

Strategies for Sick Leave Reduction within
the Myrtle Beach Fire Department

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Certification Statement

I hereby certify that this paper constitutes my own product, that where the language of others is set forth, quotation marks so indicate, and that appropriate credit is given where I have used the language, ideas, expressions, or writings of another.

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Abstract

The Myrtle Beach Fire Department (MBFD) has battled chronic sick leave use for years. The problem was many employees do not understand how excessive sick leave can adversely affect the department. The purpose of the research was to identify strategies to help reduce sick leave usage within emergency services. The descriptive research method evaluated five research questions: a) How do other fire departments manage the use of sick leave? b) What do organizations outside of public safety do to manage sick leave? c) How does upper management within the city view the current sick leave situation? d) What was the fire department's sick leave usage and related costs over the past four years? e) What were the MBFD employees' views and attitudes regarding sick leave usage? The research methods included surveying fire departments and interviewing employers outside of public safety on how they manage sick leave. City leaders were also questioned about their views of the current sick leave situation. The MBFD employees were surveyed about their attitudes toward sick leave and tested on their knowledge of sick leave policies. The results revealed that the nation's fire departments and employers outside of public safety have a multifaceted approach to sick leave management. Non-public safety employers have less problems with abuse and are more likely to discipline. The MBFD employees and department heads believe sick leave abuse occurs, but are split with regards to switching to a paid-time-off (PTO) system. Sick leave data showed that the MBFD used less sick leave per employee than the other departments, but the cost related to sick leave was quite significant during the timeframe studied. The recommendations included revamping sick leave policies, monitoring sick leave patterns, creating a sick leave watch list, and retooling incentives. Considering a switch to PTO was also recommended.

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Introduction

Every fulltime employee that works for the City of Myrtle Beach receives a benefits package that includes vacation time and paid sick leave. The City of Myrtle Beach uses a traditional system of paid time off. A traditional system is when sick leave and vacation time are in separate categories and accrued in separate leave banks (“Paid-Time-Off Programs,” 2010). According to the city’s employee handbook, vacation time is accrued monthly based on the employee’s years of service. Paid sick leave is accrued monthly as well, but a set amount is awarded that remains constant throughout employment regardless of years of service (City of Myrtle Beach, 2012).

The city offers the paid sick leave as a benefit to employees and is not required to do so by any federal law (Barthold & Ford, 2012). In 2013, the United States Bureau of Labor Statistics (BLS) reported that 25% of all fulltime workers did not have access to paid sick time in 2012. This increases to 48% of employees that work in organizations with less than 100 employees (United States Bureau of Labor Statistics, 2013). Paid sick leave is a benefit that allows employees to miss work due to a non-work related injury or illness and still receive compensation (Diaz & Wallick, 2009).

Unfortunately, many employees within the Myrtle Beach Fire Department (MBFD) fail to realize that when they are not at work because of sick leave, the residents and visitors of the City of Myrtle Beach still count on the MBFD to respond to their emergencies. According to Chase Sargent (2006), one of the most basic and fundamental requirements of an employee working for a fire department is to be at the right place, at the right time, and wearing the right uniform. The MBFD has state of the art equipment and apparatus, but without the employees it

all becomes useless. The problem is that many employees do not understand how excessive sick leave can adversely affect the department.

The purpose of this research is to identify strategies that can help reduce sick leave use within the Emergency Services Division. The descriptive research method will be used to evaluate five research questions: a) How do other fire departments manage the use of sick leave? b) What do organizations outside of public safety do to manage sick leave usage? c) How does upper management within the city view the current sick leave situation? d) What has been the MBFD's sick leave usage and related costs over the past four years? e) What are the MBFD employees' views and attitudes regarding sick leave usage?

Background and Significance

The City of Myrtle Beach is located in coastal Horry County, South Carolina, in the northeastern corner of the state. Myrtle Beach is the hub of the Grand Strand, the name given to the area for the nearly 60 miles of uninterrupted coastline (City of Myrtle Beach, 2013).

