I. Objective

A. To establish administrative guidelines for providing sick leave benefits as prescribed by a Memorandum of Understanding and/or City Salary Resolution.

B. To establish administrative guidelines and procedures for return to work of employees after non-job-related illness or injury.

II. Definitions

A. Non-job-related illness or injury (sick leave) - An injury or illness not arising out of or in the course of employment or work with the City of Pasadena, or any other employer.

B. Illness or injury as used in this policy shall mean non job-related illness or injury to an employee or family member.

C. Application as used in this Policy shall mean the "Application for Payment of Wages During Absence" form.

D. Appropriate Medical Authority - Physician, Christian Science Practioner, Chiropractor, Osteopath.

III. Policy

A. Employee benefits for non job-related injury or illness (sick leave) are prescribed by Memorandum of Understanding and/or City Salary Resolution. Such benefits are limited to medically-related and/or psychological problems as defined by accepted medical standards.

B. Employees may be required by their department to substantiate by medical opinion at any time their absence from work due to illness or injury and/or any claim for benefits.

C. Employees may be required at any time to submit to a medical examination, as requested by their supervisor or as determined by the Department of Risk Management, to determine fitness for duty. Employment may be suspended until medical clearance is obtained.

D. Employees who are unable to report to work at their usual time shall either call, or have someone call, their supervisor preceding the time they are scheduled to report for work to explain the nature of their illness or injury.

E. The department will coordinate with the Risk Management Department to ensure that employees who become ill at work or on duty receive necessary medical attention.

F. The City provides medical coverage for employees to relieve from the effect of injury or illness through selective medical plans.

G. Employees are required to submit a properly completed Application in order to receive benefits prescribed by this Policy.

H. Application for Payment of Wages

1. An "Application for Payment of Wages" (see exhibit at end of this section) must be submitted for all absences for which payment is requested.

2. An Application must be submitted for each pay period.

3. The employee must provide written verification of the injury or illness for each pay period to return to work in accordance with this policy and departmental procedures.

4. When an employee is seriously ill or on a prolonged absence, or when unusual circumstances exist, supervisors may certify the absence due to medical condition.

5. If absence is 32 hours or longer (more than 48 hours for Fire and Paramedic shift employees), the employee must complete the Application for Payment section of the Application and in addition, must provide medical authorization for return to work by having their department and the appropriate medical authority complete the Medical Authorization section of the Application. In extreme cases, exception to the above may be approved by the Department of Risk Management, with prior notice from the department.

6. The department Payroll Clerks will have responsibility for ensuring that Applications for Payment of Wages (sick slips) have been received prior to posting on employee's time roll. All such applications will be retained in the department files as verification of such absence.

CITY OF PASADENA
APPLICATION FOR PAYMENT OF WAGES DURING ABSENCE

INSTRUCTIONS

EMPLOYEE

SICK LEAVE

1. An APPLICATION FOR PAYMENT (see below) must be submitted for *each pay period* in which sick leave was used.
2. For absence of less than 32 hrs. (Fire 48 hrs.), it is only necessary to complete the "APPLICATION FOR PAYMENT" (see below).
3. If absence is 32 hours or longer (Fire 48 hrs.), you *may not* receive benefits or return to work until the "APPLICATION FOR PAYMENT" and the "MEDICAL AUTHORIZATION" section (see reverse) is completed by your department, your attending physician, osteopath, chiropractor, or Christian Science practitioner *and* is approved by Risk Management. In extreme cases exceptions to the above may be approved by Risk Management with prior notice from your department.
   A. Request your department to prepare a MEDICAL AUTHORIZATION (see reverse) for you prior to going to your physician.
   B. Ask your physician to provide all applicable information on the MEDICAL AUTHORIZATION to avoid a delay in benefits or your return to work.

INDUSTRIAL

1. An APPLICATION FOR PAYMENT (see below) must be submitted for *each pay period* in which there is lost time because of work related injury or illness.
2. ALL APPLICATIONS FOR PAYMENT and or return to work must be approved by Risk Management *prior* to payment of benefits or your return to work.

DEPARTMENT

1. Contact employees who may be or have been absent 32 hours or longer (Fire 48 hrs.) and provide them with an APPLICATION FOR PAYMENT with the department section of the MEDICAL AUTHORIZATION completed (see reverse).
2. Instruct employees to have his/her attending physician complete the medical information requested. For prolonged absences or unusual circumstances, supervisors may certify to absence due to medical condition.
3. Have APPLICATION FOR PAYMENT approved by Risk Management.
4. Attach completed APPLICATION FOR PAYMENT to time card and send to Payroll. Payroll will return APPLICATION FOR PAYMENT to be maintained by the department.

APPLICATION FOR PAYMENT

EMPLOYEE _____ DEPARTMENT _____ Injury Date: _____

I DO HEREBY CERTIFY THAT I WAS UNABLE TO WORK ON ACCOUNT OF ➡

	SICKNESS
	SICKNESS IN FAMILY
	BEREAVEMENT
	INDUSTRIAL INJURY WITH SUPPLEMENTAL PAY
	INDUSTRIAL INJURY *WITHOUT* SUPPLEMENTAL PAY
6	MONTH ENTITLEMENT
12	MONTH ENTITLEMENT

(CIRCLE ONE)

I DO HEREBY REQUEST PAYMENT OF BENEFITS FOR THE FOLLOWING PERIOD:

_____, 19___ THRU _____, 19___ _____ HOURS

HAS APPLICANT RETURNED TO WORK? YES____ NO____

EXPLAIN REASON FOR ABSENCE _____

_____ EMPLOYEE SIGNATURE _____ DATE

_____ DEPARTMENT HEAD SIGNATURE _____ DATE _____ SUPERVISOR SIGNATURE _____ DATE

RISK MGT

IF ABSENCE IS 32 HOURS OR LONGER (FIRE 48) OR WORK RELATED, APPROVAL IS REQUIRED BY RISK MANAGEMENT.

APPROVED_____ YES _____ NO _____ RISK MANAGEMENT _____ DATE