

**Kentucky Community & Technical College System**

**Request for Sick Leave Sharing**

This policy applies to *regular* status KCTCS employees (as opposed to temporary status) who have successfully completed their Introductory Period and are governed by leave policies that allow employees to obtain paid sick leave time through the accrual method.

Employee Name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

Personnel System Employee is Currently Under: UK  KCTCS  18A  151B  Faculty  Staff

Amount of Sick Leave Needed \_\_\_\_\_

Dates of Requested Sick Leave Sharing: \_\_\_\_\_ to \_\_\_\_\_

The need for the absence must meet the same criteria as established under the Family Medical Leave Act (FMLA), including the requirement that there be a "serious health condition" (see definition below). Please indicate the name of the sick individual and if it is a family member, his/her relationship to employee, and how the absence meets the same criteria as the FMLA criteria.

Please attach a medical statement by one or more physicians stating that the employee will be unable to perform the duties and responsibilities of his/her position during (must be at least ten (10) or more consecutive working days) the above dates, under the Sick Leave Sharing Program.

\_\_\_\_\_ (date)

I have or will have exhausted all available and accrued paid leave, prior to the start date of the requested Sick Leave Sharing, including sick/TDL, vacation/annual and compensatory leave.  Yes  No

My available/accrued leave will be exhausted as of: \_\_\_\_\_

If I accrue leave time while using donated sick leave, I must exhaust that time before further donated time is used.

\_\_\_\_\_  
Signature of Requesting Employee

\_\_\_\_\_  
Date

Definition

"Serious health condition" as defined by the Family Medical Leave Act means an illness, injury, impairment, or physical or mental condition that involves either:

- any period of incapacity or treatment connected with inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical-care facility, and any period of incapacity or subsequent treatment in connection with such inpatient care; or

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- Continuing treatment by a health care provider which includes any period of incapacity (i.e., inability to work, attend school or perform other regular daily activities) due to:
  1. A health condition (including treatment thereof, or recovery there from) lasting more than three consecutive days, and any subsequent treatment or period of incapacity relating to the same condition, that also includes:
    - a. treatment two or more times by or under the supervision of a health care provider; or
    - b. one treatment by a health care provider with a continuing regimen of treatment; or
  2. Pregnancy or prenatal care. A visit to the health care provider is not necessary for each absence; or
  3. A chronic serious health condition, which continues over an extended period of time, requires periodic visits to a health care provider, and may involve occasional episodes of incapacity (e.g., asthma, diabetes). A visit to a health care provider is not necessary for each absence; or
  4. A permanent or long-term condition for which treatment may not be effective (e.g., Alzheimer's, a severe stroke, terminal cancer). Only supervision by a health care provider is required, rather than active treatment; or
  5. Any absences to receive multiple treatments for restorative surgery or for a condition which would likely result in a period of incapacity of more than three days if not treated (e.g., chemotherapy or radiation treatments for cancer).

*(Below to be completed by Human Resources Staff)*

The employee has or will have exhausted all available and accrued paid leave, including sick/TDL, vacation/annual and compensatory leave, as of \_\_\_\_\_ . (date)

Is this date after the start date of the requested Sick Leave Sharing?  Yes  No

Has the employee been reprimanded or disciplined for excessive absences or abuse of sick leave within the past 12 months?  Yes  No

Is the employee a regular status KCTCS employee who accrues leave time and has successfully completed their introductory period?  Yes  No

\_\_\_\_\_  
Human Resources Chief/Dean/Director Signature

\_\_\_\_\_  
Date

*Below to be completed by college CEO/Chief for college employees, or by VP/Chancellor for System office employees.*

Approved.  Not approved.

Comments:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
College President/CEO or Appropriate Chief Signature

\_\_\_\_\_  
Date

*For System Office Employees:*  
KCTCS Applicable Vice President or Chancellor Signature