

Sick Leave Management Strategies

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CERTIFICATION STATEMENT

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Abstract

The problem was sick leave usage creating a decreased level of service or requiring substantial overtime for Kitsap County Fire District 18. The purpose of this research was to identify sick leave management strategies to reduce the impact of sick leave upon the community.

Action research was utilized through an extensive literature review, questionnaires sent to stakeholders and other comparable departments, data mining and analysis of historical sick leave usage in order to answer four research questions: a) What metrics and measure(s) are utilized to evaluate sick leave usage? b) What is the District's sick leave usage over the past three years? c) What methods are utilized to manage sick leave usage? d) What incentives are used to reduce sick leave misuse?

The results of the research identified overall sick leave usage higher than identified comparable agencies with concerns about sick leave usage around scheduled days off, on Fridays, and injury leave. The research also provided information needed to draft a sick leave management and monitoring policy and procedure.

Recommendations from the research included the purchasing of a more user and report generating friendly staffing software; working with labor to determine thresholds of sick leave use that should trigger closer monitoring, reporting requirements, and restrictions when the threshold is met; collaborating with labor on sick leave and vacation buy back incentives; annual training on appropriate sick leave use and management practices; and the establishment of a consistent metrics and measures to provide a benchmark of reasonable sick leave use within the District and United States Fire Service.

Table of Contents

Abstract.....	Page 3
Table of Contents.....	Page 4
Introduction.....	Page 6
Background and Significance.....	Page 7
Literature Review.....	Page 12
European Union Sick Leave.....	Page 13
Sick Leave in the United States	Page 19
United States fire Service Sick Leave	Page 25
Legislation and Agreements	Page 36
Literature Review Summary	Page 39
Procedures	Page 40
Limitations and Assumptions	Page 47
Results	Page 49
Research Question “a”.....	Page 50
Research Question “b”.....	Page 55
Research Question “c”.....	Page 60
Research Question “d”.....	Page 73
Discussion	Page 79
Recommendations	Page 90
References	Page 93
Appendix A: Internal Sick Leave Questionnaire	Page 99
Appendix B: Comparable Departments in the Puget Sound Region	Page 108

Appendix C: External Sick Leave Questionnaire	Page 109
Appendix D : Rodney Younker Professional Biography	Page 116
Appendix E: 2007 Basic Sick Leave Usage and Calculations	Page 117
Appendix F: 2008 Basic Sick Leave Usage and Calculations	Page 118
Appendix G: 2009 Basic Sick Leave Usage and Calculations	Page 119
Appendix H: 2007-2009 Sick Leave by Years of Service	Page 120
Appendix I: 2007 Sick Leave Day of Week/Adjacent to Days Off	Page 121
Appendix J: 2008 Sick Leave Day of Week/Adjacent to Days Off	Page 122
Appendix K: 2009 Sick Leave Day of Week/Adjacent to Days Off	Page 123
Appendix L: 2007 Sick Leave by Month of Year	Page 124
Appendix M: 2008 Sick Leave by Month of Year	Page 125
Appendix N: 2009 Sick Leave by Month of Year	Page 126
Appendix O: 2007-2009 Sick Leave by Rank/Position of Employee	Page 127
Appendix P: Sick leave to date accruals by employee through December 31, 2009...	Page 128
Appendix Q: Sick Leave Management and Monitoring Policy and Procedure	Page 129

Introduction

Sick leave usage places a burden on communities with its effect on government and business service levels and expenditures (Henson & Waltermath, 2007). Because of the economic recession, Kitsap County Fire District 18 was unable to hire firefighters to maintain a service level commitment of staffing three stations. This has resulted in the District hiring back emergency response personnel on overtime or shutting down a station when an employee utilizes sick leave.

The research problem is that sick leave usage is creating a decreased level of service or requiring substantial overtime costs. The purpose of this research is to identify sick leave management strategies that reduce the impact of sick leave upon the community.

Action research will be utilized through an extensive literature review, questionnaires sent to internal stakeholders and other comparable departments in the Puget Sound region, an interview with a Labor Attorney familiar with Washington State's unique labor laws and practices, and data mining and analysis of historical sick leave usage within Kitsap Fire District 18 in order to answer the following research questions: a) What metrics and measure(s) are utilized to evaluate sick leave usage? b) What is Kitsap County Fire District 18's sick leave usage over the past 3 years? c) What methods are utilized to manage sick leave usage? d) What incentives are used to reduce sick leave misuse? Answering these questions will provide the information needed to create a draft Sick Leave Management and Monitoring policy for the District to implement in order to reduce the impact of sick leave on community services. In addition, the research will identify applicable incentives that have assisted others in reducing inappropriate sick leave usage.

Background and Significance

Kitsap County Fire District 18 is located on the Kitsap Peninsula within the Puget Sound Basin. With over 54 square miles, the area has a population estimated at 27,000 citizens and growing at a steady pace. Within the boundaries of and annexed within the Fire District is the City of Poulsbo. Poulsbo itself has a long history as a destination for immigrants from Scandinavia, particularly Norway and Finland. Downtown Poulsbo maintains a Scandinavian theme in its shops and restaurants, and is a popular regional tourist destination. There are three marinas in the District and the City's harbor has excellent moorage with many annual visitors arriving by pleasure craft. The community is a mix of suburban, rural and wild-land areas that enjoys a moderate climate. The major employer in the area is the United States Navy with the Puget Sound Naval Shipyard, Submarine Base Bangor, and the Keyport Naval Underwater Warfare Facility.

The Poulsbo Fire Department was officially formed in 1936 to protect the City of Poulsbo and respond outside the City when available (Kitsap, 1998). In 1999 the citizens of the City of Poulsbo voted to annex into Kitsap County Fire District 18 under the tenants of the Revised Code of Washington (Revised, 2010a), forming what is known today as Kitsap County Fire District #18-Poulsbo Fire.

The District is a full service fire department providing emergency services including fire, emergency medical response and transport, special operations, hazardous material response, and fire prevention and education functions. The District also provides emergency response services to approximately 18 miles of tidal waterfront. The District provides services as a substantially career department with all initial response and mitigation efforts delivered from three staffed and one volunteer station. The total career staffing includes 36 shift personnel, four daytime Chiefs

and eight administrative support and fire prevention staff. Complementing this career staff, volunteers respond from home and pull shifts at stations to augment staffing to support mitigation efforts. Requests for service from the District have been increasing rapidly from 2,677 calls in 2001 (Kitsap, 2002a) to over 3,684 calls in 2008 (Kitsap, 2009).

Over the previous 10 years, property values have also increased substantially because of assessed value increases and a large amount of new construction (Kitsap County Assessor's Office, 2010). Because of a substantial increase in alarm activity, the Governing body of the District embarked on a strategic planning process to become proactive to the growth and assure that reasonable levels of response capacity were maintained. From this planning, it was determined that a fourth response unit was needed through the staffing of an additional existing station, staffing a second medic unit, hiring a fire prevention inspector, and adding three shift Battalion Chiefs positions in order to stay ahead of the growth. The financial assumptions used to develop the plan were based upon the growth and revenue increases seen over the past 10 years. From these deliberations, the District set out to accomplish its response and work load needs by passing two property tax initiatives, a Fire lid lift (RCW, 2010b) and an Emergency Medical Service renewal levy (RCW, 2010c). These tax increases passed successfully and during the election campaigns, commitments to staffing and service levels were made to citizens and communities. From these successes, promoting three shift captains to shift battalion chiefs, the hiring of paramedics to staff the second medic unit, and the opening of the third staffed station were accomplished in 2006 through 2008. The six firefighter and inspector positions were delayed until the revenue from the Emergency Medical Service levy could be obtained in 2009.

In Washington State, fire district funding is mainly derived through property taxes (RCW, 2010b & RCW, 2010c). Revenue is generated by the levying of a tax rate by the

Governing Body to the assessed value of all properties within a fire district. The tax rates authorized by Washington State law are \$1.50 for the fire levy and .50 cents for the EMS levy (RCW, 2010b & RCW, 2010c). Revenue generated by property taxes is also impacted by the limitation of a citizen initiative. Initiative 747 passed in 2001 limiting the amount of revenue a Governing body may increase from property taxes to 1% of the previous years property taxes levied plus revenue from new construction (Barnes, 2002). The Fire District was fortunate in previous years with a robust economy and strong economic growth resulting in new construction adding a mean average increase of 2.7% per year to the tax rolls and thus revenue stream increases since the year 2000 (Kitsap County Assessor's Office, 2010).

Because of this initiative, the tax rate applied to the assessed value changes based upon the assessed value adjustments from year to year. If assessed value increases more than one percent, the tax rate decreases because of the one percent cap on revenue. If the assessed value decreases, the tax rate increase to provide the one percent's revenue increase until the tax rate ceiling is met. Once the tax rate ceiling is met, revenue from property taxes drops with the percentage of decrease in assessed value. In 2007, property values began to decrease within the Fire District boundaries for the first time in at least ten years with corresponding assessed value adjustments in 2009 of minus 5.8% and in 2010 a minus 6.9% (Kitsap County Assessor's Office, 2010). In April of 2010, James Avery, the Kitsap County Assessor has predicted for planning purposes assessed value dropping up to 5% for each of the next two years (James Avery, personal communication, April 26, 2010).

EMS transport fees are the second largest revenue source for the Fire District. In the strategic planning assumption built into the five year financial model developed in 2006 to fund the initiatives by 2012, revenue was projected to increase to \$950,000 from this source (Kitsap,

2006). Because of a drop in alarm volume and corresponding transports, the current projections indicate only achieving \$700,000 in 2012 (Kitsap, 2010b).

Because of the recession and its affects on assessed values and patient transport activity, a total decrease of \$1,786,288 or 20.6% of revenue from the 2006 strategic planning financial forecast is now predicted for 2012 (Kitsap, 2006 & 2010b). The 2006 financial forecast was the basis for the financial assumptions that would provide the sustainable increase in service levels and positions. With the changes in the economic reality, the District was forced to not hire the six firefighters needed to staff the third station without excessive overtime. In 2008, the District expended \$520,000 for overtime to keep the station open with the same rate being observed during the first 5 months of 2009. As a result, the Fire District was forced to make a difficult service level decision: stop paying overtime to keep the new station open 24 hours a day, 7 days a week. This decision resulted in the station being shut down when someone calls in sick. This has created in a significant service level decrease to the geographic area it serves for initial response and to the response delivery system across the Fire District.

Because of these consequences, the management of sick leave through the implementation of strategies to assure its proper usage is critical to the safety and health of Fire District citizens and property now and within the foreseeable future. Without close and logical monitoring, sick leave will continue to impact the service and available funding levels.

This research has direct links to two major areas: The USFA's Strategic Plan for fiscal years 2009-2013 along with its associated goals and objectives; and to the Executive Fire Officer Programs Executive Leadership Course.

The first link is to the USFA's Strategic Plan for fiscal years 2009-2013. The first connective goal to this research is "Goal 2: Improve local planning and preparedness" (United

States Fire Administration [USFA], 2010) along with “Objective 2.2: Expand the use of modern data and information analysis in planning and preparedness” (USFA, 2010). In order to define the problem, identify solutions; select and then measure the results; data collection, reporting, and analysis is necessary. The data and information needed to achieve the goals of this research is extensive and requires that systems be developed and maintained to first capture and collect the correct data, and then create reports that provide meaningful information available for analysis, reporting to the community, and making fact based decisions for the future.

The second connection to the USFA Strategic Plan is to Objective 2.3 “Enhance the fire and emergency services’ performance in response to all hazards” (USFA, 2010). The objective is directly advocated by this effort to develop strategies to assure that the station impacted by sick leave usage is staffed and available for emergency response delivery whenever practical. This Applied Research Project helps attain these goals and objectives by assuring staffing at the station whenever possible rather than the community it serves having a considerable increase in life and property risk because the station is not staffed.

The last connection to the USFA’s Strategic Plan is Goal 4: “Improve the fire and emergency service’s professional status” (USFA, 2010). Specifically Objective 4.1: “Enhance the professionalism of the Nation’s fire and emergency services leaders” (USFA, 2010). This Applied Research Project aims to advocate this goal and objective by providing a model that may be followed in the evaluation of sick leave as well as constructive strategies to engage to lift leaders out of the fog of sick leave misuse into a place where fact-based decision making and leadership can occur to serve both internal customers and policy makers. The opportunity to identify a clear metric, methods to evaluate, and strategies to reduce sick leave usage is an area

in which many communities are struggling. The fire service taking a proactive leadership role in managing this risk will enhance the image and effectiveness of its professional officers.

The second major area linked to this research is the Executive Fire Officer Program, specifically the course entitled Executive Leadership. During this course, leadership skill sets were taught and developed to include: Decision making; influencing; negotiation; and persuasion (USFA, 2005). These skill sets will be critical in order to implement the cultural change and actions needed to effectively reduce the effects of sick leave misuse.

This research investigates sick leave usage, how it is measured, and strategies to contain its impact in order to keep a fire station open to provide emergency response services within the Poulsbo community. From this research strategies to manage sick leave will be identified and a draft Kitsap County Fire District 18 policy and procedure will be developed outlining how sick leave will be monitored and managed within the Fire District.

Literature Review

Paid sick leave is provided by some employers as a method to maintain a consistent revenue stream for employees in the event of an injury or illness which limits the employees ability to perform work. Paid sick leave is used to recruit and maintain good employees while assuring that an illness is not spread throughout the work area creating additional unscheduled absences because an employee cannot afford to miss a day of work (Smith, 2010). Sick leave is defined as: “leave from work granted for illness, often with pay (sick pay), for a limited number of days” (Webster, 2010 pg1).

Paid sick leave is not mandated by any current federal or Washington state laws, but legislation is often introduced to create a mandate on employers to provide this benefit (HRhero.com 2010 & Leonard, 2009). Paid sick leave is available to approximately two-thirds of

all workers. Approximately ninety percent of State and local government workers have paid sick leave while the private sector provides approximately sixty percent of its workers with this benefit (United States Department of labor, 2009).

Since the introducing of paid sick leave, concerns have been raised that the benefit has in some cases culturally morphed from an employee revenue stream protection incentive into a right or entitlement for paid time off like vacation leave (BusinessKnowledgeSource.com, 2010).

European Union Sick Leave

The European Union (EU) has legislated that paid sick leave be provided to all employees at a rate of four weeks per year (French, 2010). The EU also reports extensive sick leave abuse problems including the falsification of doctor's notes to certify that an employee is ill (Karnite, 2006 & Muntean, 2008). The requirement of a doctor's certification is one of the main checks in the system, but even with this check and balance in place, the system has fallen to abuse. There is a feeling by some that the EU rules regarding paid sick leave were created for the protection of honest people but allows dishonest individuals to easily abuse the privilege (Shelly, 2001). One example is within the Czech Republic where an average of 6.1 percent of all employees in the Czech Republic are home sick on any given workday. This rate is twice that of the EU average and its government considers it a vital interest to control the damage to the investment and productivity levels of the nation (Muntean, 2008). The Czech Republic tried to impose legislation to cause the first three sick days an employee uses to be without pay. During this period, a decrease of 26% in the absenteeism rate occurred as compared to the previous year and the number of sick leaves taken that were longer than a week decreased by one-half. Subsequently, the courts of the EU found this practice to be unacceptable and the law was

retracted (Muntean, 2008). One interesting note is that the average number of sick days with employers who had a high level of engagement and commitment was 58% of those whose management did not reflect these qualities.

Two main kinds of absenteeism were found in the Czech Republic. The first is associated with a low unemployment rate and in some professions. An individual is able to find a new job within three days and not alarmed if they lose their current employment. The second type of absenteeism was illness related. This type seems to be the most prevalent and causing the most concern especially among lower paying manufacturing jobs where the remuneration for sick time is comparable to the normal salary when a person is working. Because of the unintended consequence of high sick leave usage, employers have been starting to use what they are calling a presence bonus. This is an incentive where employees are given a bonus if their sick leave usage is at or below the company average or they have been excused for the absence by the company. The problem with the system is that the incentives are very small for people to work instead of being sick (Muntean, 2008).

There is also a concern that doctors are too lenient with their patients because they are neighbors, friends, or relatives in one manner or another. Patients are also asking for understanding from doctors as they work through things like personal problem. As a result of the validation of a sickness by a doctor, the entire system depends on the character of each doctor. There is a tradition amongst doctors to not provide a high level scrutiny and often apply an excessive tradition of giving 15 days off for any symptoms even if the patient protests when they only need two or three days off for the flu (Muntean, 2008).

No data has been collected, but the government is acting to counter this problem by doing more spot checks. It announced that 4400 citizens were denied sick leave pay because they were

not at home when an inspector stopped by to check on them. This was from about 187,000 spot checks conducted through the year. It has also been identified that people are more likely to be sick during the planting and harvesting seasons when their labor is needed at home (Muntean, 2008).

Some preventative measures have been considered, but much of the problem is cultural. In Western Europe absenteeism is often seen as a problem in the organization related to hard work, stress, or a bad supervisor. Some of the preventative measures recommended include:

- Systematic monitoring to include visits to sick employees by other employees.
- Close sick leave monitoring of a group once they exceed a certain threshold.
- A strong corporate culture and teamwork. An employee who feels they are part of a team will call in sick less. The worker knows that calling in sick means other employees will have extra work: thus the problem caused by the sick employee is felt not by the corporate office, but by the local work team itself.
- Creating management practices that place other workers as part of the team that identifies how bonuses should be assigned.
- Reporting in sick by telephone to a supervisor instead of a corporate human resources division.
- Wellness programs for employees with annual physicals and care at work.

The outcome desired is that less people will call in sick and not create an extra work load for other team members resulting in an increase of the team's opportunity for extra bonus pay (Muntean, 2008).

In Belgium, similar problems are seen as employees stretch the reasons for sick leave use by calling in sick to pack for vacations or to manage post holiday hangovers. Some of the

government departments were averaging 35 days of paid sick leave per employee each year which was described to be more than twice the national rate and seven times the U.S. average (Miller, 2009).

According to a report produced by the Organization for Economic Co-Operation and Development (OECD), Norway, Poland and Switzerland should do more to reduce the number of people claiming sick leave benefits. These government's sick and disability leaves accounted for 2.4% of their Gross Domestic Product in 2004 (Prinz, Andersson, Förster, 2006). In Sweden, reducing sick leave usage is regarded as the biggest labor challenge they are facing with almost 20% of the potential workforce on sick or disability leave on any given work day (Rae & Jorgensen, 2005).

In Norway, the problem is attributed to generous sick leave benefits; the low cost for employers that have employees on sick leave; and doctors not being vigilant in substantiating true need for sick leave. These practices result in very high sick leave usage rates. A main concern regarding the current system is the longer an individual is on sick leave, the more likely the leave will turn into a long term disability benefit. The Swiss sick benefit insurers are not serious enough taking into account the long term costs of placing people on a disability benefit, especially those with mental illness. Poland on the other hand, does very little to assist disabled people in finding work because it helps keep their unemployment rate low because they are on disability, not unemployment (Prinz, Andersson, Förster, 2006).

Some strategies recommended to reduce the impact of sick leave in the EU include:

- Incentives to work that encourage people on benefits who can work to find jobs and be productive.

- Reduce the number of people moving onto disability benefits through better monitoring of sick leave usage.
- Improve vocational rehabilitation systems to get people back to work quicker.
- Develop support programs for those whose disability benefits have been rejected and are struggling returning to the work environment.
- Better cooperation and a more holistic approach should be coordinated by all of the stakeholders within the system.

A modification of the benefit system is needed making access to benefits more difficult and emphasizing early action, temporary benefit usage approval, and enhancement of back to work incentives (Prinz, Andersson, Förster, 2006).

The Swedish government has set an objective to reduce the number of people on sick leave by 50%. To accomplish this goal, the development of mutual obligations similar to what they use for unemployed workers is being recommended. This would place greater levels of responsibility on the individual sick, the employer and the government's social insurance office. To accomplish this, the following items were recommended:

- Stricter sick leave eligibility criteria needs to be implemented. Currently, anyone who asks to be off for sick leave is granted it. Doctors need to thoroughly review and assess an individual's ability to work and be supported by the government if they deny a request. Extending medical certificates to be on sick leave should only be allowed after an updated exam and only for a one year period. An independent medical assessment should be made by a social insurance doctor for long term sickness and disability approvals, not just the patient's personal physician. All individuals on long-term sick or disability leave should be re-evaluated with random unscheduled checks.

- If long-term sick leave benefits are authorized, a corresponding requirement should be placed upon the individual. Authorization for sick leave should require participation in vocational rehabilitation or other progressive back to work programs. Meetings with the person utilizing the benefit after the first few weeks of paid leave need to occur to discuss their status and condition.
- Employers need enhanced incentives. Employers should have to pay the first few weeks of sick pay and part of the sick benefits to encourage their watchful management eye on the system.
- All new systems should be monitored for results. If the outcomes are not achieved, increased upfront costs for employers should be enacted with a limited time duration. Experience ratings should be developed in order to compare and reward those who have lower sick levels. Better data collection defining work related injuries from general sick leave use would better define circumstances over which the employer may have some control.
- Extend the waiting period before benefits are paid out. A program like this was implemented that had a significant reduction on short term absences. This may also assist in achieving the needed culture adjustment.
- Monitoring of partial or part time sick leave usage is needed. The government is using partial benefits as a mechanism to keep employees attached to the workforce. The problem has been that some employees who only want to work part time are using the system to receive full time compensation.
- Reduce circumstances and incentives for sick and disability benefits to be used for early retirement. Employees are retiring and using the benefits to enhance their pensions when

they turn 65. An option might be to not allow benefit payment calculations into pension calculations (Rae & Jorgensen, 2005).

Sick Leave in the United States

In the United States, paid time off for sick leave is not a right but a benefit an employer may offer in order to recruit and retain excellent employees. An employer has to create a place to work that is attractive to employees and paid time off benefits help achieve this goal. Quality employees have a direct impact on the quality of the products and services of the business or governmental agency and offering paid sick leave is seen as crucial (Business, 2006).

With this need for great employees comes the risk of individuals taking advantage of benefits regarded by the employer to be conditional, that they should only be used in certain conditions. In the United States, sick leave misuse is a major concern. A survey sponsored by the CCH Corporation in 2007 found that almost two thirds of those who call in sick at the last minute do so for reasons other than being sick themselves (Henson & Waltermath, 2007). These employees are using sick leave for personal or family reasons.

Sick leave creates an absenteeism rate of 2.3% of the workforce on any given work day in the United States (Henson & Waltermath 2007). Full-time government workers were found to have the highest absenteeism at a rate of 3.6%. Those employees given larger amounts of sick leave use it more often (Henson & Waltermath, 2007). The study speculated that the demands of family life and its complexities have increased at the same time that demands at work have increased. With single parents and dual income families now the norm, coupled with children and elderly parent needs, pressure on employees outside of work has increased significantly (Henson & Waltermath, 2007).

There is a trend for managers to believe that sick leave management is too difficult or dangerous to engage, which is not the case. A good sick leave management and monitoring practice may even reduce the risk of discrimination as it is applied consistently to everyone (Business, 2006). Determining the root cause of the sick leave is essential in addressing sick leave misuse (Smith, 2010). It is essential to watch for patterns of absences and take action before they become a major problem. If sick leave problems are overlooked people begin to regard them as an acquired right for paid time off (Business, 2006).

