SICK LEAVE POLICY

PURPOSE

Provide guidelines for the request and use of sick leave. Sick leave benefits are provided to ease the financial burden when employees are required to be absent from their scheduled work time because of an employee's own illness, injury, and other medical related necessities such as physician and dental appointments or for the care of an immediate family member as defined in the County's Family and Medical Leave Policy.

Sick leave is a type of paid employee leave which can be utilized by the employee in restricted situations. Sick leave is a privilege given by the Board of Commissioners. Sick leave may not be used for annual leave purposes except when an employee has exhausted all other leave, and the employee is unable to return to work because of an illness or injury.

There shall be a consistent and uniform process for the use of sick leave by County employees.

Eligibility for Sick Leave

All regular Full-time and Part-time employees are eligible to take sick leave after 90 days of employment. Temporary, On-call, and Seasonal Employees are not eligible for sick leave.

No employee may take more than five (5) days for sick leave.

The following hours will be granted for Sick Leave: Regular full-time employees will be granted 40 hours of sick time annually. Regular part-time employees (20 or more hours) will be granted 20 hours of sick time annually.

EMPLOYEE TYPE	HOURS GRANTED	INCREMENT USE	
		Exempt	Non-Exempt
Regular Full-time	40	4 Hours	2 Hours
Regular Part-time (20 or more hours)	20	4 Hours	2 Hours

Requests for Sick Leave

To allow accurate records to be kept, employees are responsible for personally notifying his/her supervisor promptly by telephone or email no later than one hour prior to his/her scheduled work time, if possible. Failure to comply with the proper reporting requirements may result in the employee being charged with leave without pay and additional disciplinary action if warranted. The method of notification of absences pursuant to this Section may be varied at the discretion of the applicable Elected Official or Department Director, which method or modification should be clearly communicated to the employees of the Department. In the event a department head determines sick leave can no longer be granted, other leave policies may apply such as Paid Time off, Family Medical Leave or leave without pay. Absence for a job-related injury shall be recorded as Workers Compensation.

Certification by Physician

A licensed physician's certificate/note may be required as evidence of an illness before compensation for such absence is allowed:

- 1. Any period of absence (due to illness) consisting of three (3) or more consecutive working days.
- 2. To support a request for sick leave during a period taken before or after a holiday.
- 3. Leave of any duration if absent from duty recurs frequently or habitually, provided the employee has been notified or warned that a medical certificate will be required.
- 4. Sick leave after the submission of a Resignation notice
- 5. To support a request for leave under the Family and Medical Leave Act.

Unused Sick Leave

Sick Leave not used in the current calendar year does not rollover into the next calendar year. Unused sick leave shall not be paid to an employee upon separation from employment.

Policy Changes:

The County reserves the right to delete, modify, amend, or terminate this policy at any time with or without prior notice.

Approved this 27th day of Ougust, 2024

Rockdale County, Georgia Board of Commissioners

Osborn Nesbitt, Sr., Chairman

ATTEST:

Jennifer O. Rutledge, County Clerk/

Executive Director of Government Affairs



Board of Commissioners Agenda Item Transmittal Form Policy Transmittal Form

Type of Request: New and Amended Employee Policies		County Clerk Use Only Policy #:
☐ Submission information	☐ Information	
Contact Name:	Summary of Reques	st:
Chantall Hunt	This request includes	s the adoption of five (5) new
Department:	employee policies an	d the amendment of six (6) existing
Talent Management	policies.	
☐ Department Director /Elected Official Signature	☐ Chief Opera	ting Officer Signature
I have reviewed the attached, and it is approved as to substance.	I have reviewed the att	cached, and it is approved for processing.
	Signature:	Date:
Signature Mily Rodd Date: 86164		
☐ County Attorney Signature	DE SEASE ON PRESIDENCIAS DANS A SERVICE PA	irector of Government nty Clerk Signature
I have reviewed the attached, and it is approved as to form.	I have reviewed the at	tached, and it is approved for processing.
	Signature:	Date:
Signature: Date:		•

Title	Type	Policy Number
Rehabilitation Policy	New	and the second of the second o
Severance Pay Policy	New	
Travel Per Diem & Mileage Policy	New	The second of th
Civility & Anti-Bullying Policy	New	
Bilingual Incentive Program Policy	New	
Fire and Rescue Incentive Pay Policy	Amendment to Existing	2017-4-33 (Amended 10/10/2017)
Disciplinary Procedures Policy	Amendment to Existing	2006-4-29 (Amended 12/8/2020)
Tuition Reimbursement Policy	Amendment to Existing	2006-4-2 (Amended 12/13/2022)
Drug & Alcohol Use Policy	Amendment to Existing	2018-4-22
Sick Leave Policy	Amendment to Existing	2022-4-40
Non-Discrimination & Anti-Harassment- Policy	Amendment to Existing	2006-14-7 (Amended 12/10/2019)