

ADMINISTRATIVE ORDER
OF THE
JEFFERSON COUNTY COMMISSION
NO. 99-1
Amended September 11, 2007

PURSUANT to the authority vested in the Jefferson County Commission by law, the following Administrative Order is hereby issued:

PURPOSE

To establish a Vacation Leave Bank Plan for the use and benefit of employees.

I. GENERAL POLICY

It is the intention of the County Commission in adopting this Vacation Leave Bank Plan (hereafter "the Plan") to assist participating employees who have exhausted all accrued leave balances as a result of a non-job related catastrophic event or sudden change in health. A Vacation Leave Bank Committee (hereafter "the Committee") shall administer the Plan in accordance with the procedure set forth herein. All paid leave awarded pursuant to this Plan shall be substituted for Family and Medical Leave Act leave to the fullest extent that the Family and Medical Leave Act, 29 U.S.C. §§ 2601-2654, and the applicable regulations issued thereunder, allow such substitution.

II. DEFINITIONS

As used herein, the following terms shall have the meaning hereby ascribed to them:

1. "Employee" shall mean all officials, appointees, classified and unclassified employees who are compensated for services to Jefferson County, and who accrue vacation and sick leave and, shall also include employees of the Sheriff of Jefferson

County, Alabama and other individuals who are eligible to participate in the Jefferson County Pension System.

2. "Accrued leave balances" shall mean accrued balances of vacation, sick and comp time hours.

3. "Vacation Leave Bank Committee" shall mean the Committee established by this Administrative Order to administer the Plan.

III. VACATION LEAVE BANK COMMITTEE

The Committee shall consist of seven (7) members of the Plan to be formed in the following manner:

1. Five (5) members shall be appointed by resolution of the Jefferson County Commission.

2. The Sheriff of Jefferson County, Alabama shall appoint one (1) member.

3. The Jefferson County Employees Association shall appoint one (1) member.

4. The term shall be three (3) years. Provided, in order to stagger the terms, the first term of three (3) members appointed by the County Commission shall be for two (2) years. Thereafter, those terms shall be three (3) years.

5. A Chairperson shall be elected by majority vote of the members of the Committee.

6. Committee members are eligible for re-election or re-appointment to the Committee for two consecutive terms.

7. Vacancies shall be filled by the appointing entity for the vacation position for the remainder of the unexpired term.

8. Any member of the Committee may be removed for cause by action of the

County Commission upon the recommendation for removal by not less than five (5) Committee members.

IV. PROCEDURE

A. Eligibility for Membership

After completing one year of uninterrupted full time employment with the County or the Sheriff, employees are eligible to apply for membership in the Plan. Approved leaves of absence or part-time service will not be considered as creditable time or a break in service for purposes of calculating one year of service.

B. Application for Membership

Application for membership shall be accepted at any time after the employee completes one year of uninterrupted full time employment with the County or Sheriff.

1. To enroll in the Plan an employee must complete the Memorandum of Understanding/Vacation Leave Bank Plan (Attachment A) and deliver it to the Jefferson County Human Resources Department. The Plan requires members to contribute eight (8) hours of accrued vacation leave when entering the Plan, and an additional eight (8) hours of accrued vacation leave each year thereafter. Members without sufficient accrued vacation to make the annual contributions shall be terminated from the Plan with a forfeiture of all benefits and rights with respect to the previous contributions. Provided, the Vacation Leave Bank Committee may suspend the additional yearly contribution of vacation leave if it determines that the Plan is sufficiently funded.

V. REQUEST FOR BENEFITS

1. Members shall be eligible for benefits three months after enrolling in the Plan. Provided, the Committee may waive this requirement in cases in which the qualifying catastrophic event or sudden change in health resulted from a non-work related accident or unexpected illness. In order to receive Plan benefits, the member must be in good standing and must have exhausted all accrued leave balances.

2. To apply for benefits, a member shall submit a Vacation Leave Bank Withdrawal Request (Attachment B) to the Human Resources Department when the member reasonably anticipates that all accrued leave balances will be exhausted. The burden for timely submission shall be upon the member and in light of the fact that retroactive benefits are prohibited and it will require at least one week from submission to complete the application process. The Human Resources Department will review and forward the request to the Committee for consideration.