An organization should watch for sick leave trends. Comparing different sections and classifications of employees is one way to begin (Smith, 2010). In the Henson and Waltermath (2007) survey, 68% of the businesses surveyed identified patterns regarding unscheduled absences. Thirty seven percent of respondents identified the most common pattern to be calling in sick before or after a weekend. Seventeen percent identified days on or around major holidays, and thirteen percent found the most noticeable pattern occurring during the flu and allergy seasons. The reasons identified for the unscheduled absence included: 22% family issues, 18% for personal needs, 13% from an entitlement mentality, and 13% because of stress (Henson & Waltermath, 2007).

Henson & Waltermath (2007, pg 14) identified several “work-life programs” as a possible method to reduce unscheduled absences and asked employers to rate their effectiveness in reducing unscheduled absences. The highest rating was given to alternative work schedules, telecommuting was second, a compressed work week third, leave for education needs fourth, and a flu shot program fifth. Programs being offered by employers include 72% offering an Employee Assistance Program, 66% flu shot programs, 60 % wellness programs, 54% leave for education, and 54% alternative work schedules.

Employers identified five absence control programs currently being used. Discipline is the number one program used by 89% of the employers, 82% utilize an annual review of sick leave usage, 74% require a verification of sickness by a physician, 60% utilize paid leave banks, 59% utilize a no fault leave policy, 57% use personal recognition programs, 53% utilize a sick leave buy-back incentive, and 51% utilize bonus's (Henson & Waltermath, 2007).

Employers identified Paid Time Off (PTO) policies, (a single bank of hours used for sick, vacation, and personal leave) as the most effective absence control program. This type of program gives employees more flexibility in how they use their paid time off and plan for absences (Henson & Waltermath, 2007). It promotes honesty because employees can be off without calling in "sick". It also respects employees and their ability to manage their own time and priorities in balancing life and work requirements (Strauss, 2008). Some concerns regarding PTO have surfaced. The first is that it may invite abuse of the system. In a PTO program, a company no longer knows why an employee takes time off, and officially shouldn't care. As a result, employees are gone more frequently which may impact the employer's mission. This obstacle can be controlled by requiring prior approval for any leave. Employees who never used their sick leave will begin to use their PTO, increasing the amount of time they are away from work. The second concern is when sick employees do not use leave because they view PTO as their vacation time. When they are sick they don't want to utilize any of their vacation time so they come to work sick (Reh, n.d). In opposition to the PTO emphasis, Rod Younker (Summit, 2010) expressed PTO having some problems in the Washington State public employment collective bargaining environment. The concessions required in negotiations to attain a PTO compromise often removes most of the program benefits for management and can create unintended consequences. He also cautioned utilizing PTO in conjunction with minimum

staffing classifications as unscheduled leave, regardless of the reason, can produce overtime and service level gaps. In these circumstances you still must monitor and manage unscheduled absences, so where is the benefit (Rod Younker, personal communication, June 1, 2010)?

The second most effective tool identified by Henson & Waltermath (2007) is discipline. In order to correct the sick leave misuse behavior through discipline, a clearly written policy that state the organization's standards and requirements is essential. It is important to clearly outline that repeated misuse of sick leave will lead to discipline up to termination (Business, 2006).

The third most effective tool is sick leave buyback programs where the employer provides a financial bonus for those not using sick leave (Henson & Waltermath, 2007).

Henson & Waltermath (2007) also asked the respondents to list other programs they used to reduce sick leave misuse. They identified the following:

- Saved sick leave credited toward years of service at retirement.
- Any sick leave used within the first 90 days of employment being grounds for termination.
- A portion of the unused PTO being annually rolled into a 401k for the employee.
- Doctors notes for absences exceeding 3 days.
- Discipline that could lead to termination for unexcused absences.
- Attendance attached to annual bonuses.
- Non-exempt staff losing pay once they are out of PTO.
- Pay for performance only.
- Unused sick time to pay for health insurance once retired.
- Utilizing trust and good hiring practices.

Another important point Henson & Waltermath (2007) provides is that morale directly affects unscheduled absence rates. Those companies with a rating of very good to good morale had a sick leave usage rate of 2% while companies with a rating of poor to fair morale had a usage of 2.7%. Those companies with the poor/fair morale were more likely to have sick leave misused 17% of the time because of the entitlement mentality and 15% of the time because of stress. Those companies with good/very good morale had a corresponding 11% and 10% of this misuse.

Another component, briefly mentioned earlier, of an absence control program is mitigating the risk of presenteeism, when employees come to work sick. This is a risk for employers because of the spread of infection throughout the work area and to customers. Henson & Waltermath (2007) found that 38% of the employers identified this as a problem in their business. Paid Time Off policies were identified to be effective at stopping presenteeism with employers sending sick employees home. Employers with a strong traditional sick day off policy that has an emphasis on disciplinary action may contribute to the problem. A sick day off management practice is where a set number of days per year are tolerated as acceptable sick instances. When this number is exceeded, discipline is implemented which could force some employees still sick, or those sick multiple times, to return to work to early because of the fear of discipline (Henson & Waltermath, 2007). Other reasons employees are coming to work sick include deadlines at 65%, 56% have no one to cover their responsibilities, 55% don't want to use their vacation time, and 49% wanted to save their sick leave for later in the year. Employers can help manage this problem by allowing employees to roll over sick leave from year to year. Sixty nine percent of employers with PTO felt it helped prevent presenteeism (Henson & Waltermath,

2007). The employer simply sends employees home who are sick as long as good policy with clear language is provided to guide managers and establish expectations of employees (Reh, n.d).

In Alabama, sick leave is a priority concern for business and government. As a result, a survey was developed to identify sick leave trends and sick leave management practices within the State (Tomblin & Salter, 2005). The mean average annual sick leave utilized by a government employee in Alabama was 6.23 days per year. Most employers had a mechanism in place to track sick leave and monitor usage by the specific department, day of the week, month of year, scheduled versus unscheduled, gender, and age. The most frequent pattern of sick leave misuse was identified as Mondays and Fridays or days surrounding identified holidays. Those departments that could track sick leave usage had an average sick leave usage rate of 6.2 days per year while those that did not have this capability utilized 6.6 days per year. Of those that could track absences, 42% of all sick leave use was unscheduled. Those that could not track sick leave had an unscheduled rate as high as 58% (Tomblin & Salter, 2005).

A few management procedures were identified by Tomblin & Salter (2005) to reduce sick leave misuse. Sixty six percent of the County employers require an employee explanation and thirty four percent utilize a physician verification of sickness if the employee either missed a defined number of days or the supervisor suspects misuse. This survey also identified that disciplinary action was used extensively for excessive sick leave use or failure to follow notification procedures. The survey participants found these procedures to be fairly effective at 48.8% or very effective 28.6% (Tomblin & Salter, 2005).

Incentives utilized to reduce sick leave misuse were also identified. The most common practice was to cash in accrued sick leave at retirement with 34.8% adopting this policy. Another 31.9% were offering a conversion of unused sick leave into retirement service credit. When

asked if these incentives were effective, 44.3% felt they were fairly effective, 17.7 saw them as very effective, 24% didn't know if they were effective, and 11% believed they were ineffective (Tomblin & Salter, 2005).

Communication practices about sick leave policies was also surveyed. Most government agencies rely upon their printed employee handbook to communicate the material and almost half utilize a new employee orientation (Tomblin & Salter, 2005).

In Los Angeles excessive sick leave misuse is defined as: any total sick leave use of 96 hours in one year and/or 6 or more sick instances in one year; and 12 sick instances in one year regardless of the total hours used. These are considered guidelines and the first steps to controlling sick leave misuse. Once the threshold is met, the supervisor then reviews the sick leave usage for reasonableness. If the sick leave is for multiple reasons or a condition that should have been treated, corrective action may be taken through counseling, requiring a doctor's certification of illness in the future, up to discharge. The City of Los Angeles also separates out work related injuries and does not count them in the evaluation (City of Los Angeles, 2010).

United States Fire Service Sick leave

The American fire service also has concerns about how to reduce the amount of sick leave being misused. Many communities are struggling with the consequences of sick leave because of station closures and excessive overtime (Stanton, 2009). Municipalities are starting to measure sick leave use and finding it unacceptable. In Bay City Wisconsin, the firefighters averaged 120 hours of sick leave per year. The usage was alleged to represent both a systematic abuse of sick leave and a culture that rewarded the behavior (Stanton, 2009). Their analysis highlighted data showing extensive sick leave use in during vacation periods or holidays. The leave history also showed the highest sick leave use during the summer months, not during the

cold and flu season as would be expected. Many of these alleged abuses of sick leave were never required to have medical verification or documentation for excessive use. Another fire department close to the Bay City had a lower average sick leave rate of 100 hours per firefighter per year (Stanton, 2009).

Another problem that continues to surface is the loss of credibility because of the ethical considerations associated with sick leave misuse and its cost to communities (Graswich, 2009). Accusations are mounting about sick leave misuse and manipulation in order to enhance both paid time off and overtime opportunities (Graswich, 2009 & Schoenmann, 2010). Some have identified the misuse of sick leave as clearly unethical and that managers need to reinforce all elements of ethical behavior in the workplace (Hamed, 2007). Employees who abuse sick leave misrepresent themselves as being sick and this act diminishes their integrity and confidence with other people and the community (Graswich, 2009). Demonstrating high standards of integrity and ethical conduct is essential for the fire service to receive the support of the citizens it serves. Public opinion regarding a fire departments employees and leaders in terms of honesty, integrity, and truthfulness are crucial for any government service to fulfill its mission. Public trust and confidence must be protected and preserved with all diligence (Buckman, 2006). A fire department's reputation is developed and maintained by the collective reputations of its employees. Integrity is every member's obligation when entering public service. Some of the fundamental values related to sick leave misuse begin with being truthful and honest, not misrepresenting situations, not falsifying reports and records, and not misusing department assets for personal use (Buckman, 2006). All of these values are essential if the fire service desires to have a future of service and honor. Calling in sick to take a day off is considered an unethical act and fire officers must be prepared to deal with all forms of unethical

conduct including sick leave misuse. Accountability requires that unethical behavior result in disciplinary consequences for poor behavior (Grant & Hoover, 1994). In one survey of employees, 36% said they had observed sick leave abuse in the past 12 months (Hamed, 2007). The survey said it was most common among government workers (Hamed, 2007). The article identified some perspectives of employees which included that sick leave use is none of the employers business.

The fire service internally has been looking into its sick leave problems for some time. The National Fire Academy's Learning Resource Center has dozens of research papers on the subject pointing back to the beginning of the Executive Fire Officer Program. This previous research has provided a strong foundation to the most recent and future research in this area. Recent Applied Research Projects dating back to 2003 have many similarities of purpose. Much of this research began because of an accusation or speculation that sick leave was being misused affecting the service levels of the jurisdiction or increasing overtime expenditures significantly (Gulisano, 2005; Hayes, 2003; Journigan, 2007; Kroon, 2008). All of these researchers desired to measure sick leave usage, identify trends, and determine methods to reduce any misuse.

Ludwig (2007) identified the need to define a standard metric to be used to measure sick leave and manage its usage. He advocated for a system based upon the percentage of sick leave used by an employee or group in relation to the total available hours to work. To accomplish this he suggests taking the total amount of sick hours used by a group and dividing it by the total hours available to work within the same group. This would define the percentage of use for an individual or group. A mean average absence rate in terms of the percentage of use of any group of employees chosen or time periods selected could then be analyzed to a baseline. Ludwig

(2007) recommended separating disability sick leave from illness sick leave usage in order to have a clearer picture of the data.

The measure used to quantify, compare, and communicate sick leave usage is different among most of the recent applied research projects. Gulisano (2005) used the total sick hours used by a group divided by the number of people in the group to create the average rate per member within the group. Hayes (2003) and Journigan (2007) used sick leave events not related to hours. If someone used sick leave, regardless of length, an event occurred. Kroon (2008) used the average sick leave used by a group divided by the total work hours of the group as the standard measure.

Specific areas identified to evaluate and focus attention is areas where sick leave misuse may have been occurring and the individual department's ability to generate reporting from available software. The desired outcome is to look for identifiable patterns which may be evaluated and communicated to employees (Gulisano, 2005; Hayes, 2003; Journigan, 2007; Kroon, 2008). The areas evaluated by each researcher and the identified results from evaluating these different slices of potential misuse are:

- The annual mean average of the department and evaluated sub groups (Gulisano, 2005; Hayes, 2003; Kroon, 2008): Hayes (2003) found an average of 3.95 average sick leave instances being used annually. Gulisano (2005) found an average usage of 11.82 hours each month for the years evaluated with sick leave usage dropping the last two years because of members knowing that sick leave was being scrutinized. Kroon (2008) identified the average sick leave usage was 3.2% over the previous 3 years for all city employees. Removing the paramedics from the analysis, the remaining firefighters used 4.62% of their available work time on sick leave. On average, his research found 9.56%

of the total work hours available were used as sick leave by paramedics in Bellevue, Washington which was the second highest in the survey sent to outside agencies. The median value of the survey was 4.29%. Kroon (2008) described the paramedics having a consistently higher sick leave usage rate compared to firefighters. One explanation given by the author was that the increase could be from the higher call volume the paramedics responded on and that a large quantity of these calls were after midnight. Kroon (2008) also broke sick leave usage into several categories. Family care showed the largest increase from 167 hours in 2004 prior to the family care law going into effect to 1162 hours within two years of its implementation. Kroon (2008) showed the results of sick leave usage of departments with or without a sick leave monitoring system in place. Without monitoring the usage rate rose to over 6%. With a monitoring system in place, the rate was just over 4%.

- Day of week (Hayes, 2003; Journigan, 2007; Kroon, 2008). Hayes (2003) found increased use on specific days of week. Friday and Saturday were found to be the most commonly used days for sick leave. Journigan (2007) found the use of sick leave almost as high as annual leave and found Fridays and Mondays the highest days for sick leave use, Sunday being the lowest. Journigan (2007) reports on daily usage but includes no trending and feels the reporting and evaluation of sick data needs to be enhanced. Kroon (2008) found no identifiable trend in day of week usage.
- Month of year (Gulisano, 2005; Hayes, 2003; Journigan, 2007; Kroon, 2008). Hayes (2003) found an increased use in specific months of the year. His research identified February, May, and June as the highest. This finding was different than the researcher expected and was reported as not consistent with the research findings found previously

in other departments. The surprise came because January, February, and March were not high leave usage periods, but had high sickness incidences. The least used months were July, August, and September. The researcher speculated that the reduction may have been because more senior and older members were off on vacation. Gulisano (2005) only reviewed data by month of year because of reporting limitations. The research found the average use during December to April at 13 hours per person. March was the highest at 15.22. Journigan (2007) found sick leave use increased during summer months and December.

- Before or after holidays (Hayes, 2003 & Journigan, 2007): Hayes (2003) indicated an increased use of sick leave before or after holidays.
- Before or after vacations or work hours reduction days off (Gulisano, 2005 & Hayes, 2003). Hayes (2003) Stated that the use of sick leave next to vacation and hours reduction shifts was identified as a verifiable abuse pattern.
- Before retirement (Hayes, 2003 & Journigan, 2007). Hayes (2003) Found increased sick leave use before retirement.
- Individualized special events or seasonal activities like hunting season were evaluated but hard to quantify (Hayes, 2003 & Journigan, 2007).
- Those with sick leave accruals at their maximum and either use it or lose it (Hayes, 2003): This group was found to have an increased use of sick leave.
- Time of increased labor management tension (Hayes, 2003). No reporting found.
- Age of employees (Gulisano, 2005; Hayes, 2003; Journigan, 2007; Kroon, 2008). Gulisano (2005) found age not to be a significant factor until 55 to 60 years old where an increase occurred. Firefighters have to be capable of 100% performance and will

potentially be on sick leave longer for injuries. Sick leave trends were expected to increase as the average age increased within the organization. Journigan (2007) identified no pattern that indicated an increase sick leave use with age. Kroon (2008) found the paramedics mean average age above groups he surveyed. The average age of surveyed departments was 41 and Bellevue's was 45.

- Years of service (Gulisano, 2005 & Hayes, 2003): Hayes (2003) observed those with 16-20 years of service used the most sick leave, twice that of the 0-5 year group. Gulisano (2005) found a noticeable trend upward with years of service. Similar to Hayes (2003), members with 21 to 25 years had the highest average usage and those with 0 to 5 years had the least.
- Gender (Gulisano, 2005). Females were found to use more sick leave on average than males. Females used an average of 15.41 hours per month while males used 10.75 hours per month. The author was cautious about using these conclusions broadly because the sample set for the female population was only 119 out of 1912 personnel.
- Ethnicity (Gulisano, 2005). Found no indication of a trend, but noted the sample size being too small to develop conclusions.
- Education (Gulisano, 2005). Found those with higher education, used less sick leave. Speculated that hiring educated personnel may result in less sick leave usage.
- Station assignment (Gulisano, 2005). Found the slower the station, the higher the sick leave usage. This is contrary to Kroon (2007) who felt the high call volume of the paramedics may contribute to their excessive sick leave usage. Gulisano (2005) speculated one of the reasons for the increased use may be attributed to the age of the

workforce of the stations because of a trend of older firefighters to migrate to slower stations. Stations without medic units had lower rates than those with medic units.

- During vacation time when time off not available (Hayes, 2003; Journigan, 2007; Kroon, 2008). Hayes (2003) identified this slice to be a valid concern; Kroon, (2008) identified an increase in sick leave usage when vacation leave was not available, especially during the summer months.
- Sick use to avoid job assignments (Journigan, 2007). No comments from the research.
- Sick leave on first or last day of work cycle (Journigan, 2007). No comments from the research.
- Rank or position within the department (Gulisano, 2005 & Kroon, 2009). Gulisano (2005) found that the company officers use of sick leave had a direct effect on the rest of the crew. The higher the sick leave usage of the company officer, the higher the sick leave usage within that company. Out of the 15 stations with the highest sick leave use, 10 had officers with at least 14 hours of sick leave per month. Leadership by example was described as critical. If an officer has excessive sick leave, so will the firefighters under their respective commands. The company officers are the key to lowering sick leave use rates in the organization. If officers are held accountable, they can hold their direct reports accountable. Firefighters used 13.33 hours per month while Lieutenants used 19.19. Company Officers set the stage for what is an acceptable work environment for field personnel on a daily basis.
- Management style (Hayes, 2003). Identified management style as effecting sick leave use. Managers known to have a strict adherence to rules had less sick leave use by their reports.

Miscellaneous comments from Applied Research Projects. Hayes, (2003) wrote that sick leave misuse was often to attend to personal matters. The research also identified that the top users of sick leave utilized 51% of the total sick leave. Gulisano (2005) found a strong negative relationship between sick leave and needed hours for overtime to maintain staffing and felt sick leave was not the root cause of overtime. The researcher described an entitlement mentality as part of the problem and that if members were not allowed to use sick leave for family care issues, they would just call in as sick themselves. Neal (2007) identified no correlation between the amount of physical training hours to the number of sick hours utilized. Some of this may be attributed to the usage of sick leave for things like doctor's appointments, family illness, and other health reasons. Also the misuse of sick leave may have skewed the data. Journigan (2007) found many departments paying overtime to cover sick leave while others were conducting brown outs of stations (not staffing them when sick leave occurs). When employees were asked what they do when denied a vacation request: 70.4% reported to work, 1.77% used comp time, 4.96% used sick or FMLA leave, and 31.14% used shift trades. Journigan (2007) also noted that leave reporting was available but reporting for supervisor's use was lacking. Personnel in the researchers department indicated that having a string of 4 or 5 days off each month would reduce leave usage because it allows personnel to meet personal needs. Trends and patterns showed that personnel will use leave and get the time off when necessary. The research by Kroon (2008) found the only private ambulance carrier in his survey had the lowest sick leave usage. Kroon (2008) found no smoking gun in the research or the root cause of the large volume of sick leave used by Bellevue paramedics compared to other like jurisdictions.

From their research, policy and programs were recommended to reduce the sick leave misuse within their respective organizations:

- Create clear policies and procedures for sick leave programs (Hayes, 2003 & Kroon, 2008). Policies need to include a clear statement of purpose to reduce sick leave usage and inform employees on how sick leave misuse affects the mission of the organization in dollars and response readiness. Misrepresentation of sick leave benefit usage needs to result in disciplinary action up to and including termination. Procedure should require employees to call into their supervisor when requesting paid sick leave (Kroon, 2008). Once a person is on sick leave a monitoring system needs to be enacted (Hayes, 2003 & Kroon, 2008). Bellevue, Washington's policy on sick leave monitoring is based upon thresholds of usage. The threshold is based on whether an employee is sick either over a certain threshold of percentage of use in relationship to the mean average of the department or a specific number of sick instances. Once the threshold is met, the employee is placed on a sick leave monitoring list. Those on this list are required to provide a verification of sickness from a licensed physician by 12:00 on the day of sick leave usage. Once the employee is on the list, the employee stays on the list until being below the threshold for one year. Managers are encouraged to use their judgment for reasonable exceptions to not place employees on the list (Kroon, 2008). Also included in Bellevue's collective bargaining agreement is language that misrepresentation of any material fact in connection with paid sick leave is cause for disciplinary action up to dismissal (Kroon, 2008).
- Departments should implement accurate sick leave recording, tracking, and reporting systems (Gulisano, 2005; Hayes, 2003; Journigan, 2007; Kroon, 2008). Reports should be available to all supervisors for quarterly review with subordinates. From these reports, investigations should occur as to the reasons for sick leave use (Gulisano, 2005 & Hayes,

2003). Monthly reporting should occur with senior staff reviewing results for trends and problems. It is good for all employees to know that sick leave is under scrutiny (Gulisano, 2005).

- Front line supervisors should be actively engaged in managing sick leave use with a consistent application and enforcement of the rules (Hayes, 2003).
- Provide incentives to reward employees with low sick leave usage (Hayes, 2003 & Kroon, 2008). Recommended investigating sick leave and vacation buy back options based upon sick leave use and consider providing extra time off for members with full sick leave banks (Hayes, 2003 & Kroon, 2008). Allow vacation buy back based upon sick leave usage (Hayes, 2003 & Kroon, 2008). A retirement incentive recommended was to cash out unused sick leave and place the money in a Health Reimbursement Account for retirement medical care (Kroon, 2008).
- Promote wellness programs and healthy work environments to reduce absenteeism (Hayes, 2003; Kroon, 2008; Neal, 2007). Limit physical training activities that are less injury prone with lower injury rates. Develop an objective annual physical measure applied to all employees. Leadership should encourage health and wellness by being actively involved and leading by example (Neal, 2007). Provide and promote the use of an Employee Assistance Program (Kroon, 2008). Light duty programs should be developed to allow those not yet able to work full time at 100% as a firefighter to contributing to the organization and not have to utilize all of their sick leave benefits (Kroon, 2008).
- Require a doctor's statement after sick leave use of more than 3 days and that sick employees must stay at their residence with residency checks by department officers

(Hayes, 2003). The researcher believed this practice to be very effective. Also require employees to document illness's through writing a letter to explain the reason for the sick leave use.

