

ALBUQUERQUE FIRE DEPARTMENT	Sick Leave Management Plan Review Board
Standard Operating Guidelines	Number 32
INFORMATIONAL MEMO	09/30/05 Page 1 of 14 Pages

SICK LEAVE MANAGEMENT PLAN

I. Sick Leave Management Board

A. While it is recognized anyone may have a year with multiple illnesses resulting in multiple sick leave absences, it is unacceptable for employees to have continuous years with increased sick leave usage without documented medical conditions of sufficient severity to explain the absence patterns. In order to maintain department wide sick leave usage at an acceptable level, the Fire Chief has established a Sick Leave Management Plan Review Board.

1. The Purpose of the Sick Leave Management Plan Review Board

a) To administer the Albuquerque Fire Department Sick Leave Management Plan in a fair and equitable manner.

2. Make-up of the Sick Leave Management Plan Review Board

a) The Sick Leave Management Plan Review Board will consist of five (5) members: two members selected by the Fire Chief; two members selected by the Union; and one member selected at-large by the other four members.

b) Upon selection of the board, the members of the board will select a Chairperson.

(1) Responsibilities of the Chairperson

(a) Oversight of meetings

(b) Scheduling of subsequent meetings

(c) Providing in writing to each member in the Sick Leave Management Plan decisions made by the board concerning his / her case.

(d) Providing a written report to the Fire Chief detailing the decisions made by the board concerning each individual in excess of 66.99 % sick leave usage. This report will also be forwarded to all Battalion / Division Commanders, the Fire Operations Center, and to each member of the Sick Leave Management Plan Review Board.

3. The Sick Leave Management Plan Review Board will receive from the department payroll division monthly sick leave usage reports for all department members whose percentage of sick leave usage exceeds 66.99 % of the annual sick leave accrual. This

ALBUQUERQUE FIRE DEPARTMENT	Sick Leave Management Plan Review Board
Standard Operating Guidelines	Number 32
INFORMATIONAL MEMO	09/30/05 Page 2 of 14 Pages

percentage is based on personal sick leave absences (SKP) in a rolling calendar year. Absences involving Sick Leave Emergency (SKE), Sick Leave FMLA (SKFM), Sick Leave Injury (SKI), and Sick Leave Hospitalization (SKH) are exempt and will not be included in the sick leave usage percentage. It is the responsibility of each employee to properly code the type of leave taken on the P-30 Form. Suspected fraudulent uses of SKE, SKFM, SKI and / or SKH will be investigated. Any member found to have fraudulently used SKE, SKFM, SKI and / or SKH will be subject to disciplinary action.

4. The Sick Leave Management Plan Review Board will meet every other month to determine the appropriate step for each individual in excess of 66.99 % of the annual sick leave accrual. The Sick Leave Management Plan Review Board will provide in writing to each member in the Sick Leave Management Plan the decision of the board with respect to his /her case. In addition, this information will be relayed to the Fire Chief, the Fire Operations Center, and to the respective Commander in charge of each member in the Sick Leave Management Plan. All members in the Sick Leave Management Plan will be required to provide a doctor's release for each sick leave absence until exiting the Sick Leave Management Plan. Members decreasing their usage and decreasing into a lower step or exiting the program altogether will be given a congratulatory letter for decreasing their usage.

II. Certification of Sick Leave

A. Each individual is responsible to provide proper documentation and forward this documentation to the AFD Fiscal Section via his / her Chain of Command. All Requests for Leave of Absence (P-30) Forms will be forwarded to the Fiscal Section via his / her Battalion / Division Commander as per Staffing Management Guidelines, Directive 1, titled "P-30 Submission Processing."

B. Employees must provide the Fiscal Section with a signed P-30 with the Physician Certification section completed, under the following conditions:

1. Members in the Sick Leave Management Plan who report off on any type of sick leave, including Sickness in the Family.
2. Members reporting off for Sick Leave Emergency (SKE), FMLA (SKFM), Injury (SKI), Hospitalization, (SKH) and Sick Leave Unpaid, (SKU)
3. Members reporting off for Sick Leave Personal Illness (SKP) for three (3) or more consecutive shifts.