3. The Vacation Leave Bank Withdrawal Request will include the following information:

- a. Applicant's name, the last four digits of the applicant's social security number and classification or job title.
- b. The number of hours requested from the Plan.
- c. The application must be accompanied by a physician's statement that states the nature of the illness or injury and probable date of return to duty. Such requirement may be waived by the Committee.
- d. Any other information offered by the applicant in support of the request.
- e. Any other information requested by the Committee that is relevant to the General Policy.

VI. ACTION OF COMMITTEE

1. The Committee will review Vacation Leave Bank Withdrawal Requests and will grant or deny benefits by majority vote with a quorum of the members present and voting Committee members may vote in person or by email.

2. In determining whether to grant or deny benefits the Committee will consider the request in light of the General Policy. Provided, the Committee may deny benefits in cases where the Committee is reasonably satisfied that the applicant has abused vacation and sick leave. The following may reflect abuse:

- a. Poor leave and attendance record.
- b. Use of vacation and/or sick leave reflecting a pattern of use contemporaneous with earning.
- c. Absence of a reserve or very small reserve of vacation and/or sick leave in relation to length of employment.
- d. Poor job performance evaluations, or record of disciplinary action that reflects excessive absenteeism and abuse of vacation and sick leave, or that reflect unsafe work performance.
- e. Absence of reasonable evidence to disprove indications of abuse of vacation and sick leave.

3. Benefits may be awarded up to a maximum of 480 hours (60 days) within a twelve (12) month period.

4. Benefits may be extended for up to an additional 480 hours (60 days) only when the extension is necessary to qualify the member for a normal service or disability retirement under the General Retirement System for Employees of Jefferson County, Alabama. Extension of benefits will be determined under the provisions of paragraph 1 above.

5. Benefits will not be awarded for short-term illnesses such as common colds, flu, viruses, etc. Benefits may be awarded for catastrophic circumstances, such as severe injuries, heart attack, cancer, major surgery, etc. provided, the injury or illness is not the result of unlawful activity.

6. If the request is approved, benefits will begin when the applicant's entire accrued leave balances are exhausted.

7. Under no circumstances will benefits be based on a retroactive application. Provided, benefits may be awarded for the time period between the date the application was submitted and acted upon by the Committee.

8. Benefits will not be awarded for absences related to an on the job injury. The determination of the Human Resources Director, with advice of the County Attorney, as to what is or is not related to an on-the-job injury will be conclusive.

9. All benefits awarded shall be substituted for Family and Medical Act leave to the fullest extent that the Family and Medical Leave Act, 29 U.S.C. §§ 2601-2654, and the applicable regulations issued thereunder, allow such substitution.

10. When the employee returns to work any unused vacation leave bank leave must be returned to the Plan. The Payroll Coordinator for such employee must notify payroll services of the used leave.

VII. HUMAN RESOURCES DEPARTMENT RESPONSIBILITY

1. The Jefferson County Human Resources Department will maintain all records relating to the Plan. That Department shall submit a report of the Plan's status to each member of the Jefferson County Commission, the Sheriff of Jefferson County, and each member of the Committee, which will include the following:

- a. Beginning Plan balance.
 - b. Contributions made to the Plan.
 - c. Total benefits granted from the Plan during the reporting period.
 - d. Ending Plan balance.
 - e. Number of Plan members.
2. The Plan's balance will equal the number of vacation hours donated minus

the number of vacation hours used.

3. In the quarterly report the Human Resources Department will provide notice when the Plan's balance is below a 30% margin as computed by using the following formula: $8 \times \text{total number of members} \times 30\%$. In the event the Plan's balance falls below 30%, all Plan members must contribute an equally apportioned amount of accrued vacation leave, in quarter hour increments, in order to maintain the minimum 30% balance and to maintain their membership in the Plan. Failure to contribute vacation leave as required by the Committee's assessment plan will result in the member's involuntary termination from the Plan and the forfeiture of all benefits and rights with respect to vacation leave previously contributed.

4. During January of each year the Jefferson County Human Resources Department will determine the number of excess vacation hours of all County employees which would otherwise be forfeited pursuant to Jefferson County Personnel Board Rule 13.9(b). Instead of being forfeited, those hours shall be transferred to the Plan balance in lump sum fashion each January. Such transfer shall be deemed as a contribution to the Plan by the county and not an employee.

VIII. VACATION LEAVE BANK SUSPENSION

Upon determination by the Committee that the Plan is reasonably fully funded the Committee may temporarily reduce or suspend the annual contributions to the Plan.