- Create a Paid Time Off system. Removes sick leave abuse because there is no sick leave. The feeling an employee has that sick leave is their right to utilize for time off would be correct (Hayes, 2003 & Kroon, 2008).

Legislation and Agreements on Sick Leave

In the United States, there are currently no federal laws requiring employers to provide paid sick leave to employees. The Family Medical Leave Act (FMLA) requires an employer to allow an employee to be off for certain conditions, but not with pay. It does allow employers to provide better benefits if they desire or if negotiated through collective bargaining. Employers who meet certain conditions must grant an eligible employee up to 12 work weeks of unpaid leave during any 12-month period for one or more of the following reasons: birth and care of a newborn child; placement of a son or daughter for adoption or foster care; caring for an immediate family member (spouse, child, or parent) with a serious health condition; when the employee is unable to work because of a serious health condition (United States, 2010).

In Washington State, legislation titled the Family Care Act was enacted in 2003. The act does not require employers to provide sick leave, but if they do they must broaden the scope of allowable usage. The legislation directs that if an employee is entitled to sick leave or other forms of paid time off through policy or contract, then this paid time off must be available to the employee to utilize at the employee's selection to care for a child of that employee with an illness or condition including preventative and dental care. Beyond the care for an employee's children, the law also extends this leave usage to the following: spouse, parent, parent-in-law, or

grandparent if they have a serious health condition or emergency medical condition. Under these conditions, the employee cannot take the leave until earned and must comply with any provisions of their respective collective bargaining agreement except the choice to take the leave (Washington Advisory Code, 2010).

In Washington State public employment, sick leave is considered a mandatory subject of bargaining authorized and directed by the Revised Code of Washington (Revised, 2008). As a result, modifications to any change in practice requires negotiating with the bargaining unit representing the employees affected.

Kitsap County Fire District 18's policy on sick leave defines the circumstances that are authorized for the utilization of paid sick leave. The list identifies incapacitation preventing the performance of duties as the result of an illness or injury and includes language to implement the laws noted above. Beyond these parameters, a doctors certificate may be required when an employee is sick for three consecutive days in whatever shift schedule is being worked. The District may also require a second opinion of its own physician to determine if the condition precludes the employee from performing their job function (Kitsap, 2002b).

The District's Corrective Action policy and procedure outlines the measure of discipline that may be taken for misuse of sick leave and other associated issues of behavior (Kitsap, 2005). For the improper reporting of sick leave which is defined as: the failure to report sick within the time frames allowed; failure to report to the correct person; and the improper return to duty from sick leave which is defined as the failure to provide a doctor's certification after an extended sick leave, injury or medical procedure. For the first offense, counseling / coaching to a written warning is the range of corrective action. The second offense increases the range of discipline from a written warning up to a suspension (up to 3 shifts). For a third offense, a suspension (over

3 shifts) to termination is authorized. For making false statements, misrepresentation, deceit, deliberate omission of facts or concealment of truth which is further defined as deliberately providing false or misleading statements or documentation (work related), a written warning up to a suspension (up to 10 shifts) is authorized for the first offense. The second offense authorizes a suspension (over 10 shifts) to termination. The response to a third offense is termination (Kitsap, 2005)

The Fire District has two collective bargaining agreements representing the uniformed and non-uniformed employees. The Non-Uniformed Collective Bargaining Agreement articles involving sick leave outline an accrual rate of 8 hours per month and the provision for paid leave sick leave as noted in the policy. In addition, sick leave may be used for up to 24 hours of bereavement leave for the death of a family member, if the use is approved in advance by the Chief. Employees may accrue an unlimited amount of sick leave. Employees' accrued sick leave balances are deducted for the actual time of any sick leave used. Employees must notify their supervisor as soon as possible when they will be absent due to illness or injury. If an employee's position will need to be filled to maintain service levels, the employee is required to call their respective supervisor at least one hour prior to their scheduled report to work time. The District may require a written medical certificate for absences of three or more days or where there is reason to suspect sick leave abuse. The District may also require an employee returning to work after a sick leave absence of three or more days to provide a written certification from a physician that the employee is able to return to work and perform the essential functions of the position. Employees hired before 2010 are paid for 50% of their accrued sick leave at a straight time rate up to 1200 hours for non-disciplinary termination, layoff, retirement or death. For those hired after 2010, the rate of payment is reduced to 25% (Kitsap, 2010a).

The Uniformed collective bargaining agreement is similar to the non-uniformed except the unused portion of sick leave is paid out at its full value in the event of a lay-off and regardless of hire date, the payout is 50% for up to 1200 hours of unused sick leave (Kitsap, 2008).

Literature Review Summary and Impact on Research

The literature review identified sick leave as a significant concern internationally, nationally, and to the fire service (BusinessKnowledgeSource.com, 2010; Karnite, 2006; Muntean, 2008; Henson & Waltermath, 2007). The review directs the need for technical and adaptive change (Heifetz & Linky, 2002) in order to manage the risk of misuse, its cost to the community both in dollars and levels of service and the loss of integrity and trust that is sacred to the fire service mission (Buckman, 2006 & Graswich, 2009).

Technical areas of review and monitoring indicated the need for research and data analysis to include a review of the current usage and trends of sick leave over the previous three years sorting the data into information elements identified as potential areas of misuse (Gulisano, 2005; Hayes, 2003; Journigan, 2007; Muntean, 2008; Rae & Jorgensen, 2005; Kroon 2008; Smith, 2010). An important qualification in this review was answering the question, what metrics should be used? The review identified a reasonable method to follow in order to compare and measure sick leave usage through the concepts of percentage of use, probability, and mean average comparison (Gulisano, 2005; Hayes, 2003; Journigan, 2007; Kroon, 2008; Ludwig, 2007).

The literature identified many strategies and tactical methods to manage and monitor sick leave usage. It also outlined specific programs that have produced results in other organizations. Paid Time Off systems were highly recommended across all of the literature

within the United States (Henson & Waltermath, 2007; Prinz, Andersson, Förster, 2006; Rae & Jorgensen, 2005; Strauss, 2008).

The need for a baseline of organizational sick leave use was recognized (Henson & Waltermath, 2007 & Ludwig, 2007). As a result, an external questionnaire was sent to comparable fire departments in Washington State to identify their respective percentage of use as well as searching for additional approaches to sick leave management.

From an adaptive leadership perspective, the attitudes and perspectives of employees regarding sick leave usage was identified as a component of the sick leave misuse problem (Henson & Waltermath, 2007). Included is the need to gain the point of view from the users of sick leave including those who currently misuse the benefit. These individuals will know best what strategies will work to decrease the sick leave misuse. Because of this need, an internal questionnaire was implemented in order to gain these insights.

Procedures

This applied research project utilizes action research to develop a sick leave management and monitoring policy and procedure for uniformed personnel. The first aspect of this research was to conduct an extensive literature review in order to assimilate the findings of other research and gain a broad understanding of the subject matter. The purpose of these investigations was to develop information about sick leave use and misuse while exploring best practices to manage and contain its impact. An initial investigation was conducted to identify relevant documents and written sources through an extensive search from various locations. This search began on March 29, 2009 at the Learning Resource Center (LRC) at the National Fire Academy (NFA) in Emmitsburg MD and was continued remotely on March 4, 2010 for any available updated literature. This center has extensive holdings of fire service literature including fire service

specific journals and magazines, books, and applied research projects completed by previous students. From their electronic index and search function, a search for information using the following terms was used: sick; sick leave; sick leave use; sick leave abuse; sick leave laws. From this search, various applied research projects, articles, and books were identified for review.

The second area of searching for relevant literature began on March 1, 2010 and continued through April 30, 2010. This review was conducted utilizing the search engine Yahoo. The same terms as previously used during the search at the LRC were used in addition to the following: paid time off; federal medical leave act; Washington family leave act; sick leave European Union. From this search many internet based articles, some references to texts, and local news stories were found and utilized.

The third aspect of searching for relevant documents occurred during March of 2010. This search was conducted at Kitsap County Fire District 18's library and intranet. This research was conducted by reading the table of contents of relevant texts that lead the author to various sources and by searching the Districts intranet using the same terms previously identified.

The final aspect of researching relevant literature occurred at the Kitsap County Regional Library, Poulsbo Branch. Utilizing their electronic search browser, the same terms mentioned previously were utilized to identify relevant books and magazine articles and references.

The first section of research involving an extensive literature review partially answered the following research questions: a) What metrics and measure(s) are utilized to evaluate sick leave usage? b) What is Kitsap County Fire District 18's sick leave usage over the past 3 years? c) What methods are utilized to manage sick leave usage? d) What incentives are used to reduce sick leave misuse?

The second aspect of research was conducted through the use of two questionnaires using a web-based format. The sending, collection, and reporting of information was completed using SurveyMonkey.com. All raw information and data was then available for analysis.

The first questionnaire was sent on May 1, 2010 to all 36 uniformed employees of the Fire District using its email server with a hyperlink attached to the SurveyMonkey.com mechanism. A cover page explained the research, the time needed to complete the questionnaire, and a request for the group to complete the task by May 20, 2010. The questions were drawn from facts identified during the literature review and information needs to answer the research questions. The questions asked are outlined in Appendix "A".

This research was conducted in order to partially answer the research questions:

b) What is Kitsap County Fire District 18's sick leave usage over the past 3 years? c) What methods are utilized to manage sick leave usage? d) What incentives are used to reduce sick leave misuse?

A second survey was sent to other fire departments in Western Washington that have been determined to be comparable according to methods outlined in the Revised Code of Washington chapter 41.56.030 (7) regarding mandatory subjects of collective bargaining including wages, hours, and working conditions. Departments are required to utilize comparable organizations of similar size in the Puget Sound area. Similar size is determined by utilizing assessed value and population figures 50% above and below the organization seeking comparables (Revised, 2008). Information for determining department comparability according the criteria identified was taken from the Washington State Fire Commissioners and Chiefs Fire Service Directory (Washington State Fire Commissioners and Chiefs, 2010) which annually surveys and maintains both pieces of information. Twenty six departments or districts were

identified to meeting the criteria of comparability. From these twenty six, e-mail addresses were identified for the fire chief of the respective department, a public contact e-mail address, or a position close to the fire chief or relevant to this research was identified from the department web site or the Washington State Fire Commissioners and Chiefs 2010 directory noted above. All departments that were sent the survey are identified in Appendix “B”. All e-mail addresses were placed in the blind carbon copy area in order to provide security and privacy for those participating. The survey itself was sent using Poulsbo Fires email server with a hyperlink attached to the Surveymonkey.com instrument. A cover page explained the research, the time needed to complete the survey, a mechanism to request a copy of the research, and a request to complete the survey by May 20, 2010. The survey was sent out on May 1, 2010 with the survey questions identified in Appendix “C”.

This survey was conducted in order to partially answer the research questions:

a) What metrics and measure(s) are utilized to evaluate sick leave usage? c) What methods are utilized to manage sick leave usage? d) What incentives are used to reduce sick leave misuse?

The third aspect of research was conducted by utilizing the Districts records management systems (RMS) in order to mine and sort for relevant information needed to identify and evaluate the District’s uniformed sick leave usage for years 2007 thru 2009. Sick leave information is entered daily into a Zoll records management system by the Shift Battalion Chief. The data is downloaded by the Financial Assistant monthly into Microsoft Excel 2003[®], and sorted by individual and arranged into a daily usage or time sheet of all compensable time categories. From this data, a monthly time sheet is generated with the Shift Battalion Chief validating the data by a review with each respective employee within their command. Once the employee and Battalion Chief concur as to the coding of compensable time, the employee and Battalion Chief sign and

authorize the time sheet. Any adjustments to the data are made by the Battalion Chief for final processing.

In March of 2010 an initial meeting was held with the District's contracted Data Analyst, Allen Hill. The purpose of the meeting was to frame the specific information needs for sick leave data research from the District's RMS. The data elements identified from the literature review as necessary to comprehensively evaluate sick leave usage was considered in association with the data being captured and the capacity to report the data into information elements for evaluation. From this meeting, the data requested to be evaluated included paid time off for the three sick leave codes used to document uniformed personnel usage: Sick Leave, Sick Leave Family, and Sick Leave Injury for years 2007, 2008, and 2009. These date parameters were utilized because no electronic data for sick leave use was captured during prior years. Also placed onto the spreadsheet was the employee name, employee number, shift assigned, rank, age, and years of service. All of this data was derived from the Districts employee list or employment records. In addition, the seven days of the week, the twelve months of the year, paid days off, holidays, days adjacent to holidays, and days adjacent to overtime days for each member was identified. From all of these fields the areas of paid sick time off were downloaded, washed, and sorted.

The purpose of all of this data processing and mining was to identify and evaluate information about the historical sick leave usage within the District to include:

- Annual total, mean average, and percentage of sick leave used for each individual and total uniformed personnel as a group.
- The percentage of sick leave use by each shift over the reporting years.
- Mean average based upon a stratification of the age of uniformed employees. The age was determined by the age of the individual on December 31 of the reporting year. The

layers used to evaluate were: 20 to 29 years, 30 to 39 years, 40 to 49 years, 50 to 59 years old.

- Mean average derived based upon a stratification of employee's years of service. The years of service was determined by the years of completed service of the individual on December 31 of the reporting year. The layers used to evaluate were: 0 to 5 years, 6 to 10 years, 11 to 15 years, 16 to 20 years, 21 to 25 years, 26 to 30 years 31 to 35 years of service.
- Total sick leave used and the percentage of sick leave used based upon the day of week. The total number of sick leave hours was identified for each individual for each day of the week for the three years identified and totaled for the entire group. A probability calculation was applied to identify the random probability expressed in a percentage and then this was compared to the actual percentage of use for each day of the week.
- Total sick leave used and the percentage of sick leave used based upon the month of the year. The total number of sick leave hours was identified for each individual for each month of the year for the three years identified and totaled for the entire group. Again, a probability calculation was applied to identify the random probability expressed in a percentage and then this was compared to the actual percentage of use for each month of the year.
- Three year totals and their percentage of the total sick leave used when on or adjacent to a holiday, off duty day, vacation, or overtime were calculated. For the "On or adjacent to a Holiday", a table with all holidays for 2007-2009 was created utilizing all holidays authorized by the District. Off duty, vacation days, and overtime dates were downloaded from RMS. The overtime codes used were (ABC-OT,AC-OT,ALT-OT,OT,OT-

ABC,OTH,OT-NKFR). All three sick leave codes were queried against this table to calculate totals.

- Sick leave usage before retirement. Because minimum age for retirement is 53 in Washington State, a manual review of the data was conducted and anyone 50 years of age or older on December 31, 2007 had their sick leave data reviewed through identifying their percentage of sick leave use and total hours further broken down into the four main sick leave categories.
- The mean average of each rank or position within the uniformed group.
- Individualized special events or seasonal activities like hunting season. This parameter was difficult to quantify without an inherit knowledge of the individual. This component of a sick leave evaluation will be incorporated into the policy and procedure for a supervisory review because of their inherit closeness to the individuals personal vulnerabilities in these areas.
- Individuals with sick leave accruals at their maximum versus use it or lose it. Sick leave totals were downloaded for 2009 and those individuals with 1200 hours of accrued sick leave were evaluated to determine if their sick leave usage was above the mean average of the percentage of sick leave use of the uniformed group.
- Individuals with low levels of sick leave balances after longevity of employment with no major reason. The researcher added the 2009 leave balance totals for each uniformed employee generated by the Finance Assistant. Sick leave balances available as of 23:59 December 31, 2009 were placed by individual into a field in an Excel[®] 2003 spreadsheet. These balances were manually reviewed and investigated for information and trends.

All of the data was down loaded into Microsoft Excel 2003 for sorting, calculating, and information display needs. The author then reviewed and examined the data as presented in order to identify trends, patterns, concerns, or problems with current sick leave usage. If a calculation was not available as engineered within the spread sheet, the researcher performed manual calculations to develop the information.

The purpose of this research was to partially answer the research question : b) What is Kitsap County Fire District 18's sick leave usage over the past 3 years?

The final procedure conducted was a telephone conversation with Rod Younker, biography in Appendix "D". This conversation was conducted because of the large amount of literature advocating the use of Paid Time Off programs. This researcher could not identify any fire departments in Washington State who were utilizing this type of system. As a result, this researcher contacted the Fire District's Labor Attorney to ask his experience and opinions on the use of PTO in the Washington State public employment arena. His thoughts are captured within the literature review.

Limitations and Assumptions

It is assumed that all authors cited in the literature review performed objective research and that the data and information obtained is accurate. All data acquired from the District's RMS is accurate and represents the needed data element; those interviewed and surveyed answered honestly with a motive to assist the District in effectively managing its sick leave use.

The limitations of this research start with the two questionnaire. The external and internal groups asked to complete the questionnaire were selected and asked to answer the questions based upon their judgment and experience. Neither group represents a statistical sampling of the total expertise within the field discussed. The internal questionnaire is potentially

wrought with bias as the decisions derived from the information could have a direct impact on those individuals asked to complete the questionnaire. The questionnaire sent to outside agencies was limited to those that met comparability requirements for uniformed collective bargaining arbitration within Washington State. The questions asked in the questionnaire may have been too limiting to the author's interpretation of essential items from the literature review to derive valid results. The questionnaire also had opportunity for misinterpretation and potential misunderstanding of the questions and answers. An inherent limitation is placed because the group selected is limited to the defined scope. The questionnaires were also limited by the instrument itself. Utilizing a survey instrument does not allow dialog between the author and the interviewee thus limiting the ability to clarify points and allow true understanding.

Another limitation deals with the data derived from the benefit usage information within the District's RMS. The data entered and stored in the RMS is inherently vulnerable to inconsistent entry due to interpretations of coding and narratives from the number and circumstances of the battalion chiefs inputting the information. The coding utilized to identify sick leave usage was limited to three areas: Sick Leave, Family Sick Leave, and Injury Leave. As a result, the data could not be sorted as well as definitively desired especially surrounding on the job injury leave. Prior to 2010, the data was not defined by policy and procedure and some intuitive entry was observed with the data exhibiting some inconsistencies.

Definition of Terms

Mean Average- The sum of all the given elements divided by the total number of elements (Easy Calculation.com, 2010).

Paid Time Off Program- A single bank of benefit hours used for sick, vacation, and personal leave (Henson & Waltermath, 2007).

Percentage of Use- A measure used to compare leave usage for individuals and groups.

Calculated by taking the total amount of sick hours used by an individual or group during a specified time period and dividing it by the total work hours available with the same individual or group during the same time period. This calculation will provide a percentage of use for the individual or group (Ludwig, 2007).

Presenteeism- When an employee comes to work sick. This is a risk for employers because of the spread of the infection throughout the work area and to customers (Henson & Waltermath, 2007)

Probability- Determination of the likelihood of an event. The probability of an occurrence of an event can be expressed as a fraction or a decimal from 0 to 1. Events that are unlikely will have a probability near 0, and events that are likely to happen have probabilities near 1. In any probability problem, it is important to identify all the different outcomes that could occur. To find a basic probability with all outcomes equally likely, a fraction is used: number of favorable or actual outcomes/total number of possible outcomes. This number can then be expressed as the percentage of occurrence of an event (The Math Forum @ Drexel, 2010).

Results

Through action research that included conducting a comprehensive literature review; RMS data analysis; a personal interview; and two questionnaires, the four research questions are answered. In addition to the research questions being answered, a policy and procedure on sick leave management and monitoring was developed in order to implement the results within Kitsap County Fire District 18.

The questionnaire sent to all uniformed personnel of Kitsap County Fire District 18 resulted in 21 individuals out of the 36 completing the request. The questions and answers

provided to this questionnaire are located in Appendix “A”. The questionnaire sent out to the 27 comparable departments, 9 completed the request. The questions and answers are located in Appendix “C”.

a) What metrics and measure(s) are utilized to evaluate sick leave usage?

From the literature review many metrics and measures were identified to assist in the evaluation, monitoring, and management of sick leave. In the Czech Republic a strategic measure was used to report the average percentage of all employees that are home sick on any given workday. It was reported that a 6.1% of workers were on sick leave every day, which was twice the average sick leave vacancy rate in the European Union (Muntean, 2008).

In Belgium the average number of sick days used per year was the measure. It was reported that Belgium workers were using an average of 35 days of paid sick leave per employee each year which was described to be more than twice the national rate and seven times the U.S. average (Miller, 2009).

In a report reflecting Norway, Poland and Switzerland’s use of sick leave, a percentage of their National Gross Domestic Product was the measure applied. They found sick and disability leaves accounting for 2.4% of this measure (Prinz, Andersson, Förster, 2006). Sweden utilized the same measure as the Czech Republic which is the percentage of the total work force sick on a given day and found that 20% of the workforce utilized sick leave benefits on any work day (Rae & Jorgensen, 2005).

In the United States, a CCH Corporation study utilized a percentage of the workforce on sick leave during a year and found that almost two thirds of those who call in sick at the last minute do so for reasons other than being sick themselves (Henson & Waltermath, 2007). According to this report, sick leave creates an absenteeism rate of 2.3% of the workforce on any

given work day in the United States (Henson & Waltermath 2007). Full-time government workers were found to have the highest absenteeism at a rate of 3.6%.

In Alabama a survey was developed to identify sick leave trends and sick leave management practices (Tomblin & Salter, 2005). This study tracked how many days per year sick leave was utilized and then calculated the mean average annual sick leave use. The study found that government employees utilized an average of 6.23 days per year.

In Los Angeles, sick hours per year and the number of sick instances were utilized. Excessive sick leave misuse is defined as any total sick leave use of 96 hours in one year associated with 6 or more sick instances and 12 sick instances in one year regardless of the total hours used (City of Los Angeles, 2010).

In the United States Fire Service, many metrics and measures are utilized. In Bay City, Wisconsin a metric utilized by the local newspaper to compare and evaluate sick leave usage was the annual average hours used by a group of employees. The study showed that firefighters averaged 120 hours of sick leave per year. The sick leave usage was alleged to represent a systematic abuse of sick leave and a culture that rewarded the behavior (Stanton, 2009). A department close to Bay City had a lower average sick leave rate of 100 hours per firefighter per year (Stanton, 2009).

Ludwig (2007) identified the need to define a standard metric to be used to measure sick leave and manage its usage. He advocated for a system based upon the percentage of sick leave used by an employee or group in relation to the total available hours they could work. To accomplish this he suggested taking the total amount of sick hours used and dividing it by the total hours of assigned work within the same group over the same period of time. This would define a percentage of sick leave use for an individual or group. A mean average absence rate in

terms of the percentage of use for any group or individual employees could then be analyzed to a baseline for comparative purposes. He recommended separating disability sick leave from illness sick leave usage in order to have a clearer picture of the data.

The measures used to quantify, compare, and communicate sick leave usage is different among most of the recent applied research projects. Gulisano (2005) used the total sick hours used by a group dividing this by the number of people in the group to create a mean average rate. Hayes (2003) and Journigan (2007) used sick leave events not related to hours. If someone used sick leave, regardless of length, an event occurred and was included in the calculation. Kroon (2008) used the mean average sick leave used by a group and then divided this number by the total work hours of the group. He used this as the standard measure to use for comparison. Hayes (2003) found an average of 3.95 average sick leave instances being used annually by firefighters. Gulisano (2005) found an average usage of 11.82 hours each month. His research noted sick leave usage dropping the last two years because of members knowing that sick leave was being scrutinized. Kroon (2008) identified the average sick leave usage was 3.2% over the previous three years for the entire City of Bellevue. Removing the paramedics from the analysis, the remaining firefighters used 4.62% of their available work time on sick leave. On average, his research found 9.56% of the total work hours available were used as sick leave by paramedics in Bellevue Washington. This rate of use was the second highest in the survey he sent to outside agencies. The median value of the survey was 4.29%. Gulisano (2005) only reviewed data by month of year because of reporting limitations. The research found the average use during December to April at 13 hours per person. March was the highest at 15.22. Journigan (2007) found sick leave use increased during summer months and December.