C. The Fire Department may request documentation from employees for absence of less than three (3) shifts for any reason as outlined in the Collective Bargaining Agreement and the Personnel Rules & Regulations. Employees found to be in non-compliance with the sick leave usage policy may be placed in a non-pay status for the time period claimed as sick leave and the disciplinary process may be initiated.

ALBUQUERQUE FIRE DEPARTMENT	Sick Leave Management Plan Review Board
Standard Operating Guidelines	Number 32
INFORMATIONAL MEMO	09/30/05 Page 3 of 14 Pages

D. Employees are required to cooperate in all City investigations. Employees who utilize sick leave when not sick, refuse to be examined by a doctor selected by the City, fail to cooperate in any investigation by the City concerning an employee's utilization of sick leave, or sign a certificate containing a false statement, shall not be entitled to any leave with pay for the time in dispute. Such actions are considered just cause for disciplinary action up to and including termination.

III. Step Program

A. Step 1: Sick Leave Usage between 67.00 % up to and including 83.99 %

1. The Sick Leave Management Plan Review Board will issue a Step 1 Notification Letter to the employee via the employee's supervisor. The employee's supervisor will hold a conference with the Fire Fighter to identify possible issues and or to take corrective measures. The supervisor will send to the Sick Leave Management Plan Review Board a receipt signed by the employee indicating that the employee has been notified of his / her sick leave usage.

2. Step 1 Restrictions

a) Required to provide a P-30 form with the Physician Certification section completed for each sick leave absence.

B. Step 2: Sick Leave Usage between 84.00 % up to and including 99.99 %

1. The Sick Leave Management Plan Review Board will issue to the employee via the employee's Battalion / Division Commander a Step 2 Notification Letter with restrictions placed on the employee indicated. The Battalion / Division Commander will conduct a second conference with the Fire Fighter. The Union may be in attendance to assist with an improvement plan. The Commander will send to the Sick Leave Management Plan Review Board a receipt signed by the employee indicating that the employee has been notified of his / her sick leave usage and of the restrictions placed on the employee.

2. Step 2 Restrictions -- includes the Step 1 restriction in addition to the following restrictions:

a) Request for Permission to Engage in Outside Employment (P-3 Form) may be denied or revoked.

b) Fire Fighter may be ineligible for Modified Light Duty from an off-the-job injury.

ALBUQUERQUE FIRE DEPARTMENT	Sick Leave Management Plan Review Board
Standard Operating Guidelines	Number 32
INFORMATIONAL MEMO	09/30/05 Page 4 of 14 Pages

c) Fire Fighter shall be required to report off to the EMS / Staffing Commander or Deputy Chief of Human Resources.

C. Step 3: Sick Leave Usage of 100.00 % and above

1. The Sick Leave Management Plan Review Board will issue to the employee via the employee's Battalion / Division Commander a Step 3 Notification Letter with restrictions placed on the employee indicated. . The Battalion / Division Commander will conduct a third conference with the Fire Fighter. The Union may be in attendance to assist with an improvement plan. The Commander will send to the Sick Leave Management Plan Review Board a receipt signed by the employee indicating that the employee has been notified of his / her sick leave usage and of the restrictions placed on the employee.

2. **Step 3 Restrictions -- includes all previous restrictions given in Step 1 and 2 in addition to the following restrictions**

- a) May be referred to Employee assistance program
- b) May be Ineligible for Comp time usage or accrual
- c) May be ineligible for shift exchanges
- d) May be ineligible for transfers
- e) May be placed in a leave without pay status for sick leave over utilization
- f) May be subject to disciplinary action
- g) May be ineligible for overtime
- h) May be recommended for complete fitness for duty examination

(1) Employees who are sent for a complete physical examination will have the results evaluated by the Employee Health Physician and the Human Resources Deputy Chief. If a medical problem surfaces which may contribute to an employee's absence, the Fire Department will make every effort to aid the employee with his or her identified condition. If it is determined that the employee is physically fit, disciplinary action may be taken.