According to the United States Census Bureau (2013), the estimated population of the City of Myrtle Beach in 2012 was 28,292. Myrtle Beach is one of the southeast's most popular tourist destinations and has received national recognition and awards from various media outlets including The Travel Channel, *USA Today*, The Huffington Post, *US New and World Reports*, and Trip Advisor (Myrtle Beach Area Chamber of Commerce, 2014).

In 2012, Myrtle Beach attracted 15.2 million visitors (Myrtle Beach Area Chamber of Commerce, 2014) and has an average daily population of 110,000 according to the city's public information officer (M. Kurea, personal communication, May 2, 2014). Myrtle Beach also falls within the Horry County Metropolitan Statistical Area, which has been one of the fastest growing areas in the nation according to data released in April, 2012 (Myrtle Beach Area

Chamber of Commerce, 2014). With so many visitors, the area relies heavily on tourism to drive the economy. Tourism is the top industry in the area with nearly 70% of all employment related to tourism and over 56% in the service field. The City of Myrtle Beach is the tenth largest employer within the area, employing 848 people (City of Myrtle Beach, 2013).

The MBFD has 159 fulltime employees and one part-time employee. The MBFD has to meet the demands of a city that draws over 15 million visitors annually, but do so on a tax base of only around 28,000 residents. The Emergency Services Division within the MBFD is tasked with meeting the emergency service demands of the visitors and residents. The MBFD handles the emergency responses to fires, medical emergencies, technical rescue, and hazardous materials incidents. The Assistant Chief of Operations supervises the entire Emergency Services Division. The division is comprised of three shifts that work 24 hours on duty, 48 hours off duty, with one 12-hour kelly day occurring within the 27-day cycle.

The MBFD operates out of six fire stations strategically located throughout the city to help maintain the class 1 rating by the Insurance Services Office. Out of the six stations, the department staffs five engines, two trucks, one quint, one heavy rescue, two medium rescues, two advanced life support ambulances, and one quick response medical vehicle referred to as a squad. One battalion chief is assigned to each shift and serves as the shift commander. All engines, trucks, the quint, and the heavy rescue are assigned three people. The ambulances, squad, and medium rescues have two personnel.

The background to the problem began about a decade ago when Chief Payne (personal communication, May 14, 2014) believed chronic sick leave was beginning to adversely affect the fire department's emergency services operation. Chief Payne (personal communication, May 14, 2014) said sick leave use became frequent and that he wanted to find a way to tweak the current

system. In the current system, employees accrue monthly vacation and sick leave in separate leave banks (City of Myrtle Beach, 2012). In the Emergency Services Division of the MBFD, employees accrue 12 hours of sick leave each month. According to the city's *Employee Handbook* (2012), the maximum amount of sick leave an employee can carry over to a new fiscal year is 1,440 hours. This is 10 years of accrual.

Once an employee has accrued over the maximum amount of sick leave at the end of the fiscal year, June 30th, they are paid one hour for every three accrued hours over the 1,440 maximum. Another aspect of the current sick leave system, is a \$75 attendance benefit. Since 2001, employees that used less than seven hours of sick leave in a six-month period received a \$75 check. However, while this bonus is still in the city's employee handbook, the practice has been suspended since 2008 (C. H. Randall, personal communication, May 14, 2014).

According to Coleman Randall (personal communication, May 14, 2014), Human Resource Director for the city, the current leave accrual system has been in place for over 30 years. Chief Payne (personal communication, May 14, 2014) stated he likes how the current system allows for the city to take care of the employees, but he believes the system is too difficult to control and needs to be changed. In 2006 he spoke with the entire city management staff about revamping the system, but he said only some department heads wanted to make a change, while others liked the current system. He added that some even said they did not care. Therefore nothing new was ever explored (J. A. Payne, personal communication, May 14, 2014).

Excessive sick leave became more of a significant concern during the economic downturn in the late 2000s. The city was forced to reduce the budget and all departments were required to make budget concessions. The MBFD was able to maintain all employees and avoid layoffs, but a substantial cut to the overall operating budget was required. A large cut was made

to the overtime budget. Overtime was cut from \$128,000 down to \$110,000 in fiscal year 2010. Overtime was again reduced in fiscal year 2012 down to \$60,000. The downward trend continued as it was cut again in fiscal year 2013 to \$45,000, and yet again to its current amount of \$40,000 (J. A. Payne, personal communication, May 14, 2014). Overtime has been greatly impacted by sick leave usage and the budget reductions.

The daily staffing matrix for the MBFD allows for nine vacation slots and two sick leave slots. Included in the nine vacation slots are six kelly days, three 12-hour daytime, and three 12-hour nighttime. At full staffing each shift has 47 personnel. In essence, every day the shift is two people above minimum staffing going into the workday. When all vacation slots are filled and two sick leave call in sick, the truck companies are required to run short staffed with two personnel. If one person calls in sick then one truck will be staffed with two people. When all vacation slots are filled and more than two people call in sick, overtime is paid.

The staffing matrix, unfortunately, works on the premise that the shifts are completely up to full staffing. Between 2010 and 2013 the MBFD lost 27 employees to retirements, resignations, and forced separations. The department's recruitment and hiring process takes about six months, and then recruit training is 17 weeks long. Because of this, vacant positions can remain vacant for quite some time, reducing a shift's staffing for a significant period. The department also has over a dozen employees in the National Guard and reserve that can require long-term absences. There are also employees that receive work related injuries and are on works compensation leave or administrative light duty. All of these factors lower staffing.

There are several problems that excessive sick leave causes. First, with limited overtime, frequent sick leave usage has drained overtime monies. With staffing levels not always at 100%, sick leave requires overtime to be paid frequently. The department was over budget in overtime

during fiscal year 2013, and went over budget in the current fiscal year two-thirds into the year. This is significant because when the department goes over budget in overtime, the money needs to be moved from other accounts to makeup the shortage. By moving this money from other accounts it takes away from maintenance costs, repair costs, and being able to purchase equipment. The MBFD replaces 25 sets of turnout gear every year, but due to the lack of money, the department was unable to make the purchases in 2013. If excessive sick leave continues to tax the overtime budget, future needs of the department may be jeopardized.

The sick leave related overtime costs have also reduced the amount of overtime available to cover additional off-duty training for the Urban Search and Rescue team, the Weapons of Mass Destruction team, and the Critical Incident Stress Management team. There simply is not enough overtime money available to pay the members of these teams to train as often as necessary. If the sick leave usage does not lessen to free up overtime, members of the specialty teams may be ill prepared for future incidents when called upon. In the past the fire chief would meet with all of the officers or have some type of training for all of the officers. Since a single, eight-hour day can result in about \$5,000 in overtime costs, this has not happened in several years due to the overtime shortage.

Sick leave related overtime expenses have also reduced the ability of the department to provide off-duty personnel for special event medical coverage. When permitting certain special events, medical coverage is required. Overtime can be used to pay MBFD personnel to work the event. However, with less overtime and more sick leave chewing into the overtime account, these events are now covered with on-duty personnel. When this happens, a company may be dedicated to an event for eight or more hours rendering them out of service for emergency response.

The department has made moves to try and diminish the effects of sick leave on the overtime budget. Vacation slots were closed when employees left employment, but Chief Payne believes that the employees remaining are the ones being punished. He added that no matter how many people leave, he still has to allow employees to use their vacation time (J. A. Payne, personal communication, May 14, 2014). Another method that has been used is referred to as the “bubble slot.” This required the person that occupies the last leave slot be available by phone until 7:30 a.m., the workday begins at 7:00 a.m. If an employee called in sick, the person in the bubble slot was required to come to work as their vacation time was canceled. This seemed to punish the good employees as they had to come to work because someone else wanted the day off and called in sick. Chief Payne (personal communication, May 14, 2014) believed this method would pressure employees into not using sick leave if they were not really sick, but instead it just caused frustration for employees that had their vacation time canceled. This practice was discontinued.

Another significant aspect about frequent sick leave use is the effect on emergency operations. The best case scenario when only two people call in sick at full staffing is the two truck companies operate with two personnel. Studies conducted by the National Institute of Standards and Technology (2010) have found speed differences in fireground operations when companies have two-personnel compared to three or four. When timed in two different tasks, it took companies with two personnel about a minute longer to breach a door and to put water on a first floor fire when compared to three-person companies. And when attempting to access the second floor, companies with two people were two minutes slower than the three-person companies in the studies (National Institute of Standards and Technology, 2010). There have

also been incidents within the MBFD where a two-person truck company was not sufficient for operations and personnel from other companies had to be paired with them.

Companies have also been taken out of service to avoid paying overtime. Four of the past six years a medium rescue has been taken out of service when staffing levels dropped below minimum staffing of 36. By taking this company out of service, the minimum staffing was dropped to 34 personnel, thus allowing two more people to call in sick to delay having to pay overtime. Removing companies from service because of excessive sick leave can lengthen response times for the customers in need and risk the safety of other fire companies since it takes longer to place back-up companies on the fireground.

The amount of overtime also has a negative effect on the employees as well. The employees working overtime are usually working 48 straight hours. They then get 24 hours off, and then back again for another 24-hour shift. This can cause fatigue and lower an employee's awareness that can lead to unsafe practices. The MBFD keeps a mandatory overtime list, so if no one volunteers to work overtime, the next person on the mandatory list must work. Employees get irritated with mandatory overtime, but it is a necessary evil as the department must keep units running according to Battalion Chief Ian Maxwell (personal communication, April 8, 2014), a MBFD shift commander. It is also a scheduling nightmare for the battalion chief says Maxwell. He adds that he spends a lot of time trying to figure out staffing and scheduling because of sick leave and overtime. Maxwell said he gets frustrated because he sees the same people using it (I.T. Maxwell, personal communication, April 8, 2014).

Chief Payne (personal communication, May 14, 2014) does not believe that all sick leave is legitimate. He says he knows people have health issues, but he also believes people abuse the current sick leave system because it is easy to do. Chief Payne refers to the abuse of sick leave

as an employee that calls out sick when they have no injury or illness that will prevent them from doing their job. He adds that abuse of sick leave is probably occurring, but it is not always easy to prove. He said that if abuse happens and he can prove it, the employee will be disciplined, up to and including termination (J. A. Payne, personal communication, May 14, 2014).

Examining the entire MBFD sick leave system directly links to unit three in the Executive Leadership course. The topic of unit three is about thinking systemically. Thinking systemically is looking at the complete system including the subsystems, not just “viewing the system as series of specific, linear events” (United States Fire Administration, 2012, p. SM 3-5). This research is examining the components of sick leave usage within the MBFD from various aspects.

This research also links to the United States Fire Administration’s third goal, “Improve the fire and emergency services’ capability for response to and recovery from all hazards” (United States Fire Administration, 2010, p. 13). By reducing unexpected absences from sick leave, staffing levels will allow for companies to remain in-service and alleviate lengthened response times and respond with more personnel providing a better service. Also, by reducing sick leave overtime costs, more overtime will be available to pay employees on specialty teams for training, thus making them more proficient and capable to respond when needed.

Literature Review

The initial literature research was conducted on sick leave usage and attendance within fire service journals at the Learning Resource Center at the National Fire Academy. A search was also conducted on the Internet through various online search engines. A more thorough and expanded literature search was done on employment leave practices to encompass the private sector and organizations outside of the fire service. This search was completed at Kimbel

Library on the campus of Coastal Carolina University and via the online library database at the University of Cincinnati.

Sick leave abuse has been affecting fire departments for decades. According to Harvey (1983) sick leave abuse is using sick leave for unreal illnesses or when not actually sick at all. In 1985, Charles Burkell authored an article in *Fire Chief* magazine regarding sick leave abuse. Burkell (1985) believed there were only a very few administrators in the fire service that could actually say sick leave abuse was not a problem. Nearly 30 years later sick leave abuse still occurs in today's fire service with many documented and published illustrations.

One such example occurred in the Stockton, California, Fire Department (SFD). According to Thigpen (2011), there was a large spike in sick leave usage within the SFD in 2010. The department enacted vacation restrictions in the second half of 2010. Once the restriction went into place, sick leave usage increased by 61% in the second half of the year compared to the sick leave used in the first half of 2010. From January to June of 2010 the department averaged 2,311 hours of sick leave per month. Then from July to December the average went to 3,713 hours per month (Thigpen, 2011).

Another example came from Brookline, Massachusetts, where the town's Board of Selectmen launched an inquiry into the sick leave usage within the Brookline Fire Department (BFD). The inquiry revealed the BFD averaged 163.5 hours of sick leave per employee for the year, the equivalent of 8.2 days (Samburg, 2003). When compared to the other large departments within the town such as police, public works, and the building department, the BFD was "significantly out of line" according to Town Administrator Richard Kelliher (Samburg, 2003). Fire Chief John Spillane agreed that there was a problem with abuse, but employees would be dealt with individually if they were found to be abusing sick leave (Samburg, 2003).

Yet another example occurred in Clark County, Nevada, where firefighters were investigated regarding their sick leave usage in 2010. Hansen (2011) reported that Clark County officials believed firefighters had developed elaborate schemes to utilize sick leave and then still be able to maximize their overtime. County officials believed these actions were so egregious and criminal in nature that they asked the district attorney, the sheriff, and the Federal Bureau of Investigations to investigate (Hansen, 2011).

Hansen (2011) stated that once the sick leave was analyzed, it showed that nearly 8% of the firefighters' work year was consumed by sick leave. It also showed that the more senior firefighters were using more sick leave, roughly one sick day every six shifts. The fire department did not require employees to provide doctor's excuses for sick leave until a certain amount had been used consecutively. Because of this, firefighters would alternate sick days with vacation days, sometimes even canceling a vacation day only to then call in sick. Some firefighters were out sick for over four months, but never used four consecutive shifts of sick leave so the department could not investigate or require a doctor's excuse. One of the employees involved worked over 2,000 hours of overtime and made over \$200,000 in 2010 (Hansen, 2011).

When excessively using or abusing sick leave, many fire department employees do not realize that paid sick leave is a privilege from the employer, not a right granted to them. There is no federal law requiring employers to provide paid sick leave (Barthold & Ford, 2012). According to the United States Department of Labor (n.d.) there is a law that protects an employee's jobs when they have a serious medical condition or they need to care for a family member with a serious medical condition. The Family Medical Leave Act (FMLA) was established to allow qualifying employees up to 12 weeks of time off when afflicted with a serious medical condition or the need to care for a family member. This is not just calling in

sick, employers can require employees to provide a medical certification of need from a doctor in order to qualify for FMLA protection (United States Department of Labor, n.d.).

Employees on FMLA leave are not required to be paid, but employers may elect to allow them to use paid leave. Employers are also not allowed to discriminate against an employee on FMLA or hold the missed time against them. An employee's non-FMLA sick leave can be held against their job performance. FMLA can be taken consecutively or intermittently if required by the condition and employers must make accommodations for this. Employees using FMLA leave must follow the employer's sick leave notification process (United States Department of Labor, n.d.)

If they meet certain criteria, employers must provide FMLA protection to employees, however many emergency services workers do not receive the benefit of paid sick leave. This is evident in the number of workers in single role Emergency Medical Services (EMS) that receive paid sick leave as a benefit. About 90% of fire department employees receive paid sick leave, while only 74% of EMS workers receive paid sick leave (Bentley, Fernandez, & Studnek, 2008). Furthermore, many fire department employees view sick leave as an empty benefit because often times they do not see the value of it immediately (Hagstrom, 2000). While sick leave is a benefit that allows employees to still receive pay when they are too sick or injured to work (Diaz & Wallick, 2009) they see no immediate value in it unless they actually use it (Hagstrom, 2000).

There have been numerous Executive Fire Officer (EFO) studies related to sick leave, each looking at different impacts and significance. One such EFO study was conducted in the Mobile, Alabama, Fire-Rescue Department. Sick leave data was analyzed to determine historical usage for days of the week over a ten year period. The data from 2001, 2006, 2010, and 2011 were studied. The data revealed that Saturday, Friday, and Sunday were the days with the

highest amounts of sick leave used during those years (Byrd, 2011). In 2011, sick leave usage on Saturday more than doubled the sick leave usage on Wednesday. According to Byrd, sick leave usage for Saturday was “out of control” in 2001 (Byrd, 2011, p. 28).

Another interesting finding by Byrd (2011) was that employees believed that once they accrued the maximum yearly accrual of 112 sick hours, they should be allowed to take that time. This was evident as the department had 96 employees on the sick leave watch list in 2011. Employees are placed on the sick leave watch list when they use more sick leave than they accrue in a calendar year. Nearly 20% of the department’s employees were on the list in 2011. (Byrd, 2011).

A similar EFO sick leave study was completed in the Tacoma, Washington, Fire Department (TFD). After sick leave data was analyzed it revealed that sick leave was most frequently used on the weekends just as it was in Mobile Fire-Rescue. Friday, Saturday, and Sunday respectively were the most frequently used sick days (Mueller, 2013). The data further revealed that in 2010 and 2012 the average sick calls per day were 5.83 and 5.84 respectively, and slightly lower in 2011 at 5.08. The study in Tacoma also revealed the months that sick leave was used the most. The top three months with the highest amount of sick leave used were February, March, and April respectively (Mueller, 2013).

The study further examined who actually used sick leave. The TFD is comprised four shifts, and the data revealed that all four shifts were relatively equal in the amount of sick leave used between 2010 and 2012, and there were no significant differences. As for what positions used the most sick leave during those three years, it was the firefighters. According to Mueller (2013), this was not surprising as the firefighters make up 52% of the operations bureau. During the three years between 2010 and 2012, the operations bureau had a total of 6,120 sick days.

Since the firefighters make up 52% of the bureau, their portion of the sick time should have been 3,167.06 days. The actual number of days they used was 3,170. Lieutenants were the next highest in sick days, however no additional information was listed on what percentage each position made up in operations. Therefore it could not be ascertained if each position's sick days were representative of their make-up within the operations bureau (Mueller, 2013).

These two EFO studies reveal the higher number of sick days taken by fire department employees on weekend. Fire department use of sick leave on weekends has also been published in local newspapers. Furst (2012) published an article in the *Minneapolis Star Tribune* about the findings of a special study commissioned by then Fire Chief Alex Jackson. The report stated, "Saturday is the single day of the week that experiences the most usage of unscheduled leave followed by Friday and Sunday" (Furst, 2012). Documents included in the study also showed a large and "unusually high" amount of sick time being taken by fire department employees. The study stated that similar sized departments averaged between 60 to 96 hours of sick leave per person, per year. However, the Minneapolis Fire Department averaged 292.2 hours (Furst, 2012).

While excessive sick leave use and abuse occurs in the fire service, the fire service is certainly not the only governmental organization with the problem. The federal government has witnessed an increase in sick leave usage in recent years as well. In the mid-1980s the federal government changed the way employee retirements were calculated (Causey, n.d.). No longer were federal employees allowed to use all of their unused sick leave as service credit to help increase their pensions. After the changes were instituted, it seemed more federal employees were getting sick more often with ailments such as headaches and colds that required them to

stay home. Further reports suspected that the employees were not sick at all and the cost of their absences was estimated at over \$68 million per year (Causey, n.d.).

In 2006 the United States Inspector General conducted an investigation into the sick leave practices of federal employees that work for the Internal Revenue Service. The report showed that on average employees took 11 of their 13 sick days annually. The report also discovered that the most frequently used day for calling in sick was on a Tuesday following a Monday holiday (Hosier, 2008).

The same sick leave problems in the United States are seen in foreign countries as well. In Ireland, civil servants take twice the number of sick days yearly, 11, than those in the private sector (Scheil-Adlung & Sandner, 2010). A 2013 study of absence management in England revealed that the average employee took 7.6 sick days each year. The highest sick day levels were for those people employed in the public sector with an average of 8.7 days each year (“Average Absence Level Rises,” 2013). Scotland has a sick leave problem in police departments across the country. From 2009 through 2012 sick leave has increased by 37% (Andrew, 2013). Hospital nurses in the United Kingdom took 50% more sick time than did any other private sector worker that accounted for 7.5% of the yearly work schedule (Scheil-Adlung & Sander, 2010).

While government and civil servants appear to frequently use sick leave, the private sector is not immune. The Monday after the Super Bowl has an extremely high amount of sick leave use. It would seem highly unlikely that everyone that is calling in sick on this day is actually sick. Kronos Corporation conducted a survey in 2008 asking adults if they plan to call in sick the day after the Super Bowl. The survey estimated that 1.5 million American adults may call in sick that day with “Super Bowl fever” (Kronos Corporation, 2008). The survey also

estimated that 3% of the participants, about 4.4 million workers, will be late and another 4.4 million workers admitted to calling in sick previously after the Super Bowl (Kronos Corporation, 2008).

There are other illustrations of people taking sick leave when not actually sick. A survey conducted by *Occupational Health* in 2004 revealed that six out of 10 workers said they were likely to take a sick day in January. A term used to describe taking sick leave in January is the “New Year Blues” (“One in Four,” 2004). The survey also pointed out that 13% of the participants had already planned to take a future sick day off even if nothing was wrong with them. A different study showed that eight out of 10 employees admitted to lying about being sick in order to take a day off, this included 75% of bosses that have done it (“One in Four,” 2004).

Employees take sick leave for other reasons than just being sick. In the 2007 “Unscheduled Absence Survey” conducted by Commerce Clearing House (CCH), personal illness was listed only 34% of the time an employee has an unscheduled absence. The other two-thirds were due to family issues, personal needs, stress, and even the belief that they were entitled to the day off according to CCH (2007). When the 2007 data is compared with the data from the 1995 CCH survey, it illustrates that personal illness decreased by 11% as a reason for using sick leave while stress doubled as a reason (Commerce Clearing House, 2007).

Data reveals that in Australia sick leave increases by more than 33% during school holidays and 20% on Fridays that are paydays (Sherrill, 2003). Sherrill (2003) reports that most of the people are catching up with family responsibilities or just resting. In the United States, 82% of employees said they have taken a mental health day. A mental health day is a day off where employees rest and try to reenergize themselves (“Why do Workers Take Mental Health

Days,” 2008). While this is not a legitimate sick day, employees will call in sick for this purpose. In 2012, 32% of American workers called in sick when they were not actually sick, and another 30% were saving up their sick leave so they could use it when they were feeling well enough to enjoy the day off (McCafferty, 2013).

Another reason discovered as to why employees call in sick when they are not is due to low morale. The 2007 CCH survey showed that employees in companies with poor morale had a 2.7% rate of absenteeism compared to the 2% rate of employees with good morale (Commerce Clearing House, 2007). Frings (2007) stated that when chronic absenteeism occurs, it is because there is a problem with morale in the organization. Research published in 2014 by Asfaw, Chang, and Ray found this statement to be true.

Asfaw, Chang, and Ray (2014) gathered data from the National Center for Health Statistics Documentation. A questