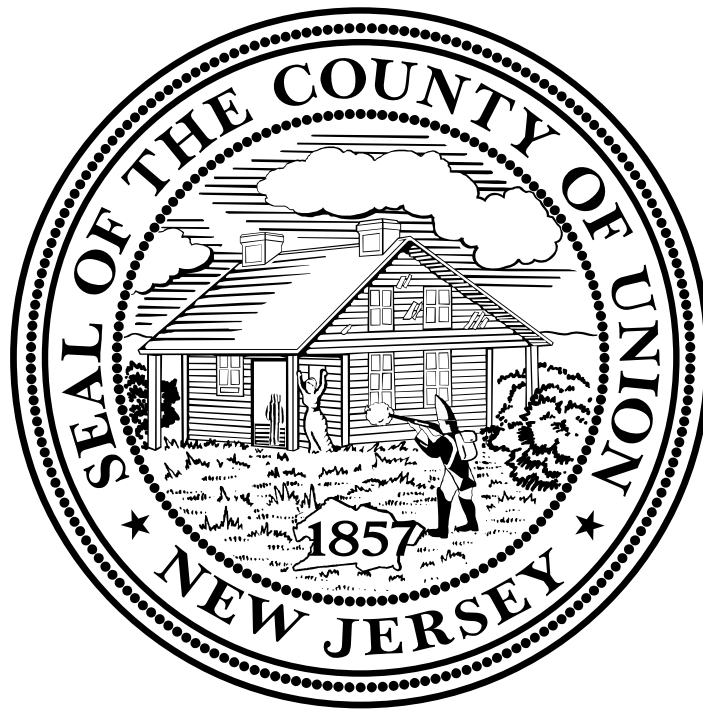


# COUNTY OF UNION

## Sick Leave and Workers' Compensation Leave Verification Policy



**Union County**

*We're Connected to You*

*A service of the*

UNION COUNTY BOARD OF  
CHOSEN FREEHOLDERS



## THE COUNTY OF UNION

### **SICK LEAVE & WORKERS' COMPENSATION LEAVE VERIFICATION POLICY**

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#### **INTRODUCTION AND PURPOSE**

All County employees are expected to report to work each day, on time, as scheduled. Most County employees understand that maintaining good attendance on the job is essential to accomplishing the objectives of the organization for which they work. However, employees are susceptible to illness and injury which can result in the necessary use of sick leave and workers' compensation leave.

This policy concerns the procedures the County of Union will use when verifying employees' use of sick leave or workers' compensation leave. This policy is being implemented for the following purposes:

- Ensure County employees are able to perform their assigned duties.
- Deter the abuse of sick leave and workers' compensation leave by County employees, which leads to increased overtime expenditures, reduction of morale, staffing challenges and the needless expenditure of taxpayer monies.
- Investigate County employees who are suspected of feigning illness or injury.
- Ensure a healthy and productive workforce.

#### **SCOPE**

This policy applies to all persons employed by the County of Union who are provided sick leave or workers' compensation leave benefits. Employees should consult their applicable collective negotiations agreements and County of Union policies regarding the availability of these benefits. This policy does not alter the reasons for which sick leave or workers' compensation leave may be taken.

#### **POLICY**

The County of Union is empowered to (1) enforce its rules and regulations concerning sick leave and workers' compensation leave; (2) take appropriate disciplinary action against employees who violate these rules; (3) authorize a supervisor or designated representative to contact an employee to verify his/her use of sick leave or workers' compensation leave; and (4) authorize and dispatch a supervisor or other designated representative, such as the Union County Police

Department, to the employee's residence to verify the employee's use of sick leave or workers' compensation leave.

## GENERAL

As part of the County's continuing efforts to ensure a healthy and productive workforce, the County will use the following procedures when verifying and monitoring employees' use of sick leave and workers' compensation leave.