In the Henson and Waltermath (2007) survey, 68% of the businesses surveyed identified patterns regarding unscheduled absences. Thirty seven percent identified the most common pattern to be calling in sick before or after a weekend. Seventeen percent identified days on or around major holidays, and thirteen percent found the most noticeable pattern occurring during the flu and allergy seasons. Most employers were tracking sick leave and monitored it's usage by the specific groups or departments, day of week, month of year, and scheduled versus unscheduled leave usage. Also tracked was gender and age. The most frequent pattern of sick leave misuse was identified as Mondays and Fridays or days surrounding authorized holidays (Tomblin & Salter, 2005).

Specific areas identified to evaluate and focus attention for possible misuse was any area where sick leave misuse is suspected and the organization's ability to generate reporting from available software. The desired outcome is to look for identifiable patterns which may be evaluated and communicated to employees (Gulisano, 2005; Hayes, 2003; Journigan, 2007; Kroon, 2008). The recommended areas for evaluation from recent Applied Research Projects include:

- The annual mean average of the department and evaluated sub groups (Gulisano, 2005; Hayes, 2003; Kroon, 2008). Kroon (2008) also divided sick leave usage into several categories. Sick leave usage for family leave was a significant part of total sick leave use because of Washington State Laws (Washington Advisory Code, 2010)
- Day of week (Hayes, 2003; Journigan, 2007; Kroon, 2008).
- Month of year (Gulisano, 2005; Hayes, 2003; Journigan, 2007; Kroon, 2008).
- Before or after holidays (Hayes, 2003 & Journigan, 2007).

- Before or after vacation or work hours reduction days off (Gulisano, 2005 & Hayes, 2003).
- Before retirement (Hayes, 2003 & Journigan, 2007).
- Individualized special events or seasonal activities like hunting season (Hayes, 2003 & Journigan, 2007).
- Those with sick leave accruals at their maximum with a use it or lose it policy (Hayes, 2003).
- Time of increased labor management tension (Hayes, 2003).
- Age of employees (Gulisano, 2005; Hayes, 2003; Journigan, 2007; Kroon, 2008).
- Years of service (Gulisano, 2005 & Hayes, 2003).
- Gender (Gulisano, 2005).
- Ethnicity (Gulisano, 2005).
- Education (Gulisano, 2005).
- Station assignment (Gulisano, 2005)
- During high vacation season when time off is not available (Hayes, 2003; Journigan, 2007; Kroon, 2008).
- Sick use to avoid job assignments (Journigan, 2007).
- Sick leave on first or last day of work cycle (Journigan, 2007).
- Rank or position within the department (Gulisano, 2005 & Kroon, 2009).
- Management style (Hayes, 2003).

The external questionnaire identified a few metrics and measures being utilized by comparable departments in Washington State. Question (2) had seven answers with some confusion identified. One department responded that they collect data using an Excel[®] spread

sheet to track sick leave usage each pay period while another used monthly time cards. One department monitored total hours used (yearly, quarterly and per pay period) and number of days (shifts) in a row an employee utilizes sick leave. Another explained that they had a policy that outlines how sick leave is to be used and what is considered abuse. Still another used provisions within their collective bargaining agreement and another identified three shifts of sick leave usage in a row as the criteria for determining when a doctor's note was required. Questions 3 had eight responses and also created some misunderstanding. Three departments did not complete the calculation. Five departments found their percentage of sick leave use to be: 2.2%; 2.91%, 7%; 2.36%; and 2.25%. The last respondent broke the measurement into subgroups of employees. This department evaluates sick leave usage by the mean average of use within the groups per year. Firefighters and officers used an average of 104.09 hours; paramedics 117.03; office staff 57.84; and fire prevention staff 69.46.

b) What is Kitsap County Fire District 18's sick leave usage over the past 3 years?

The questionnaire sent to employees shed some light on this question. When asked if they or others had used sick leave for reasons other than those authorized by policy or contract, 27.3% said they had misused sick leave and 68.2 suspected or observed others doing the same. The two main reasons for this misuse is described as not being able to get a day off because all vacation slots were being utilized and the need for a stress or mental day off.

The Records Management System data retrieval and organization created the information needed to evaluate sick leave usage within the District and answer this research question. The data identified during the initial meeting to address specific areas of sick leave that could be ascertained from the record was organized into Excel[®] 2003 spread sheets by employee for years 2007 thru 2009. From these spreadsheets, the data was utilized through various sorting and

calculation methodologies to create information for analysis. The basic spread sheets for each year are identified in Appendix “E”, “F”, and “G”.

From appendix “E”, “F”, and “G”, sick leave totals are separated by sick leave, sick leave family, and sick leave injury were added separately and then collectively. From this analysis

Table 1 outlines the results:

Table 1

Sick Leave Totals and Mean Average by Type for 2007 thru 2009

	Sick Leave	Sick Family	Sick Injury	Totals
Total	7172.5	1845.75	11081	20099
Mean Avg	134.065	34.5	207.12	375.69

From the same appendices, the percentage of sick leave use was calculated at 7.6% of all assigned work time. This measure included all sick leave usage. When injury leave is removed, the percentage of sick leave use drops to 3.41%. Individual percentages of sick leave use when injury leave is removed ranged from 7.8% at the highest to .31% at the lowest. The top three employees in terms of percentage of use were 7.8%, 6.5%, and 5.9% while the lowest three were .49%, .33%, and .31%.

Many different slices of the sick leave use data were calculated. The percentage of sick leave use for each shift was found to be 3.37% for “A” shift, 3.43% for “B” shift, and 3.33% for “C” shift.

The mean average hours used based upon a stratification of the age of uniformed employees is identified in the Table 2:

Table 2

2007-2009 Age of Employee	Sick Leave Mean Avg Hours
20 to 29 Years of Age	118.69
30 to 39 Years of Age	165.89
40 to 49 Years of Age	244.29
50 to 59 Years of Age	235.13

The mean average based upon years of service was calculated, layered, and displayed in Appendix “H”. The group with the lowest mean average sick leave usage is identified as those in the 0 to 5 years of service category. This group used a mean average of only 101.88 hours per person. The group with the highest rate of use was the 6 to 10 year layer with a mean average of 346.75 hours per person. The group with years of service between 26 to 30 years used only 104.55.

The three year totals and percentage of sick leave used based upon the day of week is outlined in Table 3 from Appendix “I”, “J”, and “K”. A probability calculation is applied to identify the random probability expressed in a percentage to compare the actual percentage of use for each day of the week.

Table 3

Day of Week Sick Leave Usage foe 2007 thru 2009/Probability Day of Week = 14.28						
Sun	Mon	Tue	Wed	Thurs	Fri	Sat
2875.5	2915.75	2870	2822.25	2638.5	2993.75	2983.5
0.14306	0.145067602	0.142791398	0.140415687	0.13127355	0.1489483	0.14843837

The three year totals and percentage of sick leave used based upon the month of year is outlined from Appendix “L”, “M”, and “N” and summarized in Table 4. A probability

calculation is applied to identify the random probability expressed in a percentage to compare the actual percentage of use for each month of the year.

Table 4

Month of Year/Probability per month = .083

Jan	Feb	Mar	Apr	May	June
1844.75	1756.25	1341.75	1591	1625.5	1543.5
0.09178203	0.08737888	0.06675622	0.07915718	0.080873664	0.07679391
Jul	Aug	Sept	Oct	Nov	Dec
1824.5	1624	1517.5	2015.25	1459.25	1956
0.090775	0.080799	0.0755003	0.1002649	0.0726022	0.0973171

The three year totals of sick leave used adjacent to or on a holiday, adjacent to an off-duty day, or adjacent to an overtime shift are identified in Appendix “I”, “J”, and “K”. The total amount of hours for each category was divided by the total sick leave used to reflect a percentage of total sick leave for each area. Sick leave use on a holiday reflected 4.7% of all sick leave, adjacent to a holiday had 3%, adjacent to an off-duty day utilized 30.7% of all sick leave use, and adjacent to an overtime shift had .59% of the total sick leave usage.

Sick leave usage before retirement was analyzed from Appendix “E” “F”, and “G”. Because of the minimum retirement age being 53 years old, very few employees met this threshold. A manual review was conducted and the percentage of use identified for all employees over the age of 50 on December 31, 2008. Two individuals were identified. One of them has the highest percentage of sick leave use with injury leave removed at 7.8%. This individual utilized a total of 597 sick leave hours with 573 as regular sick leave. The second employee’s percentage of sick leave use with injury leave removed was 5.2%. This person’s sick leave use was broken down to 371 hours of regular sick leave, 33 hours of sick leave family, and 409 hours of sick leave usage for injuries.

Sick leave usage by rank was totaled and the mean average calculated for the years 2007 through 2009. The results are presented in Appendix "O". Firefighters had a mean average of 240.95 hours, paramedics 142.31 hours, company officers 187.96 hours, and battalion chiefs 90.75 hours.

Individualized special events or seasonal activities like "hunting season", was found to be difficult to quantify without an inherent knowledge of the individual. This component of sick leave evaluation will be incorporated into the policy and procedure for a supervisory review because of the inherent knowledge of the individual's personal vulnerabilities to these areas.

Individuals with sick leave accruals at their maximum and in a position to either use it or lose it were evaluated from Appendices "E", "F", and "G". Those with sick leave totals of more than 1200 hours as of December 31, 2009 were evaluated to determine if their sick leave usage in 2009 was above the percentage of sick leave use of the entire uniformed group over 2007 through 2009. Four employees were identified with over 1200 hours of accrued sick leave. Their percentage of sick leave use was identified as: 0%, .98%, 3.24%, and 5.26% for 2009. Their total sick leave hours used in 2009 was calculated to be: 0, 24, 72, and 120.

Evaluating individuals with low sick leave balances based upon their longevity was determined to be too exhaustive and potentially too sensitive for this research because of the need to interview each person to determine their sick leave usage and their injury history to determine reasonableness. This area will be identified in the policy and procedure as an area that supervisors should monitor and consider when evaluating their direct report's sick leave history. The data collected that identifies each employee's sick leave balance as of December 31, 2009 is identified in Appendix "P".

c) What methods are utilized to manage sick leave usage?

Literature review identified many approaches to managing sick leave effectively. The European Union (EU) reported extensive sick leave abuse problems including the falsification of doctors notes to certify an employee as ill (Karnite, 2006 & Muntean, 2008). The requirement of a doctor's certification is one of the main checks in the system, but even this check and balance system has fallen to abuse. The Czech Republic imposed legislation that caused the first three sick days an employee uses to be without pay. While implemented, a decrease of 26% in the absenteeism rate occurred as compared to the previous year and the amount of sick leave instances that were longer than a week decreased by 50%. The Czech Republic utilized a sick leave verification process where a doctor was required to validate sick leave use. It found doctors being too lenient with their patients because of their close relationships. Patients were asking for understanding from doctors to provide sick verification so they could work through things like personal problems. The entire system depends on the character of each doctor and there is a culture among doctors to not perform a high level of scrutiny. The doctors often apply a tradition of giving 15 days off for any symptoms, even if the patient doesn't want it because they only need 2 or 3 days off for the flu (Muntean, 2008). Some preventative measures have been considered, but much of the problem is cultural.

In Western Europe absenteeism is often seen as a problem in the organization related to hard work, stress, or a bad supervisor. Some of the preventative measures recommended include:

- Systematic monitoring to include spot checks and visits to sick employees by other employees.
- Closely monitoring of the sick leave of a group once they exceed a certain threshold.

- A strong corporate culture and teamwork. An employee who feels that they are part of a team will call in sick less. The worker knows that calling in sick means other employees will have extra work; thus the problem of the sick employee is felt not by the corporate office but by the local work team itself.
- Creating management practices that place other workers as part of the team that identifies how bonuses should be assigned.
- Reporting in sick by telephone to a supervisor instead of a corporate human resources division.

The outcome desired from these practices is that less people will call in sick, thus not creating an extra work load for other team members and an increase of the team's opportunity for extra bonus pay (Muntean, 2008).

In Belgium, similar problems are seen as employees stretch the reasons for sick leave use by calling in sick to pack for vacations or to manage post holiday hangovers. Some of the government departments were averaging 35 days of paid sick leave per employee each year (Miller, 2009).

In Norway, another study found some of the problems with excessive sick leave use being attributed to generous sickness benefits, the low cost for employers to have employees on sick leave, and doctors not being vigilant in substantiating true need for sick leave use resulting in very high sick leave usage rates (Prinz, Andersson, Förster, 2006). Some strategies recommended to reduce the impact of sick leave include:

- Incentives to report to work enhanced to encourage people on benefits who can work to find jobs and be productive.

- Reduce the number of people moving onto disability benefits through better monitoring of sick leave usage.
- Vocational rehabilitation systems need to improve to get people back to work quicker.
- Develop support programs for those whose disability benefits have been rejected and are struggling with returning to the work environment.
- Better cooperation and a more holistic approach should be coordinated by all of the stakeholders within the system.

The Swedish government has set an objective to reduce the number of people on sick leave by 50%. To accomplish this goal, the development of mutual obligations similar to what they use for unemployed workers is being recommended. This would place greater levels of responsibility on the individual who is sick, the employer, and the government's social insurance agency. To accomplish this, the following items were recommended:

- Stricter sick leave eligibility criteria needs to be implemented. Doctors need to thoroughly review and assess an individual's ability to work and be supported by the government if they deny a request. Extending medical certificates to be on sick leave should only be allowed after an updated exam and only for a one year period. All individuals on long term sick or disability leave should be re-evaluated with random unscheduled checks.
- If long-term sick leave benefits are authorized, a corresponding obligation should be placed upon the individual. Authorization for sick leave should require participation in vocational rehabilitation or other progressive back-to-work programs.
- All new systems should be monitored for results.

- Extend the waiting period to utilize benefits. A program was implemented that resulted in significant reduction of short term absences.
- Monitoring of partial or part-time sick leave usage is needed. The government is using partial benefits as a mechanism to keep employees attached to the workforce. The problem has been that some employees who only want to work part time are using the system to receive full time compensation.
- Reduce circumstances and incentives for sick and disability benefits to be used for early retirement. Employees are retiring and using the benefits to enhance their pensions when they turn 65. An option might be to not allow benefit payment calculations into pension calculations (Rae & Jorgensen, 2005).

In the United States, there is a trend for managers to believe that sick leave management is too difficult or dangerous to engage, which is not the case. A good sick leave management and monitoring practice may even reduce the risk of discrimination as it is applied consistently to everyone (Business, 2006). Determining the root cause of the sick leave is essential in addressing sick leave misuse (Smith, 2010). It is essential to watch for patterns of absences and take action before they become a major problem. If sick leave problems are overlooked, people begin to regard them as an acquired right for paid time off (Business, 2006). An organization should watch for sick leave trends. Comparing different sections and classifications of employees is one way to begin (Smith, 2010). Employers identified the following as some of the absence control programs currently being used:

- Discipline is the number one program used by employers. In order to correct the sick leave misuse through discipline, a clearly written policy that outlines the organizations

standards and requirements is essential. It is important to outline that repeated misuse of sick leave will lead to discipline up to termination (Business, 2006).

- An annual review of sick leave usage with employees.
- Requiring a verification of sickness by a physician.
- Utilization of paid leave banks.
- No fault leave policies.
- Doctors notes for absences exceeding three days.
- Non-exempt staff losing pay once they are out of PTO.
- Pay for performance only.
- Utilizing trust and good hiring practices (Henson & Waltermath, 2007).

An important point Henson & Waltermath (2007) provides is that morale directly affects unscheduled absence rates. Those companies with a rating of very good to good morale had a sick leave usage rate of 2% while companies with a rating of poor to fair morale had a usage rate of 2.7%.

Another component of an absence control program is reducing the risk of presenteeism-when employees come to work sick. This is a risk for employers because of the spread of the infection throughout the work area and to customers. Henson & Waltermath (2007) found that 38% of the employers surveyed identified this as a problem in their business. Paid Time Off policies were identified to be effective at stopping presenteeism with employers sending sick employees home. Employers with a strong traditional sick day off policy with an emphasis on disciplinary action may contribute to the problem. A sick day off management practice is where a set number of days per year are tolerated as acceptable sick instances. When this number is

exceeded, discipline is implemented which could force some employees who are sick to work because of the fear of discipline (Henson & Waltermath, 2007).

Most employers are tracking sick leave and monitoring its usage. Those departments that could track sick leave usage had an average sick leave usage rate of 6.2 days per year while those that did not have this capability utilized 6.6 days per year. Of those that could track absences, 42% of all sick leave use was unscheduled, while those that could not track sick leave usage had a 58% usage of unscheduled sick leave (Tomblin & Salter, 2005). A few management procedures were identified by Tomblin & Salter (2005) to reduce sick leave misuse:

- Requiring an employee explanation.
- Physician verification of sickness if the employee missed a defined number of days or suspected misuse by the supervisor.
- Disciplinary action for excessive use or failure to follow notification procedures (Tomblin & Salter, 2005).

In the City of Los Angeles excessive sick leave misuse is defined in terms of usage guidelines and evaluation is the first step to controlling sick leave misuse. Once a defined threshold is met, the supervisor reviews the sick leave usage for reasonableness. If the sick leave is for multiple reasons or a condition that should have been treated, corrective action may be taken that could include counseling, requiring a doctors certification of illness in the future, all the way up to termination. The City of Los Angeles also separates out work related injuries and does not count them in the evaluation (City of Los Angeles, 2010).

Within the United States Fire Service, sick leave usage is managed in various ways. Calling in sick to take a day off is considered an unethical act and fire officers must be prepared to deal with all forms of unethical conduct including sick leave misuse. Accountability requires

that unethical behavior result in for discipline for poor behavior (Grant & Hoover, 1994). From the Applied Research Projects, some management practices were identified to reduce the sick leave misuse including:

- Create clear policies and procedures for sick leave programs (Hayes, 2003 & Kroon, 2008). Policies need to include a clear statement of purpose to reduce sick leave usage and inform employees on how sick leave misuse affects the mission of the organization in dollars and response readiness.
- Misrepresentation of sick leave benefit usage needs to result in disciplinary action up to and including termination (Kroon, 2008).
- Procedures should require employees to call into their supervisor when requesting paid sick leave (Kroon, 2008).
- Once a person is on sick leave, a monitoring system needs to be enacted (Hayes, 2003 & Kroon, 2008).
- Sick leave monitoring should be based upon thresholds of usage. If an employee is sick over a certain threshold of either percentage of use in relationship to the mean average of the department or a specific number of sick instances, the employee should be placed on a sick leave monitoring list. Once the threshold is met, the employee stays on the list until being below the threshold for one year. Those on this list are required to provide a verification of sickness from a licensed physician by 12:00 on the day of sick leave usage. Managers are encouraged to use their judgment for reasonable exceptions and to not place employees on the list when those exceptions occur (Kroon, 2008).
- Departments should implement an accurate sick leave recording, tracking, and reporting systems (Gulisano, 2005; Hayes, 2003; Journigan, 2007; Kroon, 2008).

- Reports should be available to all supervisors for review with subordinates quarterly. From these reports, investigations should occur regarding the reasons for sick leave use (Gulisano, 2005 & Hayes, 2003). Front line supervisors should be actively engaged in managing sick leave use with consistent application and enforcement of the rules (Hayes, 2003).
- Monthly reporting should occur with senior staff reviewing results for trends and problems. It is good for all employees to know that sick leave is under scrutiny (Gulisano, 2005). Kroon (2008) showed the results of sick leave usage of departments with and without a sick leave monitoring system in place. Without monitoring the usage rate rose to over 6%. With a monitoring system in place, the rate was just over 4%.
- Require a doctor's statement after sick leave use of more than three days and that sick employees must stay at their residence with residency checks by department officers (Hayes, 2003). The researcher believed this practice to be very effective.
- Require employees to document illnesses through writing a letter to explain the reason for the sick leave use (Hayes, 2003).
- Create a Paid Time Off system. This removes sick leave abuse because there is no sick leave. The feeling an employee has that sick leave is their right to utilize for time off would be correct (Hayes, 2003 & Kroon, 2008). In opposition to this recommendation, Rod Younker believed PTO to not be a good choice for the Washington State public employment labor environment. The concession usually required in negotiations to attain a PTO compromise usually remove all benefits of the program for the employer and create unintended consequences. He also cautioned utilizing PTO in conjunction with

minimum staffing requirements. In these circumstances you still must monitor and manage unscheduled absences (Rod Younker, personal communication, June 1, 2010).

The external questionnaire sent to comparable departments outlined management options to consider. The first question had nine responses and found 77.8% of the departments monitored sick leave. Their methods of monitoring varied. Only one of the seven that described their method did an evaluation informally. The rest utilized Excel[®] spread sheets; a monthly review from an executive secretary; a monitoring of family medical and family care leave as well as non-duty related sick leave use; the utilization of leave request forms for a review at each pay period from which quarterly reports were created for each employee; two departments utilize time cards reflecting the sick leave use of each employee for each pay period which is audited by the supervisor; and one directed a review for patterns of abuse while checking the sick leave use after each pay period.

The fourth question asked, “what types of sick leave are being monitored?” Five departments looked at family sick leave, five evaluated off the job injuries, six watched for on the job injuries with one identifying on the job injuries as being monitored differently because of their reporting requirements to a state agency and the option of light duty.

The fifth question had 10 responses with only 40% of the comparable departments having a written policy or procedure for sick leave monitoring. Two departments had a policy that related to how sick leave could be utilized, what it can be used for, how it is accumulated, and the maximum hours that can be accumulated and the sick leave “cash out” when an employee leaves. Of those two departments, one also included how family medical leave was documented. The policy addressed when a doctor’s note would be required after sick leave usage. Three

departments identified language in their collective bargaining agreements regarding sick leave monitoring,

When asked if any of the comparable departments were aware of or were concerned about sick leave misuse, 44% said yes. Their concerns were a) Long term disabilities that seemed minor but occurred during the summer months. b) An individual with no sick leave balance and no major event. c) Family sick leave use increasing especially with those who have small children. d) The work ethic changing as the culture adjusts with the new generation coming into the workplace. One commented that they thought that younger members used more sick leave.

Nine of the departments or 100% of those who responded had articles in their collective bargaining agreements to manage sick leave. Most of them had articles outlining required notifications and how the benefit was accrued and calculated. Eight of the departments had language that authorized the conditions for a review process and whether it required a doctor's verification, a closer scrutiny, or verification for fitness for full duty. Other miscellaneous provisions include: maximum accruals; maximum length of benefit; two identified incentives for non-use; donating sick leave; sick leave while on shift trades. One department had language that allowed it to require employees to demonstrate that they had sought treatment and taken measures to remedy the condition. These demonstrations were identified to be in the form of personal statements of the employee and or doctor's validation of illness or injury for the employee or other family member.

The internal survey of the uniformed employees had questions to identify management options based upon the current organizational sick leave use culture while capturing the perspectives and ideas of those who would be impacted by this research and its recommendations. The first question was designed to identify the basic tenant of sick leave to see

if personnel were considering its use in a manner that is congruent with the Districts expectations. When asked about the purpose of sick leave and given four options, 100% of those responding selected the answer that best reflects the District's point of view that sick leave is a benefit provided to manage an employee's risk of revenue loss if they become sick or injured. When asked if the individual had ever used sick leave themselves outside the boundaries of the collective bargaining agreement and current District policy, 27.3% or six said that they had. 72.7% or sixteen indicated that they had not. When asked if they knew of someone else who had misused sick leave, 68.2% or 15 thought they had while 31.8% or 7 felt they had not seen a misuse of sick leave within the organization. When asked why someone they knew of or themselves misused sick leave, the overwhelming reason with 12 responses was that vacation slots were not available and they could not find a shift trade. The second highest reason identified was the need for a mental health or stress management day. Stress and complexities outside of work are impacting the employees causing them to call in sick. Some additional responses included: an employee lacking a good work ethic; caring for a non family member in need in the community; when you sense you are run down and need to rest; hung over; or because they just need to.

When asked if they or others they know of had come to work sick or injured, 100% or 22 responded with yes. When asked why, 10 responded that they wanted to save up their sick time in case they were injured in the future. Four responded that they did not have the sick leave accrued to be off duty. Four felt they may have been sick but were not sick enough to not work. Two reflected that their work ethic and the desire to not misuse sick leave caused them to report to work sick at times. Other reasons for reporting to work sick included: The fear of having to take more time off than necessary because of the requirement of a doctor's note; to keep the

District from having to pay overtime; a probationary firefighter who was afraid it would affect his evaluation.

Responses requesting the employee's point of view on management practices to monitor sick leave reflected concerns about how fairness and justness would be applied. It was stated, "How would the District know I wasn't sick?". Another common thread was what if I need a mental health or stress day off? The need to define the problem before implementing solutions was recommended so unintended consequences were not the result. Seven employees identified a review of sick leave history watching for individual patterns to be helpful with some thinking that an analysis of the usage data would be needed to identify problems. Three believed discipline was an effective option, especially for the "extreme" cases. Involving the supervisor in monitoring and providing consistent reports to review as well as engaging the employee was deemed beneficial. Officers should be aware of an employee's sick leave usage and areas or times when the individual may misuse sick leave. Reviewing sick leave history quarterly by supervisors was recommended. It was also expressed that supervisors should care for their employees and learn why they are sick.

Eight responses expressed that it is impossible to monitor and manage sick leave unless you are micromanage. Some of these respondents felt it unfair to engage sick leave use because it is a private matter. What if the employee is sick in the morning, but felt better by evening, if they go somewhere, is that misuse? What about mental illness; how do you measure and know if it is valid? The respondent then equates mental illness leave needs to stress.

Providing clear expectations about sick leave use and misuse needs to be outlined in policy and the collective bargaining agreements. When should family sick leave be used. Clarity of when a doctor's note is required and reporting requirements would be helpful. Training on

these provisions would then need to occur. Miscellaneous responses include: mandatory yearly physicals ; plenty of clean bed linen; good ventilation; consider a four platoon 12 hour shift so everyone is getting enough rest; mandatory safety naps; and addressing the issue through the union.

Question 9 asks what the District can do to decrease the impact of sick leave in terms of cost and productivity. Four believed there was nothing that could be done; employees are going to take a day off if they really feel they need the day off. The District should be thankful that people are not switching their vacation/kelly days for sick leave. The District needs to plan and budget anticipating sick leave use. It is a cost of doing business. Another group thought utilizing national statistics to compare our agency would be useful. Is there a problem and if so, who or what is the problem? Watch individuals with high, regular or frequent usage and let them know that the District is paying close attention to their usage.

Increased staffing was identified multiple times as a method to increase available time off slots. Also identified as a way to reduce overtime liability, was the creation of buffer positions so that when a sick leave occurs, it doesn't create overtime. The positions to first hire would be three paramedics. This is where most of the overtime cost is occurring. Two other responses recommended a consideration be given to dropping minimum staffing of paramedics from 2 to 1. None of the employees liked the idea, but acknowledges it as a reason for significant amounts of overtime. Another option mentioned is to simply not backfill positions when sick leave drops staffing levels.

Culturally, creating employee and officer development programs that are relevant was identified as helpful. Building a team while creating a culture and workplace in which people can take personal pride. Build morale by replacing the ineffective or none existent leadership.

Encourage workers through leadership about coming to work fit for duty. Utilize peer pressure for honesty and proper sick leave usage.

d) What incentives are used to reduce sick leave misuse?

The literature review found several incentives to be utilized across the globe to impact sick leave usage. In Europe, because of high sick leave usage, employers have been using various programs to encourage employees to report to work:

- Presence bonuses. This is an incentive were employees are given a bonus if their sick leave usage is at or below the company average or they have been excused for the absence by the company. The problem with the system is that the incentives are very small for people to work versus calling in sick (Muntean, 2008).
- Wellness programs for employees with annual physicals and health care provided at the work place (Muntean, 2008).
- Employers should have to pay the first few weeks of sick pay and part of the sick benefits to encourage their watchful management eye on the system (Rae & Jorgensen, 2005).

In the United States, Henson & Waltermath (2007) identified “work-life programs” (pg 14), and asked employers to rate their effectiveness in reducing unscheduled absences. The highest rating was given to alternative work schedules, telecommuting was second, a compressed work week third, leave for education needs fourth, and flu shot programs fifth. Programs being offered by employers include 72% offering an Employee Assistance Program, 66% flu shot programs, 60 % wellness programs, 54% leave for education, and 54% alternative work schedules. Other incentives identified by Henson & Waltermath, (2007) include:

- Personal recognition programs.

- Sick leave buyback programs where the employer provides a financial bonus for those not using sick leave.
- Bonuses.
- Unused sick time to pay for health insurance once retired.
- Saved sick leave credited towards years of service at retirement.
- A portion of the unused PTO being annually rolled into a 401k for the employee.
- Attendance attached to annual bonuses.
- Employers identified Paid Time Off (PTO) policies, (a single bank of hours used for sick, vacation, and personal leave) as the most effective absence control program.

Tomblin & Salters (2005) found incentives being utilized to reduce sick leave misuse.

The most common practice was to cash in accrued sick leave at retirement with 34.8% adopting this policy. Another 31.9% were offering a conversion of unused sick leave into retirement service credit. When asked if these incentives were effective, 44.3% felt they were fairly effective, 17.7% saw them as very effective, 24% didn't know if they were effective, and 11% believed they were ineffective (Tomblin & Salter, 2005).

From the recent Applied Research Projects found at the National Fire Academy and other literature, incentives were recommended to reduce sick leave misuse within specific fire service organizations. These recommendations included:

- Provide incentives to reward employees with low sick leave usage (Hayes, 2003 & Kroon, 2008). Recommended investigating sick leave and vacation buy back options based upon sick leave use and consider providing extra vacation time off for members with full sick leave banks (Hayes, 2003 & Kroon, 2008).
- Allow vacation buy back based upon sick leave usage (Hayes, 2003 & Kroon, 2008).

- Cash out unused sick leave and place the money in a Health Reimbursement Account for retirement medical care (Kroon, 2008).
- Promote wellness programs and healthy work environments to reduce absenteeism (Hayes, 2003; Kroon, 2008; Neal, 2007).
- Limit physical training activities that are injury prone to those with lower injury rates. Develop an objective annual physical measure applied to all employees. Leadership should encourage health and wellness by being actively involved and leading by example (Neal, 2007).
- Provide and promote the use of an Employee Assistance Program (Kroon, 2008).
- Light duty programs that allow the employee to contribute to the organization while not using up all of their benefits should be developed to allow those not yet able to work full time at 100% as a firefighter (Kroon, 2008).
- Employees being paid for 50% of their accrued sick leave at a straight time rate up to 1200 hours for non-disciplinary termination, retirement, or death. Those impacted by layoffs being paid out 100% of their sick leave benefit (Kitsap, 2008).

The external questionnaire identified incentives being utilized by comparable departments to reduce sick leave misuse. Incentives identified were: excess of maximum carryover paid to an employee's health reimbursement arrangement account (HRA) account at 50% of their hourly rate; overtime hours of pay given for keeping sick leave below a threshold; once sick leave hours are accumulated to their maximum, a percentage of the excess hours being allocated as vacation; an additional holiday and a letter in the employee file if no sick leave is used; payout of 10% to 50% of the employee's sick leave accrual at retirement.

When asked what incentives were the most effective, six departments identified that none of them were effective. The incentive of providing an extra day off for those with decreased sick leave usage was only provided to 1 or 2 people annually. One department felt having discussions with the employees and relaying the consequences of misuse, such as if you have a long term disability there will be no light duty available. Discipline was identified as the most effective tool by one respondent. Overall, all of the departments reflected that incentives and programs do not reduce sick leave misuse, people are ethical or not. Two departments stated that they did not have a sick leave misuse problem.

When District employees were asked through the questionnaire what incentives would be effective to reduce sick leave misuse, many options were advocated. Seven felt a sick leave buyback program would be helpful. There are in some cases a use it or lose it situation and because sick leave is an accrued benefit, employees feel they should get something for it or they will use it. Five believed offering additional time off through increased vacation leave or going to a four platoon system would work. Two felt there were no incentives that would work because it is a personal ethics and values issue. One said it was important to protect their sick leave because of the security it provided their family. Three felt an increase of the cashout at retirement would help. Five employees articulated that there was a significant issue of employees coming to work sick. They felt all future offers of incentives should not encourage this practice and through policy, officers should send these individuals home. One employee expressed that the personal benefits of calling in sick needed to be removed. When a person calls in sick the absence may cause overtime to backfill the coverage. This in turn lifts the sick employee's position on the overtime list and creates a financial motivation to misuse sick leave. It is essential that sick leave not benefit an employee financially. Other incentives identified include:

preventative illness and injury training programs; preventative stress management training; discipline and accountability; increasing the ceiling of maximum accrual so those that hit it are not penalized.

Incentives identified as possibly helpful included: a dinner certificate for 2 if no sick time is used per quarter and the creation of a sick leave buyback program. With all incentives it is important to be careful so the program doesn't encourage employees to come to work sick.

The results of this research were assimilated and guided the development of a draft policy and procedure for sick leave management and monitoring identified in Appendix "Q". The strategic items identified and directed by this document include:

- Sick leave is a conditional benefit to manage the risk of the loss of revenue if an employee is sick or injured.
- Sick leave usage directly impacts the District by decreasing services levels, available revenue, and productivity.
- Sick leave can only be used for conditions identified in the collective bargaining agreements.
- Sick leave abuse will be subject to Just Cause discipline especially for irregular unexplainable usage, usage for a variety of reasons, low accrual rates for the years of service without a reason, meeting a threshold of use, or usage that has a definable pattern.
- Employees calling in to report sick must perform a follow up phone call to their direct supervisor and explain their sickness.
- The District shall manage and monitor sick leave usage to assure its proper use and decrease any negative impacts. This will be accomplished through monthly and annual

reports for review by all levels within the organization. This monitoring of sick leave usage shall be based upon established thresholds of use.

- Supervisors are required to monitor, review, and discuss sick leave usage with direct reports and focus on specific usage types.
- A clear criteria of when sick leave is allowed and when to return to work.
- Supervisors empowered and required to send sick employees home.
- Identification of a threshold that places an individual into a sub group of sick leave users. Once a threshold of use is met, a stricter review and a process to include doctors certification of illness or injury on the day of the sick leave is implemented. If multiple days are needed the doctor may identify the length of sick leave use. Supervisors are authorized to use their judgment and not place an employee onto the list if reasonable and explainable information is provided with evidence of compliance with sick leave requirements.
- While on sick leave, the employee shall remain in their same position on the overtime callback list and are not be eligible for overtime until they have worked a full 24 hour shift.
- While on sick leave, employees shall normally remain resting at home unless there is a function necessary to aid in their healing as identified by a doctor. Activities beyond this retirement are authorized if a doctor has specifically identified what activities are acceptable for the employee to heal and return to work in the most expeditious manner.
- When an employee is on extended sick leave, their assigned Chief Officer shall maintain their status through weekly follow ups including phone calls and visits.

Discussion

From this research, the problems associated with sick leave management point to a global issue where sick leave is provided as paid time off (Henson.H & Waltermath.J, 2007 & Prinz C, Andersson P, Förster M, 2006). Since the introduction of paid sick leave, concerns have been expressed that the benefit has become a right or entitlement for paid time off similar to a paid vacation benefit (BusinessKnowledgeSource.com, 2010). These problems affect all categories of employment with government, non-profit, and business sharing in the struggle of managing the negative impacts of sick leave. It is clear that government has the worst sick leave usage record and providing more sick leave benefits will only exasperate the problems seen (Tomblin D & Salter R , 2005 & Henson.H & Waltermath.J, 2007). Even with these challenges, paid sick leave benefits are part of a compensation package expected and required to maintain a quality workforce (Smith, 2010).

Sick leave management in many corporate cultures is believed to be wrought with risk discrimination lawsuits which the literature review dispels as a myth. There are concerns, but having a good sick leave management and monitoring policy and procedure may even reduce the risk of discrimination as it directs a consistent approach to this sensitive issue (Business, 2006). If sick leave problems are overlooked people begin to regard them as an acquired right for paid time off (Business, 2006).

The research also implies that sick leave is viewed differently from an employer to an employee perspective. Many of the employees answering the survey said it was a private issue, none of the employer's business. This perspective may stem from its attachment to the health of the employee and a culture that considers health one of the highest priority and very private.

Stress or mental health days were also brought up multiple times in the answers to the internal questionnaire; how does this factor into the intent of sick leave and its management?

This researcher sees this aspect of the fire service as a potentially large risk factor if and when exposure to the public of sick leave misuse is identified. The reactions could have tremendous impact upon the prestige and trust afforded the fire service. This sacred trust is something to be cared for and honored, thus managers must act (Buckman, 2006). The ethics of the sick leave misuse issue cannot be dispelled and leaders must engage the issue directly (Hamed, 2007). Employees who abuse sick leave misrepresent themselves and this act diminishes their integrity and confidence by coworkers, the community, and themselves (Graswich, 2009). Demonstrating high standards of integrity and ethical conduct is essential for the fire service to receive the support of the citizens it serves. The fire service is allowed into a person's home at the most vulnerable of times to help in very sensitive medical and personal subjects. The fire service cannot afford to lose its integrity established by truthfulness and service. A fire departments reputation is developed and maintained by the collective reputations of its employees. Some of the fundamental values related to sick leave misuse begin with being truthful and honest, not misrepresenting situations, not falsifying reports and records, and not using department assets for personal use (Buckman, 2006). All of these values are essential if the fire service desires to have a future of service and honor. It is management's responsibility to create the standards and systems to monitor and manage sick leave in a manner that allows transparency and accountability without losing the intent of sick leave.

In a survey conducted of employees by Hamed (2007) found 36% saying they had observed sick leave abuse in the past 12 months and that it was most common among government workers (Hamed, 2007). This research reflected an alarming amount of suspicion

around sick leave misuse within Kitsap Fire District 18 with 27.3% saying they have misused sick leave and 68.2% suspecting it with others. Henson & Waltermath (2007) identified that almost two thirds of those who call in sick at the last minute do so for reasons other than being sick themselves.

The metrics utilized to monitor sick leave across most sectors are very inconsistent and do not provide a basis to compare easily. This is a weakness in the fire service that needs to be remedied. Discrepancies of measures are reducing the United States Fire Service's ability to manage this critical area that directly impacts service levels and available revenue. A clear and consistent method of the most important and simple metrics and measures needs to be standardized in order to compare across jurisdictional boundaries for benchmarking local usage.

The metrics identified in this research reduced measures down to simple calculations with the percentage of use being the most usable across the fire service (Ludwig, 2007). This metric takes into account all of the various work hours and configurations seen in the diversity of the fire service across the United States. It also provides a meaningful piece of information easily understood that can be applied and compared to all sections, groups, or functions.

What to measure is the next area that needs some corralling. Main metrics such as the percentage of use overall the department and separated out by uniformed and non-uniformed members should be measured. In addition, sick leave hours themselves need to be categorized into four basic components: regular sick leave, sick leave for family, injury leave off the job, and injury leave on the job. Past this point of baseline information, the needs and concerns of the individual department and suspected areas of abuse should be the main consideration.

Specific areas identified to evaluate and focus attention for possible misuse is any area where sick leave misuse is suspected and the organization's ability to generate reporting from

available software. The desired outcome is to look for identifiable patterns which may be evaluated and communicated to employees (Gulisano, 2005; Hayes, 2003; Journigan, 2007; Kroon, 2008). The results of the research, specifically those to answer research question “c”, provides an excellent laundry list to evaluate and consider in determining the department specific concerns and ability to report consistently.

One of the most important issues identified in the research is that each agency develop and implement some form of systematic sick leave monitoring and reporting systems (Business, 2006; Gulisano, 2005; Hayes, 2003; Henson & Waltermath, 2007; Journigan, 2007; Kroon, 2008; Muntean, 2008; Rae & Jorgeson 2005). Kroon (2008) showed the results of sick leave usage of departments with or without a sick leave monitoring system in place. Without monitoring the usage rate rose to over 6%. With a monitoring system in place, the rate was just over 4%. Gulisano (2005) research noted sick leave usage dropping the previous two years because of members knowing that sick leave was being scrutinized. Both the internal and external questionnaire had opposing views to this perspective. Individuals in both groups reflected that nothing could effectively be done.

The potential to reduce sick leave by implementing a monitoring and management program is tremendously powerful in the economic times of 2010 with revenue dropping (Kitsap, 2006 & 2010b) creating service level challenges. If a 33% reduction in sick leave use occurred, the community would receive a deserved gift of responsible management.

Items that seem applicable and important to include in a sick leave monitoring and management system include:

- Requiring a doctor’s certificate of illness or injury if a certain threshold of use is met (Henson & Waltermath, 2007; Tomblin D & Salter R , 2005; Hayes, 2003). This was

strongly utilized in the EU but was wrought with problems (Karnite, 2006 & Muntean, 2008). The internal questionnaire also identified this requirement as a reason some reported to work sick.

- Create a strong corporate culture through good leadership, making people feel part of the team (Muntean, 2008). Morale directly affects sick leave usage (Henson & Waltermath, 2007). The internal questionnaire also identified this as an important tool.
- Discipline should be used for excessive problems (Henson & Waltermath, 2007; Tomblin D & Salter R , 2005).
- Empower supervisors to send employees home when they are sick (Henson & Waltermath, 2007). All of the personnel who responded to the internal survey said they knew of someone or had reported to work sick themselves.
- Providing clear guidelines and a strict criteria for sick leave eligibility criteria was identified in the internal questionnaire as lacking and Rae & Jorgeson, (2005) found it critical.
- Require employee calling in sick to contact their supervisor and provide an explanation as to why they are sick (Tomblin D & Salter R , 2005 & Hayes, 2003).
- Involve and hold supervisors accountable for the management of sick leave with their direct reports. Supervisors must have reports and be directly engaged in sick leave management (Tomblin D & Salter R , 2005 & Hayes, 2003).
- When an employee is on sick leave, monitor their status through follow up phone calls and visits (Tomblin D & Salter R , 2005 & Hayes, 2003).
- Monitor sick leave usage data based upon established thresholds of use (Tomblin D & Salter R , 2005; City of Los Angeles, 2010; Kroon, 2008).

- Once a threshold of use is met, a stricter review and process to include doctors certification of illness on the day of illness, discipline for irregular and/or unexplainable usage or usage for a variety of reasons (City of Los Angeles & 2010; Kroon, 2008)

Sick leave usage data reflected some insight into the District's sick leave concerns. The overall percentage of sick leave use was calculated at 7.6%. This amount seems excessive in light of Kroon (2008), finding 4.62% of sick leave use by the firefighters in Bellevue, Washington and a median average value of 4.29% of the departments he surveyed. The questionnaire to comparable departments also reinforced the need for oversight. Five departments reported and found their percentage of sick leave use to be: 2.2%; 2.91%, 7%; 2.36%; and 2.25%. The Mean average of this sample is 3.34% of use. This is not a statistically validated piece of data, but another indicator of comparable usage in the Washington State public employment labor and sick leave environment. When injury leave is removed from the District's data, the percentage of sick leave use drops to 3.41%. Which is more in line with the results of the others noted above, but still high. The percentage of sick leave attributed to injury leave in the district is 55.1%.

The Districts shifts were fairly consistent in their usage. Hayes (2003) found leadership differences to contribute to a reduced amount of sick use where supervisors were rule enforcement oriented. The District being much smaller in size utilized a shift basis and found no collaboration with Hayes (2003) findings.

The mean average based upon a stratification of the age of uniformed employees showed similar patterns as Gulisano (2005), who found sick leave increasing with age. Journigan (2007) identified no pattern that indicated an increase sick leave use with age.

The mean average based upon years of service showed the lowest mean average sick leave usage as those in the 0 to 5 years of service category. This group used a mean average of only 101.88 hours per person. The group with the highest was the 6 to 10 year layer with a mean average of 346.75 hours per person. The group with years of service between 26 to 30 years used only 104.55. Hayes (2003), found members with 21 to 25 years of service to have the highest average usage and those with 0 to 5 years had the least. Hayes (2003) also observed those with 16-20 years of service used the most sick leave, twice that of the 0-5 year group. Gulisano (2005) found a noticeable trend upward with years of service.

The day of week analysis, like most other research, found only minor areas of interest. When viewed next to the basic probability of random occurrence, only small variations existed with Friday and Saturday having the highest usage and Thursday the lowest. This should be watched in the monitoring program. Hayes (2003) found Friday and Saturday to be the most commonly used days for sick leave. Journigan (2007) found Fridays and Mondays the highest for sick leave use and Sunday the lowest. Kroon (2008) found no identifiable trend in his day of week analysis.

Month of year reflected variations from the basic probability figure. Most of the higher usage was during the cold and flu seasons of October, December, and January. Summer months had indications of high usage from the internal questionnaire. In the instrument, there was a significant amount of concern expressed about the lack of vacation slots available and that this was a reason employees were misusing sick leave. July was the only summer month with a higher percentage of use than the basic probability. Hayes (2003) found an increased use in specific months of year with February, May, and June as the highest. The surprise came because January, February, and March were not high leave usage periods, but had high sickness

incidences. The least used months were July, August, and September. Journigan (2007) found sick leave use increased during summer months and December. Henson and Waltermath (2007) found the most noticeable pattern occurring during the flu and allergy seasons.