- i) May be ineligible for unscheduled vacation requests.
- j) May be reassigned and will be ineligible to bid for one year.

Note: Any supervisor that is in the Sick Leave Management Plan is prohibited from conducting sick leave counseling sessions with their subordinates. The counseling session will revert to the supervisor's immediate supervisor.

IV. Appeals

A. Appeals of Decisions Made By the Review Board

ALBUQUERQUE FIRE DEPARTMENT	Sick Leave Management Plan Review Board
Standard Operating Guidelines	Number 32
INFORMATIONAL MEMO	09/30/05 Page 5 of 14 Pages

1. Any member who disagrees with the decision of the Sick Leave Management Plan Review Board in his / her case may request in writing to schedule an appointment to come before the board and argue his / her case. While the appeal is being heard, the member will remain in the Step initially indicated by the Review Board.
2. After the appeal is heard, the Review Board will render a decision to the appealing member in writing.
3. If the appealing member is not satisfied with Review Board's decision, he / she may request in writing to the Fire Chief to have the decision of the Review Board reviewed. This appeal must be made within ten (10) calendar days of the receipt of the written decision. Failure to request the hearing in a timely manner will forfeit the member's opportunity to appeal and the decision of the Review Board is final and is not grievable.

B. Appeals to the Fire Chief

1. Upon receipt of an appeal, the Fire Chief will review the case and decide whether or not to hear the appeal. The Fire Chief will render in writing the decision to hear or deny the appeal. An appealing member cannot grieve the decision by the Fire Chief not to hear an appeal. While the appeal is being heard, the member will remain in the Step initially indicated by the Review Board.
 - a) If the Fire Chief decides not to hear the appeal, the decision of the Review Board is final and is not grievable.
 - b) If the Fire Chief decides to hear the appeal, the notice granting the appeal will indicate the date, time, and location the member is to come before the Fire Chief to argue his / her case.
 - (1) The Fire Chief will render a decision in writing to the appealing employee. This decision of the Fire Chief is final and is not grievable.

Step

“Notification of Sick Leave Utilization Above Allowed Percentage” (56 hour schedule)

Name: _____ Date: _____

This letter is to inform you that your non-exempt sick leave usage is at ____%. All Fire Department employees who have a sick leave utilization of 67.00% or greater will be entered in the Sick Leave Management Plan. You are, therefore, being placed in Step #1 of the plan. Until you decrease your sick leave usage and exit the Sick Leave Management Plan, you will be required to provide a doctor’s release when you report back from sick leave. Further use of sick leave may cause you to be placed into Step 2 of the Sick Leave Management Plan.

Employee: I have read and understand the provisions of the sick leave policy.

Employee Signature AFD# Date

Supervisor Signature AFD# Date

Employee Comments: _____

Supervisor Comments: _____

Step #2

“Notification of Increased Sick Leave Utilization” (56 hour schedule)

Name: _____ Date: _____

This letter is to inform you that your non-exempt sick leave usage is at _____ %, which is in excess of the acceptable level of usage mandated by the Albuquerque Fire Department.

You will remain in Step #2 until your usage level drops below 84.00%. Until you decrease your sick leave usage and exit the Sick Leave Management Plan, you will be required to provide a doctor’s release when you report back from sick leave.

Additionally any checked restrictions will apply:

_____ Request for Permission to Engage in Outside Employment (P-3 Form) denied or revoked.

_____ Ineligible for Modified Light Duty for off-the-job injury.

_____ Report off to EMS / Staffing Commander or Deputy Chief of Human Resources.

If your sick leave usage continues to rise, you may be subject to the provisions of Step 3 in the AFD Sick Leave Management Plan. Please review the Policy before signing this document.

Employee: I have read and understand the provision of the sick leave policy. I have been counseled by the Supervisor indicated below.

Employee Signature AFD# Date

Supervisor Signature AFD# Date

Employee Comments: _____

Supervisor Comments: _____

Step #3

“Notification of Uncorrected Sick Leave Utilization” (56 hour schedule)

Name: _____ Date: _____

This letter is to inform you that your non-exempt sick leave usage continues to be unacceptable. It has risen from _____% to _____% over a period of _____ days.

