

# **Hardin County Sick Leave Pool Policy**

Hardin County, Texas ("County"), has established a Sick Leave Pool Program for the benefit of employees of the County. Regular full-time employees with twelve (12) or more months of continuous employment with the County may elect to transfer earned sick leave time to the Hardin County Sick Leave Pool ("Pool"). The leave time in this Pool may then be used by eligible employees for catastrophic illness or injury, as defined and under the terms and conditions set by Commissioners Court and described within this Sick Leave Pool Policy. Participation in the Pool is entirely voluntary; however, you must contribute to the Sick Leave Pool to be eligible under this Sick Leave Policy. The Pool provides a benefit to eligible employees who have exhausted all accrued leave including vacation, compensatory time, sick leave, holiday pay, and personal time.

## **Administration of the Pool**

The Human Resources Director is hereby designated by the Commissioner's Court to administer the Sick Leave Pool Policy and the Pool. The Human Resources Director's Responsibilities include:

- 1) Development and maintenance of the County Sick Leave Pool Policy;
- 2) Development and maintenance of the Sick Leave Pool Policy procedures, forms, and other materials;
- 3) Interpretation of the Sick Leave Pool Policy and procedures regarding employee contributions and requests for leave from the Pool;
- 4) Maintenance of the Pool balance;
- 5) Serving as the Sick Leave Pool Administrator and chairing the Sick Leave Pool Review Committee.

## **County Sick Leave Pool Review Committee**

The County Sick Leave Pool Review Committee ("Committee") will consist of the Sick Pool Administrator and four (4) members designated by the Commissioners Court. The four (4) designated members cannot come from the same department. The four (4) members will be comprised of two (2) elected officials and two (2) employees-at-large. The Commissioners Court will appoint a new committee at the beginning of each fiscal year. The Committee will serve for a one (1) year term. If there is a vacancy in the Committee for any reason, the Commissioner's Court shall appoint a replacement.

All committee members, including the Sick Pool Leave Administrator, shall be voting members of the Committee and have equal voting rights. All Committee decisions shall be based upon a quorum of the then serving Committee members.

The Committee shall be responsible for reviewing all requests for Pool Leave and for approving all or part of the request or denying the request. The Committee may return any request to the employee for clarification or challenge through any other grievance or appeal process.

If an employee wishes to appeal a decision by the Committee, they must do so within five (5) business days and must be in writing. The appeal will be heard by the

County Judge.

### **Eligibility for Participation in the Sick Leave Pool**

Regular, full-time employees with twelve (12) or more months of continuous employment with the County may contribute to the pool. An employee is allowed to transfer a minimum of eight (8) hours and up to maximum of forty (40) hours of accrued sick leave to the Pool each fiscal year. Enrollment is allowed beginning October 1, 2025 through September 30, 2026 then only from October 1 – October 30 of each year thereafter. Additional exceptions to the Pool contributions procedures may be made at the discretion of the Commissioners Court.

### **Procedure for Employee Contributions to Sick Leave Pool**

To contribute sick leave to the Pool, an employee must complete a County Sick Leave Pool Contribution Form and have the employee's supervisor verify eligibility by signing the Contribution Form. The Contribution Form is then forwarded to the Pool Administrator. Upon the Pool Administrator's approval and verification of the eligibility of the contribution, the employee's sick leave account will be decreased by the amount of the contribution and the Pool will be increased by the corresponding amount of the contribution. The Pool Administrator will maintain the original contribution form on file. The employee will be notified if there is a modification in the approved donation amount. Otherwise, contributions should be considered approved as donated.

Employees electing to join the pool must have at least eighty (80) hours of sick leave available prior to joining the pool.

To maintain membership in the sick leave pool, all members must donate a minimum of one (1) day or a maximum of five (5) days sick leave during the fiscal year.

Ten (10) days of accrued sick leave may be donated to the sick pool upon termination of employment.

Vacation Hours may not be donated to the Sick Leave Pool.

Employees who elect to donate paid sick leave to the Pool may not stipulate who is to receive their contribution. Sick Leave donated to the Pool become property of the County and can only be withdrawn by eligible employees for catastrophic purposes as defined by the Policy. An employee who has contributed leave to the Pool may not withdraw donated time unless such employee becomes eligible to withdraw leave from the Pool pursuant to this Policy and is approved under the terms thereof.

### **Procedure for Employee Use of Time from the Pool**

To be eligible for a transfer of time from the Pool, an employee: (i) must suffer a verifiable catastrophic illness or injury; (ii) must have twelve (12) or more months of continuous employment with the County, and must have exhausted all accrued paid leave including sick leave, compensatory time, vacation time, holiday time, and personal leave. An employee can begin the application process when an employee

falls below forty (40) hours of personal time off. An employee using Pool Leave is not required to pay back any Pool Leave used.

Catastrophic illness or injury is considered to be any illness, injury or physical or mental condition suffered by the employee or a member of the employee's immediate family that involves continuing treatment by a medical care provider for chronic or long-term medical conditions resulting in the exhaustion of the employee's accrued vacation time, sick time, compensatory time, holiday time, and personal leave.

Immediate family is defined as the employee's spouse, mother, father, including mother in law and father in law, brother, sister, son, daughter, or any other relative who is living with the employee and is dependent upon the employee for supervision and care, and includes step-parents and step-children as well as foster children certified by the Texas Department of Child Protective Services and Regulatory Services.

A catastrophic illness, injury, or physical or mental condition may include complications involving one or more of the following:

- 1) Inpatient care in hospital, hospice, or residential medical care facility, including any period of incapacity or subsequent treatment in connection with or consequent to such care;
- 2) Permanent/long term incapacity requiring supervision due to a condition for which treatment may not be effective (Alzheimer's disease, a severe stroke, the terminal stages of a disease);
- 3) Multiple treatments by a medical care provider for non-chronic conditions (including recover therefrom), such as cancer (chemotherapy, radiation) or organ transplant.

For the purposes of this policy, the following are not classified as catastrophic injury or illness

- 1) Injuries or illnesses which are: (i) sustained while in the course of employment with an organization other than Hardin County; (ii) a result of or acquired in the commission of a felony, while participating in a riot, or an act of war; or (iii) voluntarily self-inflicted;
- 2) Uncomplicated delivery of a child at the conclusion of a pregnancy is not considered a Catastrophic Injury or Illness. Pool leave shall not be utilized for maternity/paternity leave.

Employees injured in the course of Hardin County employment who are not currently receiving Workers' Compensation benefits may apply for Pool Leave. Employees who are out on leave due to a work-related injury and who are receiving workers' compensation benefits and those who are on the disability leave for any reason and receiving disability benefits may not withdraw leave from the Pool if the combination of sick leave and benefits (workers' compensation or disability) exceeds the employee's pre-injury or pre-illness compensation.

The illness or injury must be verified by a currently licensed medical care provider, defined as a doctor of medicine, osteopathy, or psychology, who is licensed to

practice medicine or surgery in the State of Texas.

Employees on approved leave of absence will retain membership in the pool and will not be required to donate additional days.

An employee must have submitted completed paperwork as allowed under the Family Medical Leave Act (FMLA) and required under Hardin County's Family Leave Policy and been on approved FMLA leave for twenty (20) work days or more due to the medical condition before he/she may use hours from the Sick Leave Pool. All medical information obtained will remain confidential.

Use of approved days from the Sick Leave Pool will run concurrent with FMLA.

### **Procedure for Employee Withdrawals from the Sick Leave Pool**

To request a transfer from the Pool, an employee (or employee representative) must complete the Request for Pool Leave form and obtain certification of catastrophic illness or injury from a medical care provider utilizing the Certification of Illness/Injury form. If the employee has a current medical certification which covers the period of requested Pool Leave, a copy of the current certification may be used.

Requests for Pool Leave Forms and Certification of Illness/Injury Forms will be forwarded to the Pool Administrator through the appropriate supervisory channel, and will be considered on first-come, first-serve basis.

### **Notification of Status of Request for Pool Leave**

The Pool Administrator shall notify and convene the committee, which shall have five (5) business days from the date a request is received in which to approve all or part of the request, or to deny the request. The Pool Administrator will notify the employee in writing as to whether or not the use of Pool Leave has been approved. If not approved, the reasons for non-approval will be included. Reasons why Pool Leave may be denied may include one or more of the following:

- 1) The requesting employee has not been continuously employed with Hardin County for at least twelve (12) months;
- 2) The requesting employee has not exhausted all of the employee's vacation time, sick time, compensatory time, holiday time, and personal leave;
- 3) The requesting employee has not suffered a catastrophic injury or illness as specified in this policy;
- 4) The requesting employee has already used the maximum Pool Leave allowable for the current fiscal year;
- 5) The requesting employee's injury, illness, or condition was obtained in the course of employment and is currently receiving workers' compensation benefits;
- 6) The individual suffering the catastrophic event and for which the requesting employee is requesting Pool Leave, is not a member of the requesting employee's immediate family, as defined within this policy;

7) Insufficient Pool Leave time is available in the Pool.

### **Transfer of Time Following Approval of Request for Pool Leave**

Upon approval of the request, the employee's sick leave balance will be increased by the amount approved by the Committee, and the Pool balance will be decreased by the corresponding amount. The Pool Administrator will maintain the original request forms on file.