Sick leave use adjacent to time off in general was alarming with 30.7% of all sick leave use. This is reflected in the literature review where Hayes (2003) and Gulisano (2005) indicated an increased use of sick leave before or after holidays, vacations or work hour reduction days off. Hayes (2003) stated that the use of sick leave adjacent to vacation and hours reduction shifts was a verifiable abuse pattern. The other part of this measure is identified in the literature as sick leave during vacation time when time off was not available (Hayes, 2003; Journigan, 2007; Kroon, 2008). Hayes (2003) identified this slice to be a valid concern. Kroon, (2008) identified an increase in sick leave usage when vacation leave was not available, especially during the summer months. The questionnaire sent to District employees reflected this concern of using sick leave when there were no other time off options available. This is an area that needs to be watched closely through monitoring of data and supervisory leadership. Henson and Waltermath (2007) and Tomblin & Salter (2005) also identified the most common pattern to be calling in sick before or after a weekend or surrounding identified holidays.

Sick leave usage before retirement identified the person with the highest percentage of sick leave use belonged in this category. This was a very small sample set so no conclusions can be derived. Hayes (2003) found increased sick leave use before retirement.

Sick leave usage by rank had some surprises. Firefighters have a higher mean average of sick leave use than other positions or ranks. This may be because of the high number of on the job injuries that has plagued this group. This is also reflected in the Battalion Chiefs being the lowest of sick leave users, their job is not as physically demanding.

Individuals with sick leave accruals at their maximum and in a position to either use it or lose it were evaluated from Appendix "P". This area was not found to be significant as only one of the group was identified as above the mean average percentage of use for the entire uniformed population. (Hayes, 2003) found this group to have an increased use of sick leave.

Overall, the areas of concern for Kitsap Fire District 18 are sick leave usage around scheduled days off, usage on Fridays, and injury leave. Injury leave has been addressed in many ways to include wellness and fitness programs and an increase in the number of responders to alarms involving lifting patients.

Incentive effectiveness was debated within the research. There was controversy about incentives being useful in reducing sick leave misuse. Six of the comparable departments or 66% of those that responded, didn't think they worked. The questionnaire of uniformed employees had individuals responding with similar concerns stating it was an ethical dilemma that incentives would not overcome. The literature review reflected some hope for some incentives but also found skepticism in their outcomes (Tomblin & Salter, 2005). The strongest incentive that was measured and reported was requiring the first three days of sick use to be without pay (Muntean, 2008). This would be a very difficult goal to achieve in Washington State's public employment labor environment.

All incentives should be monitored closely for unintended consequences. In the literature review (Henson.H & Waltermath.J, 2007) and repeated in the questionnaire of all uniformed employees, the concept of incentives encouraging presenteeism is discussed. With all incentives it is important to be careful programs don't encourage employees to come to work sick to obtain the incentive or be penalized because of a sickness.

Paid time off was advocated across the United States as the most effective tool to reduce sick leave misuse (Tomblin & Salter, 2005). Several of the Applied Research Projects advocated its use (Hayes, 2003 & Kroon, 2008). Yet in the Washington State public employment labor environment, Rodney Younker (Rodney Younker, personal communication, June 1, 2010) found the benefits of the program diminished once the compromises are in place that create an agreement between management and labor during contract negotiations.

Regardless of the incentive, it is essential to work within the culture of the organization to find what works for its unique circumstances. In today's difficult economic circumstances, throwing revenue at a problem is unacceptable. All interventions need to be measured to a baseline to allow a clear picture of the value gained. The sustainability of all programs that provide sick leave incentives must be based upon a little investment with a measured reward.

Henson & Waltermath (2007) identified "work-life programs" (pg 14), and though many would be applicable to the non-uniformed setting, most are not available to a 24 hour service with an already complicated and "life accommodating" schedule. The most common principle identified in the area of work hours dealt with time off availability. Because of minimum staffing requirements, only a certain number and types of positions may be off at any one time. As a result, employees are required to work during times they would like to be off. Providing liberal shift trade options and assuring time off availability was identified in the internal questionnaire as necessary to combat sick leave misuse. Not being able to take a day off was the number one reason employees were using sick leave outside of its intended use.

Financial incentives have been developed and considered across the globe to decrease sick leave misuse. Some of these seem to meet the value criterion necessary for any incentives

program. While they are not currently offered they are worth researching and discussing with labor:

- Allow a vacation buy back predicated upon sick leave usage (Hayes, 2003 & Kroon, 2008). This would enhance those who carefully use their sick leave with cash while reducing vacation accrual banks and overall leave usage. This could result in more vacation slots being available.
- Allow sick leave accruals above the maximum to be paid out at a percentage of its value into a health reimbursement arrangement account (HRA) or a percentage of its value allocated as vacation time.

Wellness programs are advocated in the literature (Hayes, 2003; Kroon, 2008; Neal, 2007) and have a strong common sense argument: if you are well you shouldn't be using sick leave. Wellness programs were identified to include: Employee Assistance Programs (Kroon, 2008 & Henson & Waltermath, 2007); preventative illness and injury training; stress management training; and flu shot programs (Henson & Waltermath, 2007).

The implications of this research are significant. If a station is shut down because of sick leave usage that is outside the parameters of authorized use, the risk of an imminent injury or illness escalating and causing further damage or death grows significantly in the station's first due area. The same can be said for other emergencies, the more time that goes by, the less the fire department is able to save. One of the most important issues identified in this research is that each agency must develop and implement some form of sick leave monitoring. Kroon (2008) showed the results of sick leave usage in departments with and without a sick leave monitoring system in place. Without monitoring the usage rate rose to over 6%. With a monitoring system in place, the rate was just over 4%. Gulisano (2005) also noted sick leave usage dropping the last

two years in his department because of members knowing that sick leave was being scrutinized. This is a tremendously powerful tool in the economic times of 2010.

For Kitsap County Fire District 18, a 33% reduction of sick leave usage would provide an average of 2,210 hours of sick leave reduction per year. This would provide 92 additional 24-hour shifts of coverage per year and in some cases, reduce the overtime risk by a similar amount. That is a substantial benefit to the citizens of every community and a net service level change that can and should be provided through responsible management.

Beyond the obvious tangible and measurable impacts of this research to the community in terms of station availability and response times, there is probably as much benefit to the culture within the Fire District. Honesty and integrity produce a synergy which in turn contributes to an energetic and confident employee focused on producing results for the community. When misrepresentation of fact, the covering of one's story, and the rationalization of inappropriate behavior occurs, then cynicism, defensiveness, and a focus on self disrupts the priority of serving the community. Corporate health is diminished and the possible results of innovation, creativity, and successful outcomes are lost. In today's economic climate, the fire service cannot tolerate this diminished capacity. Efficiency, effectiveness, and a focus on service are what our communities demand and deserve. The respect and honor the fire service is given must be protected by principle centered people doing the right thing, even when they want a day off.

Recommendations

This research identified that the sick leave usage within Kitsap County Fire District 18 has enough patterns and volume to indicate some sick leave misuse. This misuse creates service level reductions and expenditure increases. The purpose of this research was to identify and

implement strategies to decrease sick leave misuse within Kitsap Fire District 18. This research has identified the management principles needed in order to monitor sick leave and benchmark current levels of use. Based upon the results of this research several recommendations are made for Kitsap County Fire District 18 to reduce the risk within the community because of sick leave:

- Implement the draft policy and procedure on sick leave management and monitoring.
- Purchase and implement a more user friendly staffing software that allows reporting of sick leave in the various metrics and measures identified.
- Work with labor to determine thresholds of sick leave use that should trigger closer monitoring and reporting requirements by the employee.
- Work with labor to implement sick leave buy-back incentives for both vacation and sick leave accruals.
- Benchmark current sick leave usage and incrementally implement new initiatives into the system to allow the measurement of any benefits achieved.
- Provide annual training on sick leave use to all personnel and training on the expectations of supervisors for the management and monitoring practices.

Future readers and research should consider the following recommendations:

- Metrics and measure become critical to benchmark reasonableness especially with something as sensitive as sick leave. The metrics and measure identified in this study should provide a reasonable framework to begin streamlining the national view of sick leave within the fire service. If the analysis of sick leave use continues to create different metrics and measure, we will continue to have nothing to compare.
- Data collection and analysis is very time consuming because of inaccuracy and the complexity of washing the data to achieve meaningful information. Be prepared to spend

significant time obtaining the desired information and for the process to consume the time of those who must perform the art within your technology.

- The set up and collection of data is very critical. It is important to collect the right data and have the ability to compute and measure it in various ways. This may require the engineering of a data collection system to collect and report over a period of time. If this system is not established prior to the research being conducted, your evaluation will provide marginal results.

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Appendix "A"

Internal Sick Leave Questionnaire

1. What is the purpose of sick leave?

	<u>#</u>	<u>%</u>
• To provide additional time off to an employee.	0	0%
• To manage the risk of revenue loss for an employee if an injury or illness occurs to themselves or their immediate family.	21	100%
• A means to be off for personal reasons when no vacation slots are available.		0%
• A means to provide relief from the stresses of work.	0	0%

2. Have you ever used sick leave for anything other than sickness or injury of yourself, family, or medical/Dental appointments?

• Yes	6	27.3%
• No	16	72.7%

3. Do you know of anyone at work that has used sick leave for anything other than sickness or injury of themselves, their family, or medical/Dental appointments for same?

• Yes	15	68.2%
• No	7	31.8%

4. If you or another employee has misused sick leave, why was sick leave used outside of its intended purpose?

- N/A.
- Mental day off.
- UNK.
- Unable to get time off of work.
- Because the employee lack's a good work ethic.
- Such significant things happening outside of work that your situational stress level is too high. Caring for a non family member in need in the community. For taking time when no time off slots are available. When you know your body well enough that you can feel yourself getting run down and know you need to slow down for a day or it will cost you more.
- Stress management, unable to get regular leave, hung over.
- Other type of leave was unavailable to them.

- There are some people that utilize it as secondary vacation time because they can't get a day off due to minimum staffing. Some people think their time is more important than their co-workers time off especially when mandatory OT is then used.
- I believe the reason for the misuse was due to the inability of that individual to obtain that day off utilizing the proper form of leave.
- I don't like any of the answers in question #1, Sick leave for me means: Time I can use when I am physically or mentally unable to perform my duties. Not a personal revenue management tool or for personal time off.
- I was told it is taken because I "just occasionally need to use it." No other reason was given than that.
- To take time off when no open slots were available.
- Stress, Not being in the proper state of mind to function appropriately at work, aka "mental health day".
- I know of others that have used sick leave as an alternative to not being able to get a vacation/trade.
- Unable to use other type of leave due to staffing or does not have other type of leave.
- Extend vacation or the day was not available due to minimum staffing.
- No slots available, no vacation, or no trade available.

5. Have you or others you know of reported to work when sick or injured?

- | | | |
|-------|-----------|-------------|
| • Yes | 22 | 100% |
| • NO | 0 | 0% |

6. If you or others have reported to work sick, what circumstances motivated you or others to do so?

- The severity of the sickness or injury may have not prevented the individual from performing the duties of their job.
- Why stay home just because I have a cold?
- Save sick leave. It seems like the amount I accrue is enough to cover my occasional injuries and not enough for injuries and sickness.
- To save what little sick leave I have on the books. My sick leave accumulation is not that much.
- To try and save sick leave.

- For me I don't feel like I have enough sick leave in the bank. In addition I have to be really ill to stay home.
- 100:1 almost certain. For every misused sick leave you will see 100 persons suck it up and work hurt or try to work sick if they think it is safe to do so. To keep the department from paying for overtime--don't laugh I have done it many times...when it is up to my wife or I staying home with a sick kid OT is usually the main factor I use to support my going to work.
- To not use accrued sick leave.
- The desire to keep sick leave in their bank and the fear of being forced to take more time off than necessary by having to bring a note from a doctor
- People don't realize that if you come to work sick you can potentially infect co-workers, patients, and other people in direct contact. They come to work sick to either not use sick leave, or because they've used it all already, or they just don't care about the health of co-workers.
- In this line of work there is always the risk of injury. I personally have witnessed personnel come to work with cold and flu symptoms at a risk of infecting others to save their sick time. The reasons have varied, but usually they are low on their sick time and did not want to use more of it.
- I have witnessed employees showing up to work ill. The motivation behind this in unbenounced to me.
- I have not, the others who have; I cannot speak for them. But I wish they would stop coming to work when they are ill.
- How is "sick / injured" defined? In my eyes, unless I am below my 85% it has been engrained in me that "you go to work." Thanks Dad!
- A firefighter was (on probation) and thought it would look bad calling in while on probation. They were sent home and advised that is what the leave was for and it would not reflect on them negatively.
- No sick leave available for use.
- Feel that you are able to perform duties at a high level.
- Culture and work ethic.
- Not wanting to use the hours, "I just have a sore throat" and "I've already taken X number of shifts this year" I can work through this.

- Attempt to not abuse sick leave and keep time on the books for use on long term injury.
- Low on sick leave, thought they would feel better once they got moving.
- Didn't think that it was bad enough to take sick leave or had responsibilities to attend to at work.

7. What incentives would be effective to reduce sick leave misuse?

- Offer to buy back unused sick leave.
- None, It is a personal work ethic thing.
- UNK.
- Accru more vacation leave at a higher rate.
- Additional vacation leave.
- Some extra 24 hour shift a year off if attendance was prefect through the course of a year
- I am guessing that you mean both in the fact that it is taken when no illness or injury exists and when it is not used and should be. Or possible all of the times that you are sick on a kelly or vacation and don't change it to sick leave because you don't want to burn your time are create an opportunity for OT by freeing up a spot. To answer your question "none" the incentive should be to use sick leave. I have never been so often sick, in my whole life, as I am around here. Everyone comes to work sick or with a self diagnosis of allergies then everyone ends up sick.
- Preventive illness and injury training. Preventive stress management training.
- Sick by back, 4 platoon schedule.
- Sick leave buy backs at the end of the year, actual discipline for violators, holding people accountable for their actions.
- Incentives would encourage people to not take it when needed. As well as encourage them to not use it arbitrarily.
- Possibly a sick leave buy back program may entice some employees to be less apt to misuse their bank of sick time, although such an idea could possibly encourage employees to report to work ill exposing co-workers to their illness.
- You need to identify and define what a "misuse" is before this question can be answered appropriately.

- At PFD.... Change OT for one. Currently those that "create sick time" benefit from it by "banking" their Overtime Eligibility. This is WRONG and sends a message that it's ok to put yourself at risk of injury because in the end your pocket book will show the benefits. If this is changed it could to show you cannot benefit from OT that you created that may deter risky practices.
- A financial incentive for no use of sick leave during a given period. Although this may encourage individuals to come to work sick but this should be addressed by the officer (and in policy) that the officer can and will send individuals they feel incapable of doing their duties be sent home.
- Increase the ceiling for individuals who exceed the 1200 hours max buy back. I don't know if there is any issues but there is no incentive to keep more than 1200 hours other than an individuals personal values.
- No idea.
- Full pay for each sick day not used when you retire.
- I have found a personal motivation to build my hours to protect myself and my family in the event of a significant medical need, however I believe that an increased buy back policy at retirement would help as well.
- Sick leave buy back. Some people feel if they do not use it then they will loose it and because it is a accrued benefit, they want something for it.
- Additional cash out upon retirement or buy back program once you meet a minimum number of saved hours
- Give additional benefits for non sick leave use in a given time period but risk employees coming to work. catch 22

8. What management or monitoring practices would be effective to reduce sick leave misuse?

- We would need to see data regarding misuse of sick leave to answer this question. How often is sick leave misused? How is this measured? How is it known if sick leave is being misused? What if an employee has lost the use of their voice but otherwise feels fine? If they are unable to speak they should probably not be at work but what if they are seen at the local hardware store that same day? Is it assumed that employee is misusing sick leave?

What if an employee is suffering from mental illness (stress)? How is that measured? Could that employee benefit from using sick leave? Perhaps they wouldn't perform the functions of their job satisfactorily if their emotional condition was in distress.

How can it be proven that an employee isn't sick? What if an employee has diarrhea or is vomiting in the morning and calls in sick but later feels better and is seen at the grocery store? Is it assumed this employee has misused sick leave?

- See #7
- Caring about the employees welfare and learning why the individual is using the leave, we then may be able to direct them to a more appropriate solution to the problem that they are calling in sick for.
- None unless you are trying to micro manage.
- Monitor patterns. Address through the union.
- I don't feel that it is fair for management to manage sick leave. It is a benefit for the employee these methods are a shotgun gun approach to problem employees. Management me must deal with individuals as they misuse sick leave
- Mandatory yearly industrial grade physical exams either by occupational docs or specific exams for personal physicians. Be sure that there is plenty of clean bed linen. Good ventilation- consider a four platoon 12 hour shift so everyone is getting enough rest or mandatory safety naps.
- Watch for patterns.
- Looking for patterns in sick leave use could show possible misuse such as leave being taken on the same day over and over again or when the weather is nice.
- Difficult to track other than watching for trends - sick day prior or post to K days and vacation days can be legitimate, unless it happens consistently. If someone comes to work sick should they be sent home by the officer? Should that be admin leave or forced sick leave? Does the employee have the right to refuse to be sent home? Would this force a fitness for duty exam? Shift officers should be cognizant of their people's time off and their people's privacy.
- The only practice I could imagine would be to discipline when it is abused. But that would be very hard to prove. If I call in sick because of a period of high stress in my life, am I really sick? Should I be at home in bed if I call in sick? Do I need to see a doctor if I call in sick? Can it be proven that I am not sick?
- I somewhat maintain the belief that sick leave is a private matter, while monitoring may be necessary referencing misuse or abuse some of my personal health issues are private and I would not welcome management into my private medical world.

- Define the problem(s), then and only then can solutions be applied and corrective actions taken. Attempting to apply solutions without identifying and defining the problem(s) will only create new problems. And nothing will be fixed.
- Good question and tough issue.... Maybe CLEARLY defining it's purpose via ongoing training. Include example and also examples of what happened to those that misused it. I feel it is reasonable for a department to want to "confirm" someone does not feel they can safely do their job that day. Does this mean they need to be at home in bed- NO. However, instilling trust between first line supervisor and subordinate that if there is concern for abuse it must be backed up with clear facts and not that of intimidation or hostile judgment. Do we need to be SO aggressive to say you need to have a "Dr's note" to return. That's a bit overboard in my mind. I look forward to seeing some better options in dealing with this.
- Track each individual and see if the sick leave shows any patterns with holidays, kelly days etc. Then have the officers review the leave usage with every individual quarterly. This would show anyone who may misuse their leave that the department is watching their use and it might cause them to think twice when considering using sick leave inappropriately.
- No idea.
- If there is understanding that a certain employee is abusing the system, implement discipline.
- Holding employees accountable for known absenteeism.
- I believe that proving sick leave abuse is nearly impossible unless the individual does something foolish after calling in sick. I don't doubt that we have people that will extend a K day or Vacation day by a sick day and sometimes you can see patterns but once again how do you prove it or change that individuals behavior. The motivation to save and build your leave banks has to come from within.
- I think current practices is about all we can do. I do not think there is a better way to monitor. Unfortunately dishonest people are going to be dishonest no matter what, we can hope that peer pressure can persuade them to not abuse it.
- Provide a print out to each employee and supervisor showing sick leave and vacation use. Discussing sick leave use patterns that fall next to vacation/kelly days.
- Review contract language or agreed practices on when doctors release is required. Tighten up nature of illness reporting. Family medical leave act clarification and supervisor training on same.

9. What can the District do to decrease the impact of sick leave in terms of cost and productivity?

- Difficult question to answer. It seems employees are going to take a day off if they really feel they need the day off.
- I think having a buffer position is about the only thing the Dept can do.
- UNK.
- Offer a better comp time instead of overtime.
- Don't back fill when sick leave is created.
- I don't have any suggestions.
- Be thankful its not what it should be and that people are not switching their vacation/kelly days for sick leave and then putting the district at an overtime liability some other time.
- Budget planning anticipating sick leave use. Increased staffing.
- Alternative leave options could help decrease the impact of sick leave.
- An increase in sick leave accrual to 24 hours per month instead of 14 for shift workers is more realistic for usage. Encourage workers through leadership about coming to work fit for duty. Utilize peer pressure for honesty and proper sick leave usage. Discipline for the few that abuse the system entirely (Employee Name Removed)
- I think it is a cost of doing business. There are preventative and corrective costs with the apparatus we use. Think of the medical/dental coverage and sick leave usage as similar costs just for our employees. Just like machines we can breakdown over time.
- Possibly introduce a sick leave buyback program or offer some other incentive to employees not to abuse sick leave. It really is a double edged sword. As I mentioned earlier an incentive plan may promote employees reporting to work ill exposing other employees to illness therefore compounding the problem.
- Create employee and officer development programs that are relevant. Stop promoting unqualified people. Build a team, create a culture and workplace that people can take personal pride in. Build morale, by replacing the ineffective and or none existent leadership.
- HIRE GOOD PEOPLE and fire those that are not. Ya, easier said than done...I know. One thing that has help (I assume) is increasing the staffing. This will provide for additional buffer positions if St 72 is opened back up. I'm confident that not a very easy choice right now.

- I bet there is a national statistic on sick time use. For example, for every 100 hrs a person is scheduled to work 2% will be claimed as "sick time." Take that figure and match it up with our agency. Do we have a problem? If so... Who is the problem or why? The OT "Banking" issue I mentioned would be the first thing I addressed on this. Provide other incentives... A dinner certificate for 2 if no sick time is used per quarter for example. However... will this make people come to work sick? Once again do we have a problem and its use is reasonable?
- Watch individuals with high, regular or frequent usage and let them know that the department is paying close attention to their usage.
- No idea.
- All the above.
- It seems that the current overtime liability for the district is coming from maintaining 2 medic minimum staffing. I know that the officers and firefighters have been offered very little overtime to cover sick leave with the flex staffing of 72 and acting officers, however we have seen paramedics working sometimes upwards of 3 shifts per month of overtime to cover sick leave just this year alone. I believe that the only way to significantly reduce the cost of sick leave is to either hire another 3 medics or allow staffing to drop to a minimum of 1 when sick leave is used. I can't say that I am an advocate for the latter idea but it does address the current cost associated with sick leave in our department.
- Sick leave buy back could reduce cost because you are not having to backfill with OT.
- As money becomes available provide realistic minimum staffing levels that allows reasonable use of vacation/kelly days. eg. add three medics (one per shift) but keep the minimum medic staffing level at two.
- Have productive well defined assignments and appropriate supervision for Light duty personnel.

Appendix “B”

Comparable Departments in the Puget Sound Region

Department Name	Population	Assessed Value
Clallam County Fire District 3- Sequim	27,000	4,454,252,401
East Jefferson Fire & Rescue	23,000	1,811,129,777
Tukwilla Fire Department	18,080	5,175,709,975
Seatac Fire Department	25,750	4,887,648,387
King County Fire District 44- Mountain View	27,500	2,195,720,476
King County Fire District 16-Northshore	35,000	5,112,765,007
North Kitsap F&R	23,000	3,202,948,772
Bremerton Fire Department	36,860	3,084,741,017
Mason County Fire District 5	21,980	2,248,712,199
Pierce County Fire District 16-Key Peninsula	18,000	2,375,536,262
Pierce County Fire District 17- South Pierce F&R	22,000	1,889,235,765
Anacortes Fire Department	16,738	3,024,858,417
Mount Vernon Fire Department	30,150	2,837,921,239
Arlington Fire Department	17,150	2,242,190,035
Mukilteo Fire Department	20,050	4,164,912,117
Snohomish County Fire District 4-Snohomish	26,000	3,735,729,790
Snohomish County Fire District 3-Monroe	28,745	3,415,257,307
Pierce County Fire District 3-UP	33,349	3,525,825,654
Snohomish County Fire District 8-Lake Stevens	34,644	5,108,261,660
Tumwater Fire Department	16,333	2,472,464,185
West Thurston RFA	22,000	2,049,021,041
Whatcom County Fire District 7-Ferndale	20,000	3,032,088,805
Whatcom County Fire District 21-NWFR	39,565	4,020,472,813
North Whidbey Fire & Rescue	15,000	2,265,183,495
Island County Fire District 3	18,000	3,510,485,204
Camano Island Fire and Rescue	18,000	3,510,485,204
Mean Average	24,381	3,282,829,116
Kitsap Fire District 18-Poulsbo Fire	27,000	3,491,299,478

Appendix "C"

External Sick Leave Questionnaire

1. Do you monitor sick leave usage?

	<u>#</u>	<u>%</u>
Yes	7	77.8%
No	2	22.2%

If you monitor sick leave usage, how do you monitor it?