1. Any employee requesting sick leave must call in no later than one hour before he/she is scheduled to report to work. Employees covered by a collective bargaining agreement will be required to call out sick within the time frames established by that agreement. An employee must try to speak directly with his/her supervisor. If a supervisor is unavailable, messages must be left on a Department answering machine or transmitted via email.
2. Except as otherwise provided in a collective negotiations agreement, any employee who is absent due to his or her own illness for three (3) or more consecutive working days shall submit to his or her supervisor a completed Health Care Provider Sick Leave Verification Form (copy attached as Addendum A) prior to the employee's next shift. Any employee who uses sick leave intermittently two (2) or more times within ten (10) calendar days, must provide his or her supervisor, or a designated representative, a completed Health Care Provider Sick Leave Verification Form following the second absence and each absence thereafter in the ten (10) calendar-day period. Employees must complete this form to receive sick leave pay.
3. When an employee exhibits a pattern of sick leave use or uses sick leave frequently, the employee may be given written instructions to provide the Health Care Provider Sick Leave Verification Form for *all* future absences regardless of the length of absence. This is referred to as an "Attendance Restriction." Attendance Restrictions may be imposed when (1) an employee consistently uses sick leave on the same days (e.g., Mondays, Fridays); (2) the employee consistently uses sick leave before or after scheduled days off, holidays or weekends; (3) the employee consistently uses sick leave immediately following a pay day; (4) the employee uses sick leave as fast as it is earned; or (5) any other demonstrable pattern of sick leave usage.
4. The employee's supervisor, or a designated representative, may call the employee's home telephone number during the employee's absence to verify the employee's use of sick leave or workers' compensation leave. The employee must answer the telephone call personally, and should the employee fail to answer his/her home phone, he/she may be subject to discipline.
5. The employee's supervisor, a designated representative, or the Union County Police Department may visit the employee's home during the employee's absence to verify the employee's use of sick leave or workers' compensation leave. The employee must be present and should the employee fail to be present during a visit, he/she may be subject to discipline.

6. In the event an employee leaves home to visit a physician or medical provider, the employee must obtain a physician's note verifying the time the employee arrived at the physician's office and the time the employee left the care of the physician. This note should not disclose the condition or injury for which the employee visited the physician. Moreover, this note only must be submitted to a supervisor upon request and must be retained by the employee during the pendency of his or her sick leave or workers' compensation leave.
7. In the event an employee leaves home to visit a health care store, pharmacy or other store for reasons related to the employee's illness, injury or leave, the employee must retain a copy of the receipt of any items purchased to verify the employee's presence at the store. This receipt only must be submitted to a supervisor upon request and must be retained by the employee during the pendency of his/her sick leave or workers' compensation leave.
8. Nothing contained herein shall limit the County's or employees' rights under the County of Union Family Leave and Medical Leave Act Policy, the Family and Medical Leave Act and the New Jersey Family Leave Act. Should any of the terms of this policy conflict with these Acts, they shall be superseded by those Acts.
9. **NOTHING CONTAINED HEREIN SHALL REQUIRE AN EMPLOYEE TO FOREGO THE MEDICAL CARE THAT HE/SHE NEEDS UNDER ANY CIRCUMSTANCES.**

#### **SUPERVISORS' RESPONSIBILITIES**

The County depends upon supervisors to ensure sick leave and workers' compensation leave benefits are used as intended. For the purposes of this section, supervisors are those County employees responsible for investigating and monitoring employees' use of sick leave and workers' compensation leave as designated within a Department. The following steps should be taken by supervisors to ensure that sick leave and workers' compensation leave benefits are not abused and that the County's programs are implemented properly:

- Ensure County employees are aware that they are expected to report to work each day as scheduled and that attendance will be a factor considered in evaluating job performance.
- Ensure sick leave or workers' compensation leave benefits, and the verification thereof, are administered and applied on a fair and consistent basis.
- Monitor sick leave usage for each employee on a monthly or quarterly basis, and bring instances of above average usage or development of potential patterns of sick leave abuse to the attention of the Departmental personnel liaison or the County's Division of Personnel Management & Labor Relations.
- Use employee performance evaluations to formally acknowledge work attendance or to document attendance problems, issues and concerns.



Supervisors may obtain assistance in managing sick leave and workers' compensation leave usage and correcting instances of sick leave and workers' compensation leave abuse from the County's Division of Personnel Management & Labor Relations.

## **PROHIBITED ACTIVITY AND GUIDELINES**

### **Employees**

1. Employees shall not use sick leave or workers' compensation leave to conduct personal business (e.g. work at other jobs, car repairs, non-medical personal appointments, babysitting, home repairs, etc.)
2. Employees shall not engage in sick leave abuse or chronic or excessive absenteeism as these terms have been defined by the New Jersey Civil Service Commission and applicable law.
3. Employees shall not fail to complete, when required, the Health Care Provider Sick Leave Verification Form.
4. Employees shall ensure that all information provided in the Health Care Provider Sick Leave Verification Form is true and accurate.
5. Employees shall not fail to answer their telephone when a County representative attempts to verify the use of sick leave or workers' compensation leave.
6. Employees shall not fail to be present at home when a County representative attempts to verify the use of sick leave or workers' compensation leave.
7. Employees shall not give untruthful statements to any County employee or representative who is attempting to verify the use of sick leave or workers' compensation leave.
8. Employees shall not fail to retain documentation verifying trips to medical providers or other stores listed above. Such documentation may be used to verify that an employee's unavailability was excusable.

Any violations of these policies may result in discipline up to and including discharge from employment.

### **Additional Guidelines for Supervisors**

1. Supervisors shall not fail to complete, when necessary, the Supervisors' Sick Leave/Workers' Compensation Leave Investigation Form (Attached as Addendum B).
2. Supervisors shall not provide untruthful responses when completing the Supervisors' Sick Leave/Workers' Compensation Leave Investigation Form.

Any violations of these policies may result in discipline up to and including discharge from employment.

#### **REPORTING ABUSES OF SICK LEAVE OR WORKERS' COMPENSATION LEAVE**

Employees are encouraged to report all abuses of sick leave and workers' compensation leave, and may do so by contacting the County's Division of Personnel Management & Labor Relations. Employees who report suspected sick leave or workers' compensation leave abuse will not be subject to any retaliation. Employees who submit a false report of abuse may be subject to discipline.

**Addendum A**  
**Health Care Provider Sick Leave Verification Form**

**SECTION I: FOR COMPLETION BY THE EMPLOYER**

**Employer's name and contact information:**

\_\_\_\_\_

**Employee's name:**

\_\_\_\_\_

**Employee's job title:** \_\_\_\_\_ **Regular Work Schedule:** \_\_\_\_\_

**Employee's Essential Job Functions:**

\_\_\_\_\_

\_\_\_\_\_

**Job description attached:** Yes  No

**SECTION II: FOR COMPLETION BY THE HEALTH CARE PROVIDER**

**NOTE: HEALTH CARE PROVIDER MUST NOT DISCLOSE THE EMPLOYEE'S UNDERLYING DIAGNOSIS, MEDICAL CONDITION, MEDICAL TREATMENT, GENETIC INFORMATION OR FAMILY MEDICAL HISTORY.<sup>1</sup>**

**Health Care Provider's name and business address:**

\_\_\_\_\_

**Telephone:** (\_\_\_\_\_) \_\_\_\_\_ **Fax:** (\_\_\_\_\_) \_\_\_\_\_

**Date/time employee seen by provider:** \_\_\_\_\_ **Date condition commenced:** \_\_\_\_\_

**Date the employee will return to work:** \_\_\_\_\_

**Is the employee unable to perform any of his/her essential job functions:** Yes  No

<sup>1</sup> The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services. (75 Fed. Reg. 68934)

**If yes, identify the essential job functions the employee is unable to perform:**

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**Employee is unable to perform these essential job functions:**

Permanently  Temporarily, until:

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**Does the employee pose a direct threat to himself/herself, or to other employees of Union County because of a medical condition: Yes  No**

**If yes, explain the threat:**

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**Employee poses a direct threat:**

Permanently  Temporarily, until:

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**Health Care Provider's Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

*I certify that the above statements are true and correct. I understand that if any of the foregoing statements are false, I will be subject to punishment.*

**Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**ADDENDUM B**

**Supervisors' Sick Leave/Workers' Compensation Leave Investigation Form**

**SECTION I: BACKGROUND INFORMATION**

**Supervisor's or Designated Representative's Name and Department:**

\_\_\_\_\_

**Employee's Name, Address and Home Telephone Number(s):**

\_\_\_\_\_

**Employee's Job Title:** \_\_\_\_\_

**Employee's Regular Work Schedule:** \_\_\_\_\_

**SECTION II: INVESTIGATION**

**Did the employee provide a Sick Leave Verification Form regarding this absence? Yes**   
**No  If yes, attach a copy to this report.**

**Did you call the employee's home telephone number? Yes  No**

**If yes: State the date(s) of the call, the time(s) of the call and specific number(s) called:**

\_\_\_\_\_

**Discussion with Employee (attach addendum if necessary):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**If the employee did not respond to the call(s), describe whether a message was left and what was said:**

\_\_\_\_\_

\_\_\_\_\_

**Did the employee call back in response to a message that you left? Yes  No**

**If yes, describe message or conversation:** \_\_\_\_\_

\_\_\_\_\_

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Did you order/conduct a home visitation? Yes  No

If yes: State the date(s) of the visit, the time(s) of the visit, and the address visited:

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Discussion with Employee (attach addendum if necessary):

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If the employee did not answer his/her door, describe how many times the door was knocked or how many times the door bell was rung:

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Other comments:

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*I certify that the above statements are true and correct. I understand that if any of the foregoing statements are false, I will be subject to punishment.*

Supervisor's or Representative's Signature: \_\_\_\_\_ Date: \_\_\_\_\_