

IN THE SUPREME COURT OF THE STATE OF KANSAS

Administrative Order No. 133

In re: Temporary Shared Leave Policy

Pursuant to K.S.A. 20-162, the attached Judicial Branch Shared Leave policy shall be in effect from November 1, 1998, through December 31, 1999. During the effective period, the policy will be studied and evaluated to determine if it or some modified form thereof is feasible for inclusion in the Kansas Court Personnel Rules beyond said period. An employee who is granted shared leave during the effective period may exhaust any unused donated time after December 31, 1999 for which he or she remains eligible.

BY ORDER OF THE COURT this 8th day of October, 1998.


Kay McFarland
Chief Justice

Attachment

JUDICIAL BRANCH SHARED LEAVE

The Shared Leave Benefit Program is a means to transfer vacation and sick leave to a qualifying employee experiencing a serious medical condition which would require the employee to take leave without pay or terminate employment and who has not yet qualified for KPERS long-term disability benefits.

Common or minor illnesses, injuries, impairments or mental conditions that may cause an employee to take leave without pay or terminate employment are excluded from the Shared Leave Benefit Program.

If the employee is receiving worker's compensation the employee is not eligible to receive shared leave.

Employees, except those in temporary or extended temporary positions, may be eligible to receive or donate shared leave as provided in these rules.

Shared leave may be granted to a regular employee if the employee:

1. is experiencing a serious medical condition, substantiated by a physician's written statement, which would require the employee to take leave without pay or terminate employment; and
2. the serious medical condition keeps the employee from performing regular work duties.

An employee shall be eligible to receive shared leave only when:

1. the employee has exhausted all paid leave available for use, including vacation leave, sick leave, discretionary day and compensatory time credits; and
2. the employee has six months of continuous service with the judicial branch; and
3. the employee has applied for KPERS long-term disability.

An employee shall be eligible to donate vacation and/or sick leave to another employee when:

1. the donation of vacation leave does not cause the accumulated vacation leave balance of the donating employee to be less than 80 hours; and
2. the donation of sick leave does not cause the accumulated sick leave balance of the donating employee to be less than 480 hours; and
3. the donation of vacation leave and/or sick leave must be in full eight hour increments; and
4. a statement is signed acknowledging the donation is voluntary and confidential and that the donation may affect the payout of sick leave upon retirement or the pay out of vacation leave upon any termination.
5. the employee is not receiving worker's compensation.

An employee requesting shared leave shall provide the administrative authority with a physician's statement that establishes the medical condition of the employee as serious and keeps the employee from performing regular work duties. Documentation shall also be provided to the administrative authority reflecting that the employee has applied for KPERS long-term disability. If the employee fails to provide the required evidence, the request for shared leave will be denied by the administrative authority.

At any time during the use of shared leave, an employee may be required by the administrative authority to provide additional physician's statements. If the employee fails to provide the required evidence, the use of shared leave will be terminated by the administrative authority.

Any employee receiving workers' compensation or long-term disability payments shall not be eligible to receive or donate shared leave.

The administrative authority shall determine whether the employee meets the eligibility requirements and if the medical conditions meets the requirements of the shared leave program.

The administrative authority may grant all or a portion of the leave requested. The decision by the administrative authority to approve or deny the request shall be final and not subject to appeal.

Employees shall not be notified of need for shared leave until the request for shared leave has been approved by the administrative authority. No employee shall be coerced, threatened, intimidated or financially induced into donating leave. Violation of this policy is grounds for disciplinary action for personal misconduct.

Shared leave may be used only for the duration of the serious medical condition for which it was collected, after all other paid leave has been exhausted. When an employee is granted shared leave, the maximum duration of the shared leave will be six months from the date the employee became unable to perform regular work duties.

Shared leave shall not be transferable to any employee other than the employee for which it was requested and donated. Shared leave may be applied retroactively for a time not to exceed two pay periods.

An employee shall no longer be eligible to receive shared leave for a particular occurrence if:

1. the medical condition improves so it is no longer serious and the employee is no longer prevented from performing regular work duties;
or
2. the recipient terminates employment, retires or is approved for KPERS long-term disability.

The employee shall be determined to no longer be prevented from performing regular work duties when the physician states the employee is able to return to work or when the employee has returned to work for 20 continuous working days.

An employee who has twice received shared leave shall not be eligible to receive any further shared leave benefits.

Any unused portion of the shared leave donated to an individual shall be prorated among the donating employees based on the original amount and type of donated leave. Shared leave shall not be returned to donating employees in increments of less than one full hour or to any person who has left judicial branch service.

Shared leave shall be paid according to the receiving employee's regular rate of pay. The rate of pay of the donating employee shall not be used in figuring the amount of shared leave the requesting employee receives.

All requests for shared leave shall be on the Shared Leave Request Form supplied by the Office of Judicial Administration. All shared leave donations shall be on the Shared Leave Donation Form supplied by the Office of Judicial Administration.