- From time cards and spreadsheets.
- Monthly report from executive secretary.
- We monitor FMLA/FCL as well any on or off-duty related injuries.
- Informally, review shift journals daily.
- Utilization of leave request (filled out upon return), time cards, shift reports, quarterly report from personnel related to sick leave hours used (each employee).
- Their timecard shows their current balance and is checked by the supervisor when auditing it. We look further into sick leave if there appears to be a pattern or over use.
- It is monitored by a report produce after each payroll, twice a month.

2. What measures or metric(s) do you utilize to monitor sick leave usage?

- Excel spreadsheet updated each pay period.
- We have a policy that identifies appropriate use of sick leave and use of sick leave that appears to be abuse.
- Contractual and law.
- Same as above.
- More than 3 shifts in a row may result in a required Dr. note
- The employees timecard shows their monthly usage.
- Not sure what this is asking here. We monitor total hours used (yearly, quarterly and per pay period) and number of days (shifts) in a row an employee utilizes sick leave.

3. What is your percentage of total sick leave usage for uniformed personnel? This is calculated by dividing the total number of hours all uniformed employees work in a year into the total hours of sick leave used by the employees or Total Hours of Sick Leave/Total Hours Scheduled Work= Percentage Of Sick Usage.

- 0.022%
- Haven't calculated
- Unk.
- Not sure of the exact calculation here, seems that it is asked for using two different calculations
- $SL/TH = 0.07$
- 2.91%
- 2.36%
- 2.25%
- I track it by classification: FF & Officers = 4288.09 hours/average 104.09 Paramedics = 1989.49 hours/ average 117.03 Office Staff = 404.85 hours/average 57.84 Fire Prevention = 277.83 hours/average 69.46

4. Regarding sick leave usage, mark or identify those you monitor separately.

- | | |
|--------------------------------------|---|
| • Family sick leave | 5 |
| • Injury leave off the job | 5 |
| • Injury leave on the job | 6 |
| • We do not separately monitor | 2 |
| • We do not monitor sick leave usage | 0 |

We monitor this group(s) of usage or users separately:

The leave request form asks these questions upon return to work. Injuries on the job are tracked different as they usually include L&I and/or light duty etc

5. Do you have a written policy/procedure on sick leave use and monitoring?

- | | | |
|-------|---|-----|
| • Yes | 4 | 40% |
| • No | 6 | 60% |

If yes, briefly describe what they direct:

- Policy on sick leave use but no policy on monitoring.
- Appropriate use of sick leave, misuse or abuse of sick leave, documentation of FMLA leave.
- In collective bargaining agreement.
- We have one policy for non-union and one for those in the labor agreement. The policy relates to how SL is utilized, what it can be used for, how it is accumulated, maximum hours that can be accumulated and SL “cash out” when an employee leaves. The policy also speaks to at what point the District can ask for a doctor’s note when returning for work.
- Sick leave is addressed in the bargaining agreement with the Firefighters Union.

6. Over the past 12 months, are you aware of or concerned about sick leave misuse within your agency?

Yes	4	44.4%
No	5	55.5%

If yes, describe the circumstances or concerns:

- Long period of disability over what seemed to be a relatively minor event; disability happened during the summer.
- We have one individual that has no sick leave balance and no major event to show the reason.
- Sick leave use is up in the Fire Service for many reasons. The family sick leave act has changed the use as well as "work ethic". Overtime utilized to cover Sick Leave is always a critical concern.
- We have some individuals that use more sick leave then others. It appears to be those that have small children. In the past employees did not take as much sick leave to take care of their children. The culture has appeared to change with this generation.
- Younger members tend to use more sick leave.

7. Do you have articles to manage sick leave within collective bargaining agreements?

Yes	9	100%
No	0	0%

If yes, summarize what is written:

- Notification if not preapproved. Exceeds 72 hours subject to review. Authority to require seeing a physician. May require verification of fitness for duty.
- Describes calculation of benefits, maximum accrual, benefit use when injury/illness on duty, maximum length of eligibility for benefits.
- Incentives for non-use; Doctor note.
- Number of hours. Benefits while on specific types of sick leave. Return to work language. LOA absence. Donation of sick leave. How and when to call in sick.
- Leave accumulation. How to use, notify. What circumstances require Dr. note.
- The labor contract speaks to sick leave on many levels as described in question 5, further it speaks to additional rules (reporting sick leave, bonus for non-use of sick leave in a year, shift trades and sick leave etc)
- Sick leave may be used for the following purposes: personal injury or illness to the employee, forced quarantine of the employee, impending death of a household or family member, care and supervision of a dependent child under the age of eighteen (18), care of a parent, care of a spouse, and medical and dental appointments. An employee shall notify the officer in charge of inability to report for scheduled duty.
 - A. for unexpected illness or injury, not less than one (1) hour prior to the beginning of a scheduled shift; and
 - B. for scheduled sick leave, not less than twenty four (24) hours prior to the beginning of the scheduled shift.It is understood that in exceptional cases the notice provision of this section may be impractical.
- The Department may require an employee to demonstrate that he or she has sought treatment, taken appropriate precautions or otherwise affected measures to correct the condition causing the employee's absence. Such demonstrations may take the form of personal statements of the employee, medical examinations or certifications of appropriate professionals as to the nature of the illness and/or injury of the employee, the employee's child and/or nature of the illness and/or injury of the employee, the employee's child and/or family member, or other methods appropriate to the circumstances. The Department may require an employee to provide a Fitness for Duty certification by a professional physician that the employee is sufficiently recovered as to be able to return to work without posing a health hazard to himself or herself or to other members of the workforce. Sick leave must be approved by the Department prior to payment. The Department shall not unreasonably withhold approval of sick leave with pay from employees.

8. What incentives do you provide uniformed employees to not misuse sick leave?

- Excess of maximum carryover paid to employee's VEBA HRA account @ 50% hourly rate.
- N/A
- 8 hours of OT pay for less than 12 hrs of usage per year.
- 18.2 The Employer shall provide the following sick leave incentives:
 - 18.2.1 Employees using only 2 incidences (any sick time used within 1 full shift) of sick leave in a year shall receive an attendance incentive bonus of 4 hours of overtime pay.
 - 18.2.2 Employees using only 1 incident (any sick time used within 1 full shift) of sick leave in a year shall receive an attendance incentive bonus of 6 hours of overtime pay.
 - 18.2.3 Employees using no sick leave in a year shall receive an attendance incentive bonus of 8 hours of overtime pay.
 - 18.4 The maximum allowed accumulated sick leave shall be 1440 hours. Any hours accumulated after reaching this cap shall be converted to vacation hours at a rate of 6 hours of sick time to 1 hour of vacation 1 hour of sick time = 10 minutes of vacation, 1 hour sick time = .167 of an hour of vacation)
- None directly, early late relief indirectly.
- The District provides the employee an additional holiday and letter to file if they do not utilize sick leave.
- The department pays the employee, fifty (50) percent of an employees sick leave over 1440 hours annually. The employee also receives fifty (50) percent of their banked sick leave at separation from the department.
- 10% buyback upon retirement with a full bank of hours at time of departure.
- 10.4.1 NON-SHIFT PERSONNEL: Any non-probationary employee covered under this Agreement who does not utilize his/her sick leave benefit from January 1st through June 30th in a calendar year shall have their vacation leave balance credited with (8) additional hours on the pay period ending July 31st, and, any non-probationary employee who does not utilize his/her sick leave benefit from July 1st through December 31st shall have their vacation leave balance credited with eight (8) additional hours on the pay period ending January 31.
- 10.4.2 SHIFT EMPLOYEE: Any non-probationary shift employee covered under this Agreement who does not utilize his/her sick leave benefit from January 1st through June 30th in a calendar year shall have their vacation leave balance credited with eleven point two (11.2) additional hours on the pay period ending July 31st, and, any non-probationary shift employee who does not utilize his/her sick leave benefit from July 1st through December 31st shall have their vacation leave balance credited with eleven point two (11.2) additional hours on the pay period ending January 31st.

10.5.1 NON-SHIFT PERSONNEL: Thirty-five percent (35%) of the employee's accrued and unused sick leave hours to a maximum of 35% of 960 hours (a maximum total of 336 hours) will be paid to the employee at the employee's regular hourly wage rate in effect at the time of retirement.

10.5.2 SHIFT PERSONNEL: Thirty-five (35%) of the employee's accrued and unused sick leave hours to a maximum of 35% of 1440 hours (a maximum total of 504 hours) will be paid to the employee at the employee's regular hourly wage rate in effect at the time of retirement.

9. If you utilize incentives, which ones are the most effective at reducing sick leave abuse?

- First year with the above benefit
- N/A
- None
- None
- NA
- The incentive for the extra day is provided to about 1 or 2 persons each year, some years to no employees. I find the current incentives do not provide a true incentive. Sick Leave "abuse" is subject to discipline.
- Our department went to the 48/96 shift schedule and the Union told us that it would improve our sick leave usage. It has not.
- We only use the one.
- Having discussions with the employees and relaying the consequences of misuse, such as if you have a long term disability there will be no light duty.

10. What programs has your department implemented that have effectively reduced sick leave misuse?

- No documented misuse for several years.
- None.
- None - People are either ethical or not.
- Torture.
- NA.

- The incentive for the extra day is provided to about 1 or 2 persons each year, some years to no employees. I find the current incentives do not provide a true incentive. Sick Leave "misuse" is subject to disciplinary action.
- I believe incentives work for a few but those that use their sick leave will still use it.
- Has not been a problem yet.

Appendix “D”

Rodney Younker Professional Biography

Rod Younker’s is a practicing attorney focusing on labor and employment law in the Pacific Northwest involving litigation, counseling, training, and negotiations. “He has extensive experience defending both public and private sector employers in discrimination, wrongful discharge, and unpaid wage cases before Washington State and federal courts. He has also represented public and private employers in union organizing campaigns, representation proceedings, unfair labor practice proceedings, and union discrimination matters before the Public Employment Relations Commission and the National Labor Relations Board. Rod spends a significant amount of time counseling and advising clients about labor and employment issues. In this capacity, he assists clients with hiring, firing and discipline issues; wage and hour issues; grievance processing; employment contracts; and employment policies. He also advises employers regarding collective bargaining strategies, and represents employers at the bargaining table during collective bargaining negotiations” (Summit 2010).

“**Education:** University of Wisconsin (B.S., 1987), Phi Beta Kappa; Stanford Law School (J.D., 1991), President, Stanford Law & Policy Review” (Summit, 2010).

“**Memberships:** American Bar Association; Washington State Bar Association; King County Bar Association; King County Bar Association; Martindale-Hubbell, A.V. rated” (Summit, 2010).

Appendix "E"

2007 Basic Sick Leave Usage and Calculations

Emp#	Pos	Age	YOS	Shift	Sick Leave	Family Leave	Sick Leave Injury	Sick Leave Total	Working	%SL of Avail
710076	Lt	44.17	7.75	B	85.5	15.75	0	101.25	2572	3.79%
710074	Cpt	34.08	10.67	C	96	40	24	160	2572	5.86%
710118	PM	35.83	0.42	A	0	0	0	0	1048.5	0.00%
710072	PM	37.08	10.83	B	65.5	48	216	329.5	2572	11.36%
710071	FF	45.42	27.42	C	97.5	0	0	97.5	2572	3.65%
710069	Cpt	44.75	24.50	B	168	0	0	168	2572	6.13%
710126	FF	32.67	0.08	C	23.5	0	0	23.5	148.5	13.66%
710093	PM	29.67	2.00	A	72	0	288	360	2572	12.28%
710060	PM	51.92	23.83	C	263	0	0	263	2572	9.28%
710059	FF	35.17	6.75	B	153	71.75	449.5	674.25	2572	20.77%
710058	FF	27.42	4.75	C	72	59.5	175.5	307	2572	11.94%
710092	PM	28.08	2.00	C	48	24	24	96	2572	3.73%
710057	BC	34.83	11.58	Day	0	0	0	0	2380.5	0.00%
710053	FF	32.17	6.83	B	0	24	0	24	2572	0.93%
710047	FF	34.50	7.75	B	0	60	0	60	2572	2.33%
710046	FF	42.25	7.42	C	120	0	112.5	232.5	2572	9.04%
710094	FF	35.25	2.00	A	48	0	0	48	2572	1.87%
710041	FF	31.83	7.75	A	96	0	2061	2157	2572	83.86%
710039	FF	45.17	15.67	A	80	0	0	80	2572	3.11%
710036	PM	41.42	15.67	C	117	0	61	178	2572	6.92%
710031	BC	50.58	24.25	A	155	31.5	0	186.5	2572	7.25%
710029	FF	44.33	9.25	B	168	0	1717	1885	2572	73.29%
710026	BC	47.67	21.33	C	48	0	0	48	2572	1.87%
710025	PM	38.17	14.33	B	48	72	72	192	2572	7.47%
710024	Lt	34.50	6.33	C	48	50	89	187	2572	7.27%
710023	Lt	36.75	3.92	A	48	0	48	96	2572	3.73%
710020	BC	37.25	11.58	B	48.5	0	0	48.5	2572	1.89%
710018	Lt	45.50	8.83	B	48	0	1176	1224	2572	47.59%
710095	FF	25.83	2.00	C	85	0	0	85	2572	3.30%
710107	PM	30.08	1.50	B	48	0	0	48	2572	1.87%
710013	FF	44.33	6.92	B	12.75	0	0	12.75	2572	0.50%
710114	FF	22.92	1.42	A	0	0	0	0	2572	0.00%
710007	Cpt	41.75	11.58	A	24	0	0	24	2572	0.93%
710119	FF	30.83	0.33	A	0	0	0	0	790.25	0.00%
710001	Lt	30.00	7.75	A	96	48	0	144	2572	5.60%
Totals					2482.25	544.5	6513.5	9540.25	84099.8	11.34%
Mean Average					70.92	15.56	186.10	272.58	2402.85	

Appendix "F"

2008 Basic Sick Leave Usage and Calculations

Emp.ID	Pos	Age	YOS	Shift	Sick Leave	Family Leave	Sick Leave Injury	Sick Leave Total	Working	%SL of Avail
710076	Lt	45.17	8.75	B	48	14.5	17	79.5	2572	3.09%
710074	Cpt	35.08	11.67	C	48	13	0	61	2572	2.37%
710118	PM	36.83	1.42	A	0	0	0	0	2572	0.00%
710072	PM	38.08	11.83	B	168	1	0	169	2572	6.57%
710071	FF	46.42	28.42	C	25.25	0	0	25.25	2572	0.98%
710069	Cpt	45.75	25.50	B	120	9.5	0	129.5	2572	5.03%
710126	FF	33.67	1.08	C	0	0	0	0	2572	0.00%
710093	PM	30.67	3.00	A	33.5	0	120	153.5	2572	5.97%
710060	PM	52.92	24.83	C	129.5	24	0	153.5	2572	5.97%
710059	FF	36.17	7.75	B	24	24	272	320	2572	12.44%
710058	FF	28.42	5.75	C	96	0	15.5	111.5	2572	4.34%
710092	PM	29.08	3.00	C	48	0	24	72	2572	2.80%
710057	BC	35.83	12.58	Day	25.5	0	0	25.5	2572	0.99%
710053	FF	33.17	7.83	B	0	24	0	24	2572	0.93%
710047	FF	35.50	8.75	B	72	19	249.5	340.5	2572	13.24%
710046	FF	43.25	8.42	C	94.75	0	0	94.75	2572	3.68%
710094	FF	36.25	3.00	A	58	96	0	154	2572	5.99%
710041	FF	32.83	8.75	A	120	39	0	159	2572	6.18%
710039	FF	46.17	16.67	A	24	0	0	24	2572	0.93%
710036	PM	42.42	16.67	C	138.5	0	48	186.5	2572	7.25%
710031	BC	51.58	25.25	A	168	1.5	289	458.5	2572	17.83%
710029	FF	45.33	10.25	B	24	24	1218	1266	2572	49.22%
710026	BC	48.67	22.33	C	0	24	0	24	2572	0.93%
710025	PM	39.17	15.33	B	96	0	0	96	2572	3.73%
710024	Lt	35.50	7.33	C	24	0	216	240	2572	9.33%
710023	Lt	37.75	4.92	A	40.5	0	0	40.5	2572	1.57%
710020	BC	38.25	12.58	B	24	0	19.5	43.5	2572	1.69%
710018	Lt	46.50	9.83	B	48	24	0	72	2572	2.80%
710095	FF	26.83	3.00	C	24	0	240	264	2572	10.26%
710107	PM	31.08	2.50	B	96	24	0	120	2572	4.67%
710013	FF	45.33	7.92	B	36	0	0	36	2572	1.40%
710114	FF	23.92	2.42	A	0	0	0	0	2572	0.00%
710007	Cpt	42.75	12.58	A	72	0	168	240	2572	9.33%
710119	FF	31.83	1.33	A	79.5	64	0	143.5	2572	5.58%
710001	Lt	31.00	8.75	A	120	24	0	144	2572	5.60%
Total					2125	449.5	2896.5	5471	90020	6.08%
Mean										
Average					60.71	12.84	82.76	156.31	2572.00	

Appendix "G"

2009 Basic Sick Leave Usage and Calculations

Emp.ID	Posi	Age	YOS	Shift	Sick Leave	Family Leave	Sick Leave Injury	Sick Leave Total	Working	%SL of Avail
710076	Lt	46.17	9.75	B	96	57	192	345	2502	13.79%
710074	Cpt	36.08	12.67	C	106.5	12	0	118.5	2502	4.74%
710118	PM	37.83	2.42	A	38	0	0	38	2502	1.52%
710072	PM	39.08	12.83	B	168	5.5	0	173.5	2502	6.93%
710071	FF	47.42	29.42	C	111	0	48	159	2502	6.35%
710069	Cpt	46.75	26.50	B	48	24	0	72	2502	2.88%
710126	FF	34.67	2.08	C	24	0	0	24	1296	1.85%
710093	PM	31.67	4.00	A	72	37.25	96	205.25	2502	8.20%
710138	FF	31.75	1.00	A	48	58	0	106	2502	4.24%
710060	PM	53.92	25.83	C	181.25	0	0	181.25	2502	7.24%
710059	FF	37.17	8.75	B	78.75	0	111	189.75	2502	7.58%
710058	FF	29.42	6.75	C	48	8.75	24	80.75	2502	3.23%
710092	PM	30.08	4.00	C	24	6	0	30	2502	1.20%
710057	BC	36.83	13.58	Day	0	0	0	0	2502	0.00%
710053	FF	34.17	8.83	B	86	14.25	0	100.25	2502	4.01%
710047	FF	36.50	9.75	B	48	84.5	48	180.5	2502	7.21%
710046	FF	44.25	9.42	C	120	24	456	600	2502	23.98%
710094	FF	37.25	4.00	A	48	12.5	0	60.5	2502	2.42%
710041	FF	33.83	9.75	A	108	48	0	156	2502	6.24%
710039	FF	47.17	17.67	A	24	38	0	62	2502	2.48%
710036	PM	43.42	17.67	C	144	0	0	144	2502	5.76%
710031	BC	52.58	26.25	A	48	0	120	168	2502	6.71%
710029	FF	46.33	11.25	B	0	0	240	240	2502	9.59%
710026	BC	49.67	23.33	C	0	0	0	0	2502	0.00%
710025	PM	40.17	16.33	B	130.5	24	0	154.5	2502	6.18%
710024	Lt	36.50	8.33	C	72	48	0	120	2502	4.80%
710023	Lt	38.75	5.92	A	131.75	120	0	251.75	2502	10.06%
710020	BC	39.25	13.58	B	81.5	5	0	86.5	2502	3.46%
710018	Lt	47.50	10.83	B	48	61	48	157	2502	6.27%
710095	FF	27.83	4.00	C	24	0	0	24	2502	0.96%
710107	PM	32.08	3.50	B	48	0	24	72	2502	2.88%
710013	FF	46.33	8.92	B	0	24	0	24	2502	0.96%
710114	FF	24.92	3.42	A	24	0	0	24	2502	0.96%
710007	Cpt	43.75	13.58	A	96	0	24	120	2502	4.80%
710119	FF	32.83	2.33	A	120	44	240	404	2502	16.15%
710001	Lt	32.00	9.75	A	120	96	0	216	2502	8.63%
	Totals				2565.25	851.75	1671	5088	88866	5.73%
	Mean Average				68.66	24.37	49.44	142.47	2502.00	

Appendix "H"

2007-2009 Sick Leave by Years of Service

<u>Years of Service</u>	<u>Mean Average Annual Sick Leave</u>
0 to 5 years	101.88
6 to 10 years	346.75
11 to 15 years	105.33
16 to 20 years	114.20
21 to 25 years	161.23
26 to 30 years	104.35
31 to 35 years	No Data

Appendix "T"

2007 Sick Leave Day of Week/Adjacent to Days Off

Emp#	Pos	On Holiday	Adj. Holiday	Adj. OT	Sun	Mon	Tue	Wed	Thur	Fri	Sat
710076	Lt	0	0	0	0	0	24	6	9.75	37.5	24
710074	Cpt	24	24	0	48	4	60	24	24	0	0
710118	PM	0	0	0	0	0	0	0	0	0	0
710072	PM	0	0	0	24	89.5	48	72	48	24	24
710071	FF	0	0	0	24	11.5	0	0	48	14	0
710069	Cpt	0	0	0	24	24	24	72	24	0	0
710126	FF	23.5	23.5	0	0	0	23.5	0	0	0	0
710093	PM	0	0	0	72	24	48	72	48	48	48
710060	PM	0	0	0	24	24	48	48	23	72	24
710059	FF	24	0	48	113	116	39	102.75	138.5	45.5	119.5
710058	FF	38.5	48	0	38.5	72	24	65	0	59.5	48
710092	PM	0	0	0	0	24	24	24	0	0	24
710057	BC	0	0	0	0	0	0	0	0	0	0
710053	FF	0	0	0	0	0	0	0	0	0	24
710047	FF	0	0	0	0	0	48	0	0	0	12
710046	FF	0	0	0	0	48	0	48	72	16.5	48
710094	FF	0	0	0	0	0	0	0	0	24	24
710041	FF	72	24	0	336	288	327	279	312	312	303
710039	FF	0	0	0	0	0	48	28.5	0	0	3.5
710036	PM	0	0	15	24	46	0	0	48	21	39
710031	BC	0	0	0	0	24	0	24	44.5	46	48
710029	FF	96	48	0	325	312	240	216	264	240	288
710026	BC	0	0	0	24	0	0	0	0	24	0
710025	PM	24	0	0	24	24	48	0	24	48	24
710024	Lt	24	48	0	24	26	48	24	24	24	17
710023	Lt	0	0	0	0	24	0	0	24	24	24
710020	BC	0	0	0	0	22	0	0	26.5	0	0
710018	Lt	48	24	24	144	216	192	168	168	144	192
710095	FF	0	0	0	37	0	0	48	0	0	0
710107	PM	0	0	0	0	0	0	24	0	0	24
710013	FF	0	0	0	0	0	0	0	0	12.75	0
710114	FF	0	0	0	0	0	0	0	0	0	0
710007	Cpt	24	0	0	0	24	0	0	0	0	0
710119	FF	0	0	0	0	0	0	0	0	0	0
710001	Lt	0	0	0	0	48	24	48	0	0	24
Totals		398	239.5	87	1306	1491	1338	1393	1370	1237	1406
Mean Average		11.37	6.84	2.49	37.30	42.60	38.21	39.81	39.15	35.34	40.17

