



UTAH VALLEY UNIVERSITY Policies and Procedures

Proposed Policy Number and Title: 355 Sick Leave Pool (DELETION)		
Existing Policy Number and Title: 355 Sick Leave Pool		
Approval Process*		
<input checked="" type="checkbox"/> Regular	<input type="checkbox"/> Temporary Emergency	<input type="checkbox"/> Expedited
<input type="checkbox"/> New	<input type="checkbox"/> New	<input type="checkbox"/> New
<input type="checkbox"/> Revision	<input type="checkbox"/> Revision	<input type="checkbox"/> Revision
<input checked="" type="checkbox"/> Deletion	<input type="checkbox"/> Suspension	
	Anticipated Expiration Date:	
*See UVU Policy 101 <i>Policy Governing Policies</i> for process details.		

Draft Number and Date: <u>June 10, 2021, Stage 4 Draft, Deletion</u>
President's Council Sponsor: <u>Linda Makin</u> Ext. _____
Policy Steward: <u>Marilyn Meyer, Cameron Evans</u> Ext. _____

POLICY APPROVAL PROCESS DATES	
<p>Policy Drafting and Revision Entrance Date: <u>April 2017</u></p> <p>University Entities Review Entrance Date: <u>02/25/2021</u> Close Feedback: <u>04/25/2021</u></p> <p>University Community Review Entrance Date: <u>5/27/2021</u> Open Feedback: <u>5/27/2021</u> Close Feedback: <u>6/4/2021</u></p> <p>Board of Trustees Review Entrance Date: <u>6/10/2021</u> Approval Date: _____</p>	<p style="text-align: center;">POST APPROVAL PROCESS</p> <p>Verify:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Policy Number <input type="checkbox"/> Section <input type="checkbox"/> Title <input type="checkbox"/> BOT approval <input type="checkbox"/> Approval date <input type="checkbox"/> Effective date <input type="checkbox"/> Proper format of Policy Manual posting <input type="checkbox"/> TOPS Pipeline and Archives update <p>Policy Office personnel who verified and posted this policy to the University Policy Manual</p> <p>Name: _____</p> <p>Date posted and verified: _____</p>



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POLICY TITLE	Sick Leave Pool	Policy Number	355
Section	Compensation and Benefits	Approval Date	February 11, 1999
Subsection	February 11, 1999	Effective Date	February 11, 1999
Responsible Office	Office of the Vice President of Planning, Budget, and Human Resources		

1.0 PURPOSE

1 1.1-

2.0 REFERENCES

2 2.1-

3.0 DEFINITIONS

3 3.1-

4.0 POLICY

4 ~~4.1 The University will establish on an as needed basis a reserve or pool of sick leave days to be~~
5 ~~used by full-time salaried employees. Contributions to the pool will be voluntary only. Draws~~
6 ~~from the pool will be permitted only in serious/catastrophic cases.~~

7 ~~4.2 An employee may not use any combination of his/her own sick leave and the sick leave pool~~
8 ~~longer than five months without applying for Long-Term Disability and Social Security~~
9 ~~Disability.~~

5.0 PROCEDURES

10
11 ~~5.1 This pool is to be generated for a specific individual employee at the time of need, strictly on~~
12 ~~a volunteer basis.~~

13
14 ~~5.2 An employee desiring to contribute to this pool must:~~

15
16 ~~5.2.1 Turn in a short-term leave slip.~~



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- 17
- 18 ~~5.2.2 In the comments section, explain that the sick leave is to go into a specific employee's pool.~~
- 19
- 20 ~~5.3 Such contributions will be accumulated on a leave record entitled "sick leave pool" to be~~
- 21 ~~maintained in Human Resources.~~
- 22 ~~5.4 The leave slips will be treated as regular leave slips as far as deductions from employees'~~
- 23 ~~records are concerned.~~
- 24
- 25 ~~5.5 Leave will be used on a first in, first used, basis. All unused leave will be credited back to the~~
- 26 ~~appropriate employee.~~
- 27
- 28 ~~5.6 An employee desiring to draw on the established pool must turn in leave slips as he or she~~
- 29 ~~normally would, including the signature of the immediate supervisor, and an indication in the~~
- 30 ~~comment section that the leave is requested from an established pool.~~
- 31
- 32 ~~5.7 The request will be granted subject to:~~
- 33
- 34 ~~5.7.1 The employee having exhausted his or her own available sick leave,~~
- 35
- 36 ~~5.7.2 Availability of days in the pool, and~~
- 37
- 38 ~~5.7.3 An administrative determination by the department head in consultation with the director,~~
- 39 ~~Human Resources that the case is serious/catastrophic.~~
- 40
- 41 ~~5.8 All regular procedures must be followed in connection with donating slips and withdrawal~~
- 42 ~~slips.~~
- 43

POLICY HISTORY		
Date of Last Action	Action Taken	Authorizing Entity

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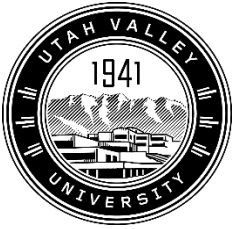


**POLICY APPROVAL PROCESS - STAGE 2
SUMMARY OF COMMENTS**

Policy Title: Sick Leave Pool (Deletion)	Policy Number: 355
Sponsor: Linda Makin	Steward: Marilyn Meyer, Cameron Evans
Presentation to: Faculty Senate	Date Presented: 28 April 2021

NOTE: Indicate with X whether the comment is editorial (grammar, punctuation, sentence structure, etc.) or is a substance comment (content, procedure, etc.).

CAMPUS ENTITY	POLICY SECTION	Editorial Comment?	Substance Comment?	CONCERN	SPONSOR/STEWARD RESPONSE
Faculty Senate	Overall		X	The faculty senate supports the deletion of this policy without comment. Vote Results: Support - 25 Do Not Support - 3 Abstain - 1	



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Policy Title: Sick Leave Pool (Deletion)		Policy Number: 355
Sponsor: Linda Makin		Steward: Judy Martindale
Presentation to: AAC		Date Presented: 13 April 2021

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11

NOTE: Indicate with X whether the comment is editorial (grammar, punctuation, sentence structure, etc.) or is a substance comment (content, procedure, etc.).

CAMPU S ENTITY	POLICY SECTIO N	Editorial Comment?	Substance Comment?	CONCERN	SPONSOR/STEWARD RESPONSE
AAC	Overall			NO COMMENT	

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Policy Title: Sick Leave Pool (Deletion)		Policy Number: 355
Sponsor: Linda Makin		Steward: Judy Martindale
Presentation to: PACE		Date Presented: 16 March 2021

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15

NOTE: Indicate with X whether the comment is editorial (grammar, punctuation, sentence structure, etc.) or is a substance comment (content, procedure, etc.).

CAMPU S ENTITY	POLICY SECTIO N	Editorial Comment?	Substance Comment?	CONCERN	SPONSOR/STEWARD RESPONSE
PACE	Overall			NO COMMENT	

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Policy Title: Sick Leave Pool (Deletion)		Policy Number: 355
Sponsor: Linda Makin	Steward: Judy Martindale	
Presentation to: UVUSA		Date Presented:

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19

NOTE: Indicate with X whether the comment is editorial (grammar, punctuation, sentence structure, etc.) or is a substance comment (content, procedure, etc.).

CAMPUS ENTITY	POLICY SECTION	Editorial Comment?	Substance Comment?	CONCERN	SPONSOR/STEWARD RESPONSE
UVUSA	Overall			NO COMMENT	

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21
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