All original request forms, whether approved or denied, physician's statements and donation forms shall be forwarded to the Personnel Officer.

The Office of Judicial Administration will be responsible for statewide notification to judicial branch employees of the approved shared leave request, calculating appropriate leave balance adjustments and the prorating and crediting of any unused shared leave back to donors.

As established, the shared leave program allows nonjudicial employees to donate and/or receive leave only within the judicial branch.

SHARED LEAVE PROGRAM

Shared Leave Request Form

PART I - To be completed by employee.

Name _____ Employee ID# _____

Home Address _____ SSN _____

(City)

(State)

(Zip)

Home Telephone _____ Work Telephone _____

Judicial District/County _____

Work Address _____

(City)

(State)

(Zip)

Date of Employment _____

Date illness/injury began: _____

Number of hours requested: _____ Date all paid leave will be/was exhausted _____

Shared leave will only be granted for a serious medical condition which would require the employee to take leave without pay or terminate employment and who has not yet qualified for KPERS long-term disability benefits. Shared leave will not be granted for common or minor illnesses, injuries, impairments or mental conditions.

Describe and provide any necessary information that would help in concluding the medical condition is serious:

Have you applied for Worker's Compensation? _____ Date Applied _____

Are you currently receiving Workers Compensation? _____

Have you applied for KPERS Long-Term Disability payments? _____ Date Applied _____

I certify that I understand, agree to, and meet the requirements and conditions of the shared leave program as authorized in Administrative Order No. _____. I authorize the Administrative authority to obtain any necessary information regarding my request for shared leave. I understand denial of this application is not subject to appeal.

Employee Signature

Date

Shared Leave Request Form

Employee Name

Employee ID#

PART II - To be completed by the Administrative authority (check all that apply).

_____ The employee has used, or will use all forms of paid leave including vacation leave, sick leave, discretionary day, and compensatory time credits as of _____.

_____ The employee's last day physically at work was _____.

_____ The employee has six months of continuous service with the judicial branch.

_____ The employee has applied for KPERS Long-Term Disability.

_____ The employee meets **all** the initial eligibility requirements above.

_____ The employee **does not** meet **all** the initial eligibility requirements: take no further action. File request and notify employee he or she is not eligible for shared leave.

Administrative Authority

Date

If the medical condition is determined to be serious, the Administrative authority approves or denies the use of shared leave.

If the medical condition is determined to not be serious, the requesting employee is not eligible for shared leave. No further action will be taken at that point regarding the particular request.

PART III - To be completed by the Administrative authority.

I hereby approve _____ deny _____ the use of shared leave hours through _____.

Administrative Authority Signature

Date

Shared Leave Request Form

Employee Name _____

Employee ID# _____

PART IV - Attending Physician's Statement.

Patient's Name _____

Date first consulted for this condition _____

Describe the nature, diagnosis, and treatment of the medical condition (please attach documentation, if necessary).

Physician Name _____ Telephone Number _____

Address _____

(City)

(State)

(Zip)

Physician Signature _____

Date _____

SHARED LEAVE PROGRAM

Shared Leave Donation Form

PART I - To be completed by employee.

Name _____ Employee ID# _____

Judicial District/County _____

Work Address _____

(City)

(State)

(Zip)

Work Phone _____

Donations must be made in full eight-hour increments. Employees donating vacation leave must have at least 80 hours of vacation leave after the donation is made. Employees donating sick leave must have at least 480 hours of sick leave after the donation is made.

Are you currently receiving worker's compensation? _____

Please indicate the type and amount of leave to be donated:

Vacation Leave Hours: # hours donated _____ to:

(Name)

(Judicial District/County)

Sick Leave Hours: # hours donated _____ to:

(Name)

(Judicial District/County)

I understand my donation is voluntary and confidential. I understand my leave balance will be decreased by the amount contributed. I understand this donation may affect the payout of sick leave upon retirement or the payout of vacation leave upon any termination.

Employee Signature _____

Date _____

PART II - To be completed by the Administrative authority.

Will the above-named employee's vacation leave balance be below 80 hours if the above-mentioned number of vacation leave hours are donated? Yes _____ No _____

Will the above-named employee's sick leave balance be below 480 hours if the above-mentioned number of sick leave hours are donated? Yes _____ No _____

The donating employee's current salary is: _____

Is the donating employee terminating employment? Yes _____ No _____ If so, retiring or resigning? _____

Administrative Authority _____

Date _____

Shared Leave Donation Form

Employee Name

Employee ID#

PART III - To be completed by the Administrative authority.

I hereby approve _____ deny _____ donation of leave for the above-named employee.

Administrative Authority Signature

Date

PART IV - To be completed by the Office of Judicial Administration.

The above-named employee's vacation leave balance has been reduced by _____ hours.

The above-named employee's sick leave balance has been reduced by _____ hours.

Personnel Officer

Date

PART V - To be completed by the Office of Judicial Administration.

(Receiving employee)

Department Number

Employee ID#

has been credited with _____ hours of shared leave.

Personnel Officer

Date