You are, therefore, being placed in Step #3 of the Sick Leave Management Plan.

In addition to the provisions outlined in Step #1 and Step #2 of the AFD Sick Leave Management Plan the following additional restrictions will apply.

- _____ Referred to Employee assistance program
- _____ Ineligible for Comp time usage or accrual
- _____ Ineligible for shift exchanges
- _____ Ineligible for transfers
- _____ Placed in a leave without pay status for sick leave over utilization
- _____ Subject to disciplinary action
- _____ Ineligible for overtime
- _____ Recommended for complete fitness for duty examination
- _____ Ineligible for unscheduled vacation requests
- _____ Reassigned and will be ineligible to bid for one year.

These measures will remain in effect until your usage drops below levels associated with Step #3 of the Sick Leave Management Plan. Until you decrease your sick leave usage and exit the Sick Leave Management Plan, you will be required to provide a doctor’s release when you report back from sick leave.

Please review the Sick Leave Management Plan before signing this document.

Employee: I have read and understand the provision of the Sick Leave Management Plan. I have been counseled by the Supervisor indicated below.

 Employee Signature AFD# Date

 Supervisor Signature AFD# Date

Employee Comments: _____

Supervisor Comments: _____

Step 1

“Notification of Sick Leave Utilization Above Allowed Percentage” (40 hour schedule)

Name: _____ Date: _____

This letter is to inform you that your non-exempt sick leave usage is at ____%. All Fire Department employees who have a sick leave utilization of 67.00% or greater will be entered in the Sick Leave Management Plan. You are, therefore, being placed in Step #1 of the plan. Until you decrease your sick leave usage and exit the Sick Leave Management Plan, you will be required to provide a doctor’s release when you report back from sick leave. Further use of sick leave may cause you to be placed into Step 2 of the Sick Leave Management Plan.

Employee: I have read and understand the provisions of the sick leave policy.

Employee Signature AFD# Date

Supervisor Signature AFD# Date

Employee Comments: _____

Supervisor Comments: _____

Step #2

“Notification of Increased Sick Leave Utilization” (40 hour schedule)

Name: _____ Date: _____

This letter is to inform you that your non-exempt sick leave usage is at _____ %, which is in excess of the acceptable level of usage mandated by the Albuquerque Fire Department.

You will remain in Step #2 until your usage level drops below 84.00%. Until you decrease your sick leave usage and exit the Sick Leave Management Plan, you will be required to provide a doctor’s release when you report back from sick leave.

Additionally any checked restrictions will apply:

_____ Request for Permission to Engage in Outside Employment (P-3 Form) denied or revoked.

_____ Ineligible for Modified Light Duty for off-the-job injury.

_____ Report off to EMS / Staffing Commander or Deputy Chief of Human Resources.

If your sick leave usage continues to rise, you may be subject to the provisions of Step 3 in the AFD Sick Leave Management Plan. Please review the Policy before signing this document.

Employee: I have read and understand the provision of the sick leave policy. I have been counseled by the Supervisor indicated below.

 Employee Signature AFD# Date

 Supervisor Signature AFD# Date

Employee Comments: _____

Supervisor Comments: _____

Step #3

“Notification of Uncorrected Sick Leave Utilization” (40 hour schedule)

Name: _____ Date: _____

This letter is to inform you that your non-exempt sick leave usage continues to be unacceptable. It has risen from _____% to _____% over a period of _____ days. You are, therefore, being placed in Step #3 of the Sick Leave Management Plan.

In addition to the provisions outlined in Step #1 and Step #2 of the AFD Sick Leave Management Plan the following additional restrictions will apply.

- _____ Referred to Employee assistance program
- _____ Ineligible for Comp time usage or accrual
- _____ Ineligible for shift exchanges
- _____ Ineligible for transfers
- _____ Placed in a leave without pay status for sick leave over utilization
- _____ Subject to disciplinary action
- _____ Ineligible for overtime
- _____ Recommended for complete fitness for duty examination
- _____ Ineligible for unscheduled vacation requests
- _____ Reassigned and will be ineligible to bid for one year.