IX. PLAN TERMINATION

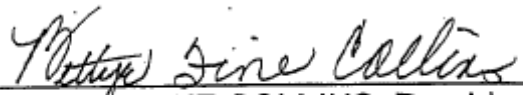
The Plan may be terminated by:

- (1) A majority decision of the Committee with a quorum present and voting.
- (2) A repeal of this Administrative Order by the Jefferson County Commission.
- (3) In the event of Plan termination, the Plan's ending balance will be refunded to current members in an equally apportioned distribution.

X. MISCELLANEOUS PROVISIONS

Nothing herein shall prevent a County employee from donating more than eight hours vacation to the Plan. As example, County employees who are retiring or entering retirement service credit authorized by Administrative Order 92-8 may donate their accrued vacation balance to the Plan.

ORDERED at the Jefferson County Courthouse, this 11th day of September, 2007.


BETTYE FINE COLLINS, President
Jefferson County Commission

APPROVED BY THE
JEFFERSON COUNTY COMMISSION
DATE: 9-11-07
MINUTE BOOK: 154
PAGE(S): 309-311

ENROLLMENT FORM

MEMORANDUM OF UNDERSTANDING/VACATION LEAVE BANK PLAN

NOTE: "YOU and "YOUR" within this application refer to the Proposed Applicant. PLEASE PRINT ALL INFORMATION.

Personal Profile

1. a.) Your Full Legal Name (Last, First, Middle)		b.) Social Security Number
c.) <input type="checkbox"/> Male <input type="checkbox"/> Female	d.) Date of Birth (MM/DD/YY)	Telephone Numbers: Home _____ Work _____ Cell Phone _____

2. Residence Address:

Street _____ Apt. Number _____

City _____ State _____ Zip _____

Occupation

3. a.) Occupation and/or Job Title:	b.) Years of Service:
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Income & Vacation Balance

4. Grade and Step	5. Accrued Leave Balance
	Vacation _____ Hours
	Sick _____ Hours
	Comp Time _____ Hours

Employee Acknowledgement

By completing and signing this Enrollment form I understand that I must contribute the following to the Vacation Leave Bank:

- Eight (8) hours of accrued vacation leave initially
- Additional amounts of accrued vacation leave, if so ordered by the Vacation Leave Bank Committee to prevent the Plan from being under funded.

Note: The plan is fully funded at the present time and this annual option does not appear to be needed. However, we do reserve the right to use it, if needed.

Date _____

Date _____

APPLICANT

VACATION LEAVE BANK WITHDRAWAL REQUEST

TYPE OR PRINT:

1.	a.) Your Name (Last, First, Middle) _____	b.) Social Security Number _____	c.) Classification (Job Title) _____
2.	Number of hours requested(not to exceed 480 hrs in a 12 month period) _____		
3.	<p>DIAGNOSIS: _____ DATE OF LAST EXAM: _____</p> <p>PROBABLE PERIOD OF INCAPACITATION: FROM: _____ TO: _____</p> <p>I _____, a duly licensed physician/doctor (Typed or printed name of Physician/Doctor)</p> <p>in the State of Alabama, certify that the above-named individual is under my care for the above medical reason(s) and due to this problem is unable to perform fully the duties of his/her regular position until the time noted.</p> <p>_____ Signature of Attending Physician/Doctor _____ Date</p>		
4.	Hourly Income or Grade & step \$ _____	Accrued Leave Balance Vacation _____ Hours Sick _____ Hours Comp Time _____ Hours	
5.	<p>Supervisor's Name: _____</p> <p>Telephone #'s: Home: _____; Work: _____; Cell: _____</p> <p>Timekeeper's Name: _____ Phone #: _____</p> <p>I authorize the Vacation Leave Bank Committee to review my employment records for evidence of poor leave and attendance; use of vacation and/or sick leave reflecting a pattern of use contemporaneous with accrual; absence of a reserve of vacation and/or sick leave in relation to length of employment; poor job performance evaluations, record of disciplinary action that reflects negatively on reliability, trustworthiness, veracity, and job loyalty; and, absence of reasonable evidence to disprove indications of abuse of vacation and sick leaves.</p> <p>_____ DATE _____ EMPLOYEE SIGNATURE (If able to sign) or Supervisor's Signature or Timekeeper's Signature</p>		