bargaining Agreement with the Association, and
197 according to Article [x] on Sick Leave Pool, and that by signing this application form,
198 I agree to be governed by said CBA.

199 I further authorize the Human Resources Office to deduct 8 hours of sick leave
200 annually from my accrual account. I understand that, to continue enrollment in the
201 Sick Leave Pool, I must donate the minimum amount of leave time determined as
202 necessary to maintain the SLP whenever there is a call for donations.

203 This authorization shall continue from year to year unless and until I provide the
204 Human Resources Office with written notice of my intent to discontinue
205 membership.

206 Date _____

207 Employee Signature _____

208

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209 APPENDIX XX: SICK LEAVE POOL Enrollment Form

210 ARTICLE [x]. SICK LEAVE POOL

211 DONATED AMOUNT INTO SICK LEAVE POOL

212 Employee Name: Date of Request:

213 Department: Position:

214 Hire Date: Phone Number:

215 Donation Amount: Time Period for Donation: (monthly, annually, etc)

216 Initial Starting Date for donation:

217

218 Comments/Clarifications:

219

220

221

222 Date _____

223 Employee Signature _____

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232 APPENDIX XX: SICK LEAVE POOL Request for Benefit Form

233 ARTICLE [x]. SICK LEAVE POOL

234 REQUEST FOR BENEFIT FORM

235 Employee Name: _____ Date of Request: _____

236 Department: _____ Position: _____

237 Email: _____ Phone Number _____

238 I hereby request _____ hours of sick leave benefits from the Sick Leave Pool
239 for the following reason (check one):240 _____ **Parental Leave.** Parental Leave: during the year following the birth of a child or
241 adoption or foster placement of a child under 18, or a child 18 or older if incapable of self-care
242 because of mental or physical disability; includes leave to effectuate the legal process required for
243 foster placement or adoption.244 _____ **Serious Health Condition.** Serious Health Condition is an Employee's own Serious
245 Health Condition or to care for a family member's Serious Health Condition. Serious Health
246 Condition is an illness, injury, impairment, or physical or mental condition that involves either an
247 overnight stay in a medical care facility, or continuing treatment by a health care provider for a
248 condition that either prevents the employee from performing the functions of the employee's job or
249 prevents the qualified family member from participating in school or other daily activities. (12
250 weeks) NOTE: Does not include an employee unable to work due to a compensable Workers
251 Compensation injury.252 _____ **Pregnancy Disability Leave.** Pregnancy Disability (a form of serious health
253 condition leave) is taken by an employee for an incapacity related to pregnancy or childbirth,
254 occurring before or after the birth of the child, or for prenatal care. (12 weeks)255 _____ **Family Member Leave.** Family Member Leave taken to care for an employee's family
256 member with an illness or injury that requires home care but is not a serious health condition. (12
257 weeks). Requires medical certification.258 _____ **Bereavement Leave.** Bereavement Leave to cope with the death of a family member.
259 (2 weeks within 60 days of bereavement notice to the Employer)260 _____ **Oregon Military Family Leave.** Oregon Military Family Leave is taken by the
261 spouse or domestic partner of a service member who has volunteered for or has been called to
262 active duty or notified of an impending call to active duty.

263 _____ **Military Family Leave.** Military Family Leave is for:

264 a) Qualifying exigencies related to covered active duty or called to covered active duty status
265 for the employee or family member (12 weeks); *or*

266 b) Care for a covered service member for injury or illness. (26 weeks)

267

268 Please include any needed documentation to support the request, if necessary as
269 described above.

270

271

272 Date _____

273 Employee Signature_____