

ORDINANCE NO.: 2017-029

AN ORDINANCE TO AMEND CHAPTER 55 (PERSONNEL) OF THE ANDERSON COUNTY, SOUTH CAROLINA CODE OF ORDINANCES SO AS TO ADD SECTION 55-25 (SICK LEAVE POOL) AND TO ADD SECTION 55-51 (MENTAL HEALTH POLICY); AND OTHER MATTERS RELATED THERETO.

WHEREAS, the Anderson County Council has authority under S.C. Code Section 4-9-30 to develop personnel system policies and procedures for county employees, which policies and procedures are codified in Chapter 55 of the Anderson County, South Carolina, Code of Ordinances;

WHEREAS, the Anderson County Council has authority to amend its personnel system policies and procedures from time to time; and

WHEREAS, Anderson County Council desires to amend its personnel system policies and procedures as to establish a sick leave pool and to establish a policy related to mental health of county employees.

NOW, THEREFORE, be it ordained by Anderson County Council, in meeting duly assembled, that:

1. The Code of Ordinances, Anderson County, South Carolina, is hereby amended by adding a section, to be numbered 55-25, which section reads as follows:

Sec. 55-25. Sick Leave Pool.

Any regular full-time employee may make a written request that a specified number of hours of his accrued sick leave be transferred from his sick leave account to a specific leave recipient. An employee with less than fifteen days in his sick leave account may not transfer any sick leave to the recipient, and an employee with more than fifteen days in his sick leave account may transfer sick leave to the recipient if he retains a minimum of fifteen days in his own sick leave account. Once leave of an employee has been transferred to the recipient, it may not be restored or returned to the leave donor.

2. The Code of Ordinances, Anderson County, South Carolina, is hereby amended by adding a section, to be numbered 55-51, which section reads as follows:

Sec. 55-51 Mental Health Policy.

The county considers mental health conditions to be health problems. The seeking of assistance for any such problem is encouraged. The county seeks not only to support employees in carrying out their job duties but also to ensure employees affected by mental health conditions are able to access appropriate care in a timely manner. To these ends, the county provides for and requires the following:

1. A regularly updated list of local organizations that provide medical treatment or other assistance for mental health conditions is available in the personnel department.
2. Any employee who feels that he/she has a mental health condition is encouraged to seek assistance. Employees may contact the personnel manager for additional information or assistance.
3. Anderson-Oconee-Pickens Mental Health Center, an outpatient clinic of the South Carolina Department of Mental Health, offers care on a confidential basis to county employees at no charge. They do not contact the county if the employee makes the initial contact and request confidentiality.
4. Upon request, contact will be made by the personnel manager on behalf of employee with organizations offering mental health assistance.
5. Any employee seeking care for mental health conditions will be entitled to benefits outlined in the group medical insurance plan, if applicable. Compensation during absences due to mental health treatment will be the same as it would be for any other illness.
6. Employee requests for mental health treatment will be treated as confidential and only persons with a "need to know" (e.g. county administrator, personnel manager, department supervisor) will be aware of such requests.

3. All Orders and Ordinances in conflict herewith are, to the extent of such conflict only, repealed and rescinded.

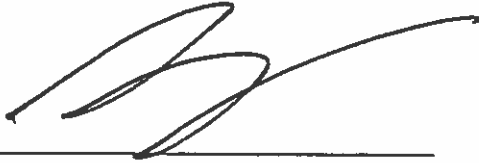
4. All Ordinances, Orders, Resolutions and actions of Anderson County Council inconsistent herewith are, to the extent of such inconsistency only, hereby repealed, revoked, and rescinded.

5. This Ordinance shall take effect and be in full force upon Third Reading and Enactment by Anderson County Council.

ENACTED in meeting duly assembled this 19th day of September 2017.

ATTEST:

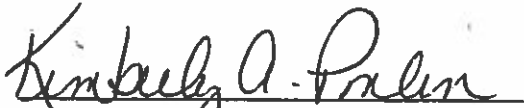
FOR ANDERSON COUNTY:



Rusty Burns
Anderson County Administrator

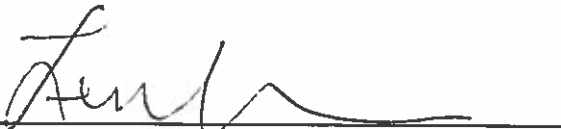


Tommy Dunn, Chairman
County Council



Kimberly A. Poulin
Clerk to Council

APPROVED AS TO FORM:



Leon C. Harmon
County Attorney

First Reading:	August 15, 2017
Second Reading:	September 5, 2017
Third Reading:	September 19, 2017
Public Hearing:	September 5, 2017

Sick Leave Sharing Policy

The purpose of this policy is to establish guidelines and procedures for transferring sick leave to employees who experience a continuing disability due to illness or injury in accordance with Anderson County's Code of Ordinances Section 55.25, which reads as follows:

Sec. 55-25. Sick Leave Sharing.

Any regular full-time employee may make a written request that a specified number of hours of his accrued sick leave be transferred from his sick leave account to a specific leave recipient. An employee with less than fifteen days in his sick leave account may not transfer any sick leave to the recipient, and an employee with more than fifteen days in his sick leave account may transfer sick leave to the recipient if he retains a minimum of fifteen days in his own sick leave account. Once leave of an employee has been transferred to the recipient, it may not be restored or returned to the leave donor.

Donated leave is to be used exclusively for a medical condition of an employee or an employee's family member, as defined by FMLA policy that is a qualifying event as defined under The Family and Medical Leave Act (FMLA).

Employees donating time must have accrued sick leave in excess of 120 hours (15 days) in order to be eligible to donate leave. The amount donated must not reduce the donor's accrued sick leave to less than 120 hours.

Employees may donate up to 80 hours of sick leave at one time.

The maximum number of hours an employee may be granted under this policy during a 12 month period is 480 hours (12 weeks).

The decision to donate sick leave to another individual should be a choice made freely by each employee. No employee shall attempt to unduly influence another employee to donate leave or directly solicit leave donation either for themselves or other employees.

Approval Procedure

- All requests must be completed and submitted to Finance 10 days in advance prior to the week being paid.
- All requests of employees making donations and employees receiving donations will remain confidential.
- Donors must complete the Employee Sick Leave Donation Request Form, sign, and submit to their Department Head for approval.
- The Department Head will submit to the Division Head for approval.
- Once the Division Head has approved, a Payroll Accountant in the Finance Department will review and approve and then submit to the Administrator for final approval. The form will be retained in the Finance Department.

Employee Sick Leave Donation Request Form

ALL REQUESTS MUST BE SUBMITTED 10 DAYS IN ADVANCE PRIOR TO THE WEEK BEING PAID

Sec. 55-25. Sick Leave Sharing.

Any regular full-time employee may make a written request that a specified number of hours of his accrued sick leave be transferred from his sick leave account to a specific leave recipient. An employee with less than fifteen days in his sick leave account may not transfer any sick leave to the recipient, and an employee with more than fifteen days in his sick leave account may transfer sick leave to the recipient if he retains a minimum of fifteen days in his own sick leave account. Once leave of an employee has been transferred to the recipient, it may not be restored or returned to the leave donor.

All requests of employees making donations and employees receiving donations will remain confidential.

I, _____, request to transfer _____ hours of my personal sick leave to _____. I understand that once I have requested this sick leave be transferred, these hours may not be restored or returned.

Employee Signature

Date

Department Head Signature

Date

Division Head Signature

Date

Finance Signature

Date

Administrator Signature

Date

****This form is confidential; please do not discuss among other personnel.****