These measures will remain in effect until your usage drops below levels associated with Step #3 of the Sick Leave Management Plan. Until you decrease your sick leave usage and exit the Sick Leave Management Plan, you will be required to provide a doctor’s release when you report back from sick leave.

Please review the Sick Leave Management Plan before signing this document.

Employee: I have read and understand the provision of the Sick Leave Management Plan. I have been counseled by the Supervisor indicated below.

Employee Signature _____ AFD# _____ Date _____

Supervisor Signature _____ AFD# _____ Date _____

Employee Comments: _____

Supervisor Comments: _____

Step 1

“Notification of Sick Leave Utilization Above Allowed Percentage” (42 hour schedule)

Name: _____ Date: _____

This letter is to inform you that your non-exempt sick leave usage is at ____%. All Fire Department employees who have a sick leave utilization of 67.00% or greater will be entered in the Sick Leave Management Plan. You are, therefore, being placed in Step #1 of the plan. Until you decrease your sick leave usage and exit the Sick Leave Management Plan, you will be required to provide a doctor’s release when you report back from sick leave. Further use of sick leave may cause you to be placed into Step 2 of the Sick Leave Management Plan.

Employee: I have read and understand the provisions of the sick leave policy.

Employee Signature AFD# Date

Supervisor Signature AFD# Date

Employee Comments: _____

Supervisor Comments: _____

Step #2

“Notification of Increased Sick Leave Utilization” (42 hour schedule)

Name: _____ **Date:** _____

This letter is to inform you that your non-exempt sick leave usage is at _____%, which is in excess of the acceptable level of usage mandated by the Albuquerque Fire Department.

You will remain in Step #2 until your usage level drops below 84.00%. Until you decrease your sick leave usage and exit the Sick Leave Management Plan, you will be required to provide a doctor’s release when you report back from sick leave.

Additionally any checked restrictions will apply:

_____ Request for Permission to Engage in Outside Employment (P-3 Form) denied or revoked.

_____ Ineligible for Modified Light Duty for off-the-job injury.

_____ Report off to EMS / Staffing Commander or Deputy Chief of Human Resources.

If your sick leave usage continues to rise, you may be subject to the provisions of Step 3 in the AFD Sick Leave Management Plan. Please review the Policy before signing this document.

Employee: I have read and understand the provision of the sick leave policy. have been counseled by the Supervisor indicated below.

Employee Signature **AFD#** **Date**

Supervisor Signature **AFD#** **Date**

Employee Comments: _____

Supervisor Comments: _____

Step #3

“Notification of Uncorrected Sick Leave Utilization” (42 hour schedule)

Name: _____ Date: _____

This letter is to inform you that your non-exempt sick leave usage continues to be unacceptable. It has risen from _____% to _____% over a period of _____ days.
 You are, therefore, being placed in Step #3 of the Sick Leave Management Plan.

In addition to the provisions outlined in Step #1 and Step #2 of the AFD Sick Leave Management Plan the following additional restrictions will apply.

- _____ Referred to Employee assistance program
- _____ Ineligible for Comp time usage or accrual
- _____ Ineligible for shift exchanges
- _____ Ineligible for transfers
- _____ Placed in a leave without pay status for sick leave over utilization
- _____ Subject to disciplinary action
- _____ Ineligible for overtime
- _____ Recommended for complete fitness for duty examination
- _____ Ineligible for unscheduled vacation requests
- _____ Reassigned and will be ineligible to bid for one year.

These measures will remain in effect until your usage drops below levels associated with Step #3 of the Sick Leave Management Plan. Until you decrease your sick leave usage and exit the Sick Leave Management Plan, you will be required to provide a doctor’s release when you report back from sick leave.

Please review the Sick Leave Management Plan before signing this document.

Employee: I have read and understand the provision of the Sick Leave Management Plan. I have been counseled by the Supervisor indicated below.

 Employee Signature AFD# Date

 Supervisor Signature AFD# Date

Employee Comments: _____

Supervisor Comments: _____