### **Maximum Amount of Pool Leave**

The maximum amount of Pool Leave that can be used by one (1) individual employee per request shall not exceed one third (1/3) of the balance of hours in the Pool or a total of 720 hours/90 Days, whichever is less. The Pool Committee shall determine the exact amount of Pool Leave that an eligible employee may use. There will be no cap on the County Pool Leave unless otherwise deemed necessary by the Commissioners Court.

### **Approved Leave Unused**

Any granted, unused Pool Leave will revert to the Pool in the event of:

- 1) The requesting employee's return to work in a full-duty status;
- 2) The requesting employee's return to work in a light-duty, modified-duty, or alternate-duty status;
- 3) The requesting employee's non-disability or disability retirement or resignation; or
- 4) The requesting employee's death.

### **Affect of Pool Leave on Accrual of Benefits**

An employee absent on Pool Leave is treated for all purposes as if the employee were absent on earned sick leave. Such employee will not continue to accrue vacation leave, sick leave, compensatory leave, holiday pay, or personal leave unless and until such Employee returns to work immediately following the Pool Leave.

The estate of a deceased employee is not entitled to payment for unused Pool Leave transferred to the employee from the Pool.

### **Miscellaneous**

All medical information obtained pursuant to this Policy will be maintained as confidential information by the County to the extent allowed by law. An employee's paperwork may contain protected health information under HIPPA. The employee understands that by turning in this paperwork the Policy Administrator and Committee will review the document. The employee will sign a release of protected health information based upon HIPPA when turning in this form. Only the information on the form will be provided to the Committee members.

A determination that an employee or an employee's immediate family member has

a catastrophic injury or illness under the Hardin County Sick Leave Pool Policy does not mean that the employee or the employee's immediate family member has a "serious health condition" under FMLA or a "disability" under the ADA.

Elected officials are not eligible to contribute to the Pool, nor to withdraw sick leave time from the Pool. In the event an employee becomes an Elected Official or is appointed to an elected position, they are eligible to contribute up to 80 hours of their accrued sick leave PRIOR to taking office.

Upon a showing of situations of extreme need, exceptions to the donation and withdrawal procedures established herein may be made at the discretion of Commissioners Court.

Pool Leave may not be used for postponing retirement or separation from County employment.

Applications for donation of accrued sick time and withdrawal of sick time from the Pool can be found in the Human Resources Department or online at <https://www.co.hardin.tx.us/page/HumanResources> under the policies tab.

Any employee found abusing this policy, e.g., reporting that he/she is sick when they are not, or not returning to work when he/she is able, is subject to discipline, up to and including termination. Committee reserves the right to revise allotment of time based upon evidence/proof of abuse or a change in circumstances.

An employee may not perform any outside work or engage in any extra duty employment while out on sick leave that he is paid with hours from the Sick Leave Pool.

### **Effective Date of Hardin County Sick Leave Pool Policy**

The Hardin County Sick Leave Pool Policy is effective immediately upon its adoption by the Commissioners Court of Hardin County, Texas. The Commissioners Court may terminate the County Sick Leave Pool Program at any time for any reason.

## SICK LEAVE POOL CONTRIBUTION

### Instructions:

An employee must complete this form to contribute sick leave to the Sick Leave Pool.

Please submit one original to the Human Resources Director and a copy to your supervisor.

Records of contributions will be maintained in the Human Resources Department.

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I wish to contribute the following amount of my accrued sick leave to the Hardin County Sick Leave Pool to be used to benefit eligible employees who are unable to work due to a catastrophic illness or injury. I understand that I may contribute a maximum of 24 hours of sick leave (in increments of 8 hours) per year. I also understand that my sick leave contribution will be returned to me only as an approved withdrawal from the Sick Leave Pool and only after I have exhausted my regular sick leave.

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Employee Name (Print)

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Social Security #

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Department

Contribution Amount, Check One:

8 Hours

16 Hours

24 Hours

32 Hours

40 Hours

Other Amount \_\_\_\_\_ hours

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Employee Signature

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Date

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Supervisor Signature

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Date

Note: Donations are only accepted between October 1 and October 30 of each year, with the exception of the first year (October 1, 2025 – September 30, 2026). Please get this form submitted to the Human Resources Director by no later than October 30<sup>th</sup>.

## REQUEST FOR POOL LEAVE

This form is to make application for the use of paid leave time from the Hardin County Sick Leave Pool.

Please submit one original to the Human Resources Director and a copy to your supervisor.

### SECTION I: TO BE COMPLETED BY REQUESTING EMPLOYEE

\_\_\_\_\_  
Employee Name (Print)                      Social Security #                      Department

Last day employee physically on duty: \_\_\_\_\_

Date and time employee exhausted all paid leave: \_\_\_\_\_

Sick Leave Pool time requested: \_\_\_\_\_

Leave without pay: From: \_\_\_\_\_ to: \_\_\_\_\_

The requested must be accompanied by a Certificate of Illness/Injury.

Note: You understand that the Certificate of Illness/Injury is protected health information under HIPPA. You understand that any documentation submitted with this form will be shared with the Human Resources Director and the Committee assigned to review these requests. By signing below, you release and hold harmless Hardin County, the Human Resources Director, and the Committee from any legal action in regarding this form and the documents attached. You consent to this form and documents attached being seen/reviewed/discussed by the Human Resources Department and Committee members. All protected healthcare information under HIPPA will only be seen/reviewed/discussed among Committee members.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

### Section II: TO BE COMPLETED BY THE HUMAN RESOURCES DIRECTOR

Request Approved: \_\_\_\_\_ Request Denied: \_\_\_\_\_

Amount of Time Approved: \_\_\_\_\_

\_\_\_\_\_  
Human Resources Director

\_\_\_\_\_  
Date



## CERTIFICATION OF ILLNESS/INJURY

### SECTION I: TO BE COMPLETED BY REQUESTING EMPLOYEE

\_\_\_\_\_  
Employee Name (Print)                      Social Security #                      Department

I authorize the named physician or other licensed practitioner to provide medical information about the Employee to Hardin County.

Physician/Practitioner's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

### SECTION II: TO BE COMPLETED BY PHYSICIAN OR OTHER LICENSED PRACTITIONER

Date of Onset illness or injury: \_\_\_\_\_

Date employee was first unable to work due to this injury:  
\_\_\_\_\_

If surgery was required, give date: \_\_\_\_\_

Describe illness/injury (describe surgical procedure, if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Prognosis:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date employee is anticipated to return to regular duties:

\_\_\_\_\_

Restrictions (if any):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# HIPAA Release Form

Please complete all sections of this HIPAA release form. If any sections are left blank, this form will be invalid and it will not be possible for your health information to be shared as requested.

## Section I

I, \_\_\_\_\_, give my permission for  
\_\_\_\_\_ to share the information listed in  
Section II of this document with the person(s) or organization(s) I have specified in Section IV  
of this document.

## Section II – Health Information

I would like to give the above healthcare organization permission to:

Check as appropriate

☐

Disclose my complete health record including, but not limited to, diagnoses,  
lab test results, treatment, and billing records for all conditions.

Or

☐

Disclose my complete health record except for the following information

- ☐ Mental health records
- ☐ Communicable diseases including, but not limited to, HIV and AIDS
- ☐ Alcohol/drug abuse treatment records
- ☐ Genetic information
- ☐ Other (Specify)

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Form of Disclosure:

- ☐ Electronic copy or access via a web-based portal
- ☐ Hard copy

Practitioner's Name: \_\_\_\_\_

Address (street, city, state, zip):

\_\_\_\_\_

Telephone: \_\_\_\_\_

\_\_\_\_\_  
Signature, Physician/Other Licensed Practitioner

\_\_\_\_\_  
Date

This form must accompany any application with a request for pool leave, and should be submitted to the Hardin County Human Resources Director.

### Section III – Reason for Disclosure

Please detail the reasons why information is being shared. If you are initiating the request for sharing information and do not wish to list the reasons for sharing, write 'at my request'.

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### Section IV – Who Can Receive My Health Information

I give authorization for the health information detailed in section II of this document to be shared with the following individual(s) or organization(s)

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

I understand that the person(s)/organization(s) listed above may not be covered by state/federal rules governing privacy and security of data and may be permitted to further share the information that is provided to them.

### Section V – Duration of Authorization

This authorization to share my health information is valid:

Check as appropriate

☐ a) From \_\_\_\_\_ to \_\_\_\_\_

Or

☐ b) All past, present, and future periods

Or

☐ c) The date of the signature in section VI until the following event:

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I understand that I am permitted to revoke this authorization to share my health data at any time and can do so by submitting a request in writing to:

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

I understand that:

- In the event that my information has already been shared by the time my authorization is revoked, it may be too late to cancel permission to share my health data.
- I understand that I do not need to give any further permission for the information detailed in Section II to be shared with the person(s) or organization(s) listed in section IV.

- I understand that the failure to sign/submit this authorization or the cancellation of this authorization will not prevent me from receiving any treatment or benefits I am entitled to receive, provided this information is not required to determine if I am eligible to receive those treatments or benefits or to pay for the services I receive.

## Section VI – Signature

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print your name: \_\_\_\_\_

If this form is being completed by a person with legal authority to act an individual's behalf, such as a parent or legal guardian of a minor or health care agent, please complete the following information:

Name of person completing this form: \_\_\_\_\_

Signature of person completing this form: \_\_\_\_\_

Describe below how this person has legal authority to sign this form:

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