Appendix "J"

2008 Sick Leave Day of Week/Adjacent to Days Off

Emp.ID	On	Adj.Off		Sun	Mon	Tue	Wed	Thur	Fri	Sat	
	Holiday	Adj.Hol	Duty								Adj.OT
710076	0	0	38.5	0	0	0	24	0	17	38.5	
710074	0	0	36	0	12	0	1	24	0	0	24
710118	0	0	0	0	0	0	0	0	0	0	0
710072	0	0	96	0	24	0	49	24	0	24	48
710071	0	0	1.25	0	0	24	0	1.25	0	0	0
710069	0	24	48	0	0	9.5	24	48	0	24	24
710126	0	0	0	0	0	0	0	0	0	0	0
710093	0	0	96	0	24	33.5	24	0	24	24	24
710060	9.5	0	48	0	48	0	0	48	9.5	48	0
710059	48	0	224	0	96	0	18.5	24	13.5	96	72
710058	0	0	96	0	24	24	0	48	0	0	15.5
710092	0	0	24	0	24	24	0	0	24	0	0
710057	0	0	0	0	0	8.5	0	8.5	0	8.5	0
710053	0	0	0	0	0	0	24	0	0	0	0
710047	24	0	96	0	48	48	46	48	48	78.5	24
710046	0	24	0	0	0	0	0	46.75	24	0	24
710094	0	0	48	0	24	72	10	24	24	0	0
710041	0	48	24	0	0	0	72	0	39	48	0
710039	0	0	0	0	0	0	0	0	0	0	24
710036	0	24	72	0	24	48	18.5	0	0	48	48
710031	24	0	24	0	48	72	25	73.5	72	96	72
710029	120	48	240	0	168	168	177	192	144	177	240
710026	0	0	24	0	0	0	0	0	0	0	24
710025	0	0	48	0	24	0	24	0	0	48	0
710024	48	0	96	0	48	24	24	24	48	24	48
710023	0	0	16.5	0	0	0	0	40.5	0	0	0
710020	0	0	43.5	19.5	0	0	0	24	19.5	0	0
710018	0	24	48	0	0	0	24	48	0	0	0
710095	48	48	120	0	48	24	48	72	48	24	0
710107	24	0	72	0	48	24	0	0	48	0	0
710013	0	0	24	0	0	24	0	0	0	0	12
710114	0	0	0	0	0	0	0	0	0	0	0
710007	0	0	96	0	48	24	48	24	48	48	0
710119	0	0	24	0	24	0	34.5	13	0	24	48
710001	0	0	48	0	24	0	48	24	0	0	48
Total	345.5	240	1871.75	19.5	828	651.5	739.5	903.5	633.5	857	858
Mean											
Average	9.87	6.86	53.48	0.56	23.66	18.61	21.13	25.81	18.10	24.49	24.51

Appendix "K"

2009 Sick Leave Day of Week/Adjacent to Days Off

Emp.ID	On Holiday	Adj. To Holiday	Adj. To Off Duty	Adj. To OT	Sun	Mon	Tue	Wed	Thur	Fri	Sat
710076	24	24	177	0	72	48	24	57	72	72	0
710074	0	10.5	24	0	0	24	36	24	0	10.5	24
710118	24	0	0	0	24	14	0	0	0	0	0
710072	0	0	96	0	24	24	29.5	48	0	48	0
710071	24	24	48	0	0	72	0	0	39	48	0
710069	0	0	72	0	0	48	24	0	0	0	0
710126	0	0	24	0	24	0	0	0	0	0	0
710093	0	0	61.25	13.25	24	0	48	24	24	24	61.25
710138	24	0	24	0	24	10	0	24	24	24	0
710060	0	0	72	0	24	0	24	24	0	48	61.25
710059	0	0	126.75	0	72	0	38.75	0	55	0	24
710058	0	0	80.75	0	0	0	32.75	24	24	0	0
710092	0	0	1.5	0	0	1.5	0	0	4.5	0	24
710057	0	0	0	0	0	0	0	0	0	0	0
710053	0	0	56	0	0	32	48	0	8.25	12	0
710047	0	0	70	0	24	15	38.5	0	48	48	7
710046	0	0	168	0	96	120	72	96	72	48	96
710094	0	0	12.5	0	24	24	0	12.5	0	0	0
710041	0	0	62	0	70	0	14	24	0	0	48
710039	14	0	48	0	0	24	0	0	0	24	14
710036	0	24	96	0	24	24	0	0	24	48	24
710031	0	0	48	0	0	24	0	24	24	48	48
710029	0	0	24	0	24	48	24	24	24	48	48
710026	0	0	0	0	0	0	0	0	0	0	0
710025	0	0	26.5	0	24	41	24	0	24	41.5	0
710024	0	0	24	0	0	24	24	0	24	0	48
710023	24	24	59.75	0	24	59.75	0	24	24	72	48
710020	0	0	29	0	0	0	38.5	0	0	48	0
710018	0	0	56	0	24	0	61	0	24	24	24
710095	0	0	24	0	24	0	0	0	0	0	0
710107	24	0	48	0	24	0	48	0	0	0	0
710013	0	0	24	0	0	0	0	24	0	0	0
710114	0	0	0	0	0	0	24	0	0	0	0
710007	0	0	24	0	24	24	48	0	0	24	0
710119	48	24	168	0	24	48	48	72	48	68	96
710001	0	0	144	0	24	24	24	0	48	72	24
Totals	206	130.5	2019	13.25	742	773.3	793	525.5	634.8	900	719.5
Mean Average	4.07	2.67	55.29	0.00	20.37	19.75	23.39	12.91	17.62	24.94	23.49

Appendix "L"

2007 Sick Leave by Month of Year

Emp#	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
710076	9.75	0	0	30	0	48	0	0	13.5	0	0	0
710074	0	24	24	0	24	4	36	0	0	0	24	24
710118	0	0	0	0	0	0	0	0	0	0	0	0
710072	0	24	24	0	41.5	0	0	24	192	0	0	24
710071	0	48	0	11.5	0	38	0	0	0	0	0	0
710069	24	0	72	48	0	0	0	0	0	24	0	0
710126	0	0	0	0	0	0	0	0	0	0	0	23.5
710093	0	0	0	48	216	48	24	0	24	0	0	0
710060	24	0	0	0	24	48	48	23	0	24	72	0
710059	48	49.25	117	216	96	0	20	72	0	17	0	39
710058	48	0	35.5	38.5	24	0	24	0	17	24	0	96
710092	72	0	0	24	0	0	0	0	0	0	0	0
710057	0	0	0	0	0	0	0	0	0	0	0	0
710053	24	0	0	0	0	0	0	0	0	0	0	0
710047	0	60	0	0	0	0	0	0	0	0	0	0
710046	24	72	0	0	0	24	24	64.5	0	0	0	24
710094	24	0	0	0	0	24	0	0	0	0	0	0
710041	216	240	240	240	240	240	264	240	93	0	120	24
710039	0	0	24	0	0	27.5	0	0	0	4.5	24	0
710036	0	45	0	0	24	0	0	24	61	0	0	24
710031	0	0	24	7.5	48	24	0	0	0	59	0	24
710029	0	120	0	37	240	216	216	168	216	240	216	216
710026	0	24	0	0	0	0	0	0	0	0	0	24
710025	48	24	24	72	0	0	24	0	0	0	0	0
710024	0	24	0	0	0	0	50	0	0	24	0	89
710023	0	24	0	24	0	0	48	0	0	0	0	0
710020	24	0	0	2.5	22	0	0	0	0	0	0	0
710018	0	24	0	0	0	48	216	240	216	240	216	24
710095	0	48	0	0	0	0	0	0	24	13	0	0
710107	0	0	0	0	0	0	24	0	0	24	0	0
710013	0	0	0	12.75	0	0	0	0	0	0	0	0
710114	0	0	0	0	0	0	0	0	0	0	0	0
710007	0	0	0	0	0	0	0	0	24	0	0	0
710119	0	0	0	0	0	0	0	0	0	0	0	0
710001	0	0	48	24	24	0	0	24	0	0	0	24
Totals	585.8	850.3	632.5	835.8	1024	789.5	1018	879.5	880.5	693.5	672	679.5
Mean												
Average	16.74	24.29	18.07	23.88	29.24	22.56	29.09	25.13	25.16	19.81	19.20	19.41

Appendix "M"

2008 Sick Leave by Month of Year

Emp.ID	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
710076	0	24	0	0	0	0	0	24	0	14.5	17	0
710074	24	25	0	0	0	0	0	0	0	0	0	12
710118	0	0	0	0	0	0	0	0	0	0	0	0
710072	24	0	0	24	96	24	0	0	0	0	0	1
710071	0	0	0	0	0	0	0	0	24	0	0	1.25
710069	57.5	0	0	0	0	0	0	24	24	0	24	0
710126	0	0	0	0	0	0	0	0	0	0	0	0
710093	33.5	96	0	0	0	0	0	24	0	0	0	0
710060	24	33.5	0	24	0	0	0	24	24	0	0	24
710059	0	13.5	24	18.5	48	48	0	24	0	144	0	0
710058	24	0	0	0	24	24	0	24	15.5	0	0	0
710092	24	0	0	0	0	0	0	24	0	0	0	24
710057	0	0	17	8.5	0	0	0	0	0	0	0	0
710053	0	0	0	0	0	0	0	0	0	24	0	0
710047	9.5	9.5	0	24	0	0	48	0	105.5	144	0	0
710046	0	0	46.75	0	0	0	0	0	0	24	0	24
710094	0	10	24	48	0	0	0	24	0	0	0	48
710041	0	48	0	0	22	0	0	0	0	24	0	65
710039	0	0	0	24	0	0	0	0	0	0	0	0
710036	24	24	0	24	0	24	0	0	42.5	0	24	24
710031	1.5	48	120	97	48	120	24	0	0	0	0	0
710029	216	216	144	18	0	0	0	0	0	216	240	216
710026	0	0	0	0	0	0	0	0	0	24	0	0
710025	0	0	0	0	0	0	0	24	48	24	0	0
710024	168	0	0	0	0	24	0	0	0	0	48	0
710023	16.5	0	0	0	0	0	0	0	24	0	0	0
710020	24	0	0	0	0	0	19.5	0	0	0	0	0
710018	24	0	0	0	0	24	0	0	0	0	24	0
710095	24	0	0	0	0	0	0	24	0	0	24	192
710107	24	0	0	0	24	0	24	0	0	24	0	24
710013	0	36	0	0	0	0	0	0	0	0	0	0
710114	0	0	0	0	0	0	0	0	0	0	0	0
710007	0	0	0	0	48	144	0	24	0	0	0	24
710119	0	0	0	0	0	0	0	0	77	66.5	0	0
710001	0	24	48	0	0	0	24	0	24	0	24	0
Total	742.5	607.5	423.8	310	310	432	139.5	264	408.5	729	425	679.3
Mean												
Average	21.21	17.36	12.11	8.86	8.86	12.34	3.99	7.54	11.67	20.83	12.14	19.41

Appendix “N”

2009 Sick Leave by Month of Year

Emp.ID	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
710076	24	9	0	48	24	0	0	24	0	0	24	192
710074	0	24	0	0	0	0	0	0	0	94.5	0	0
710118	0	0	0	0	24	0	0	0	0	0	0	14
710072	24	0	0	0	72	0	24	0	5.5	24	0	24
710071	0	24	0	48	0	0	0	0	0	63	24	0
710069	24	0	0	0	24	0	0	0	0	24	0	0
710126	0	0	0	0	0	0	0	0	0	0	0	24
710093	0	24	0	24	0	0	24	72	0	13.25	48	0
710138	0	0	0	0	0	82	0	0	0	0	24	0
710060	24	24	24	13.25	0	24	0	24	0	24	24	0
710059	0	0	0	87	0	0	0	48	0	24	0	30.75
710058	0	24	8.75	0	0	0	24	0	0	0	0	24
710092	24	1.5	0	0	0	0	0	4.5	0	0	0	0
710057	0	0	0	0	0	0	0	0	0	0	0	0
710053	10	0	80	0	0	0	0	6	0	0	2.25	2
710047	24	24	37.5	9	0	0	0	0	7	55	24	0
710046	24	24	0	0	0	24	216	192	0	0	24	96
710094	24	0	0	24	0	0	0	0	0	0	0	12.5
710041	0	0	24	0	0	0	46	14	0	24	0	48
710039	0	0	0	0	0	0	0	24	24	14	0	0
710036	0	24	0	24	0	0	24	0	24	24	0	24
710031	24	0	0	24	0	0	0	0	48	72	0	0
710029	216	24	0	0	0	0	0	0	0	0	0	0
710026	0	0	0	0	0	0	0	0	0	0	0	0
710025	2.5	0	39	24	48	0	24	0	0	17	0	0
710024	24	24	0	24	0	24	0	0	0	0	24	0
710023	0	24	35.75	0	0	96	0	0	48	0	24	24
710020	0	24	12.5	0	0	0	45	0	0	0	0	5
710018	24	0	0	24	8	24	0	24	0	48	0	5
710095	0	0	0	0	0	0	0	24	0	0	0	0
710107	0	0	0	0	24	0	24	0	0	24	0	0
710013	0	0	0	0	0	0	0	0	0	0	24	0
710114	0	0	0	0	0	0	0	0	0	0	24	0
710007	0	0	24	0	24	0	0	0	0	0	72	0
710119	0	0	0	48	20	48	216	0	24	24	0	24
710001	24	0	0	24	24	0	0	24	48	24	0	48
Totals	516.5	298.5	285.5	445.3	292	322	667	480.5	228.5	592.8	362.3	597.3
Mean												
Average	16.46	8.06	10.57	12.05	5.48	8.89	22.93	14.24	8.26	13.85	8.97	12.71

Appendix "O"

2007-2009 Sick Leave by Rank/Position of Employee

<u>Rank/Position</u>	<u>Mean Average Sick Leave Hours</u>
Firefighter	240.95
Paramedic	142.31
Company Officers	187.96
Battalion Chief	90.75


Appendix "P"

Sick leave to date accruals by employee through December 31, 2009

Employee Number	Hours Accrued
710076	128.900
710074	771.920
710118	361.000
710072	678.578
710071	639.990
710069	1455.300
710126	127.500
710093	118.660
710138	62.000
710060	129.500
710059	40.460
710058	234.000
710092	474.000
710057	881.750
710053	258.840
710047	470.046
710046	20.750
710094	275.500
710041	41.000
710039	864.440
710036	189.640
710031	1421.714
710029	168.000
710026	1903.750
710025	620.550
710024	472.750
710023	385.275
710020	854.500
710018	296.183
710095	446.410
710107	228.000
710013	1205.250
710114	326.000
710007	1279.940
710119	10.843
71000	1204

Appendix “Q”

Sick Leave Management and Monitoring Policy and Procedure

	SERIES 2000 POLICY #: 2004
TITLE: Sick Leave Management and Monitoring	DATE: January 1, 2011
	REVISION: 1
	OWNER: Human Resources

1.0 PURPOSE

To establish clear expectations of sick leave use, monitoring, and management.

2.0 REVISION HISTORY

Original Document

3.0 ATTACHMENTS**4.0 PERSONS AFFECTED**

All Personnel.

5.0 POLICY

Sick leave is a conditional benefit to manage the risk of the loss of revenue if an employee is sick or injured. Sick leave may only be used for conditions identified in the collective bargaining agreements.

Sick leave use directly impacts the District by decreasing services levels, available revenue, and productivity.

Sick leave abuse will be subject to Just Cause discipline especially for irregular and/or unexplainable usage; use for a variety of disparate reasons; use that has a definable pattern; excessive use reflecting six or more sick instances in any given year; or when 20% or more of and employees available accumulated sick leave has been used; Usage when

no annual leave slots are available will be scrutinized. All of these thresholds of use shall be evaluated by the supervisor of the employee.

The Fire Chief shall monitor sick leave use in order to decrease its impact on service levels and available revenue.

6.0 DEFINITIONS

- 6.1 **Mean Average-** The sum of all the given elements divided by the total number of elements (Easy Calculation.com, 2010).
- 6.2 **Percentage of Use-** A measure used to compare leave usage for individuals and groups. Calculated by taking the total amount of sick hours used by an individual or group during a specified time period and dividing it by the total work hours available with the same individual or group during the same time period. This calculation will provide a percentage of use for the individual or group (Ludwig, 2007).
- 6.3 **Presenteeism-** When an employee come to work sick. This is a risk for employers because of the spread of the infection throughout the work area and to customers (Henson & Waltermath, 2007)
- 6.4 **Probability-** Determination of the likelihood of an event. The probability of an occurrence of an event can be expressed as a fraction or a decimal from 0 to 1. Events that are unlikely will have a probability near 0, and events that are likely to happen have probabilities near 1. In any probability problem, it is important to identify all the different outcomes that could occur. To find a basic probability with all outcomes equally likely, a fraction is used: number of favorable or actual outcomes/total number of possible outcomes. This can then be expressed as the percentage of occurrence of an event (The Math Forum @ Drexel, 2010).

7.0 PROCEDURE

7.1. Requesting, reporting, limitations, and follow-up of sick leave usage.

- 7.1.1 Employees shall report and request sick leave usage to the assigned Duty Chief who shall enter the information following the guidelines outlined in Policy 4006, Documentation of Compensable Time.
- 7.1.2 Employees who have called in sick for the first day of an illness or injury shall contact their direct supervisor and explain the general reason for the sick leave, the amount of time they

expect to require sick leave, and any actions they are taking to reduce the effect of the illness or injury.

- 7.1.3 While on sick leave, employees shall normally remain resting at home unless there is a function necessary to aid in their healing as identified by a doctor. Activities beyond this restriction are authorized if a doctor has specifically identified what activities are acceptable for the employee to heal and return to work in the most expeditious manner and the employee is in compliance with same.
- 7.1.4 While on sick leave, the employee sick shall remain in the same position on the overtime callback list and is not eligible for overtime until he/she has worked a full 24 hour shift of regular duty.
- 7.1.5 When an employee is on extended sick leave, their assigned Chief Officer shall maintain their status through weekly follow-up phone calls and visits to identify their healing progress, expected back to work date, and any doctor authorized activity outside of resting at home.

7.2 Reporting and monitoring sick leave usage.

- 7.2.1 Monthly, the Finance Assistant shall report all sick leave use for all personnel to the Fire Chief and appropriate supervisors. This report shall include the sick leave totals utilized in the following reporting areas for each employee: sick leave, sick leave family, sick leave injury on the job, and sick leave injury off the job.
- 7.2.2 Supervisors shall review the sick leave report monthly with their direct reports and if applicable ask questions about possible trends and patterns, times of interest when leave was not available, but sick leave was used; and use of sick leave when no annual leave slots are available.
- 7.2.3 Annually, the Finance Assistant shall report to the Fire Chief and appropriate supervisors all sick leave use for the previous year. This report shall include:
 - 7.2.3.1 Sick leave totals utilized in the following reporting areas for each employee: sick leave, sick leave family, sick leave injury on the job, and sick leave injury off the job. This measure shall also include the sum of all four reporting areas for each employee.

- 7.2.3.2 The percentage of sick leave use for each employee of the total sick leave used, the four main sick leave reporting areas separated, and the summation and percentage of use of sick leave, sick leave family, and sick leave injury off the job for each employee.
- 7.2.3.3 Totals and percentage of sick leave use by individuals and groups shall be calculated. The groups shall be uniformed and non-uniformed personnel. This analysis shall report on day of week, month of year, next to vacation, Kelly days, or on or next to holidays.
- 7.2.3.4 These reports shall be reviewed by supervisors and their direct reports.
- 7.2.4 If patterns, trends, or other concerns are identified by the supervisor, they shall be communicated to the employee and initially documented on a counseling form for future reference and notation on the employee's evaluation. If further corrective action is necessary, the supervisor shall follow the discipline clauses identified in the employee's collective bargaining agreement.

7.3 Sick leave exceeding threshold of use list.

- 7.3.1 A list shall be maintained by the Shift Battalion Chiefs of those individuals who have exceeded the threshold of sick leave use. Once on the list, the employee shall remain on it until they have 6 months of sick leave usage below the identified threshold.
- 7.3.2 The threshold of use is as follows:
 - 7.3.2.1 Any employee utilizing more than 6 sick leave instances in any given 12 month period without a reasonable explanation.
 - 7.3.2.2 Irregular and/or unexplainable usage of sick leave.
 - 7.3.2.3 Usage for a variety of unrelated reasons.
 - 7.3.2.4 Usage that has a definable pattern.
 - 7.3.2.5 Excessive usage reflecting that 20% or more of the available accumulated sick leave has been used without a definable explanation like an extended injury or illness.

- 7.3.2.6 Sick leave usage when no annual leave slots are available.
- 7.3.2.7 All of these thresholds of use shall be evaluated by the supervisor and if reasons for the use are verified, good judgment shall be applied to any actions; at a minimum heightened supervisory attentiveness shall occur.
- 7.3.3 When an employee is on the threshold of sick leave use list, the following provisions shall be applied:
 - 7.3.3.1 A stricter and attentive supervisory review of all sick leave shall occur.
 - 7.3.3.2 The employee shall provide a doctors certification of illness or injury on the day of any sick leave utilized by having the certification delivered to the Human Resources Manager at the District's business office before the end of business hours. If the sickness is reported on a weekend, the certification shall be delivered to the assigned Duty Chief.
 - 7.3.3.2.1 If the illness or injury will require multiple days of sick leave, the doctor may identify the length of sick leave use.
 - 7.3.3.3 Overtime and shift trade privileges will not be available for any employee while on the threshold of sick leave use list.
 - 7.3.3.3 Supervisors are authorized to use their judgment and not place an employee onto the list if reasonable and verifiable information is provided that exhibits evidence of compliance with sick leave requirements.

7.4. Employees reporting to work sick-presenteeism.

- 7.4.1 Employees reporting to work sick creates the risk of the spreading of the possible infection throughout the workplace to other workers and customers.
- 7.4.2 Supervisors shall immediately remove from duty any employee who reports to work sick placing them on sick leave and reporting the same to the Duty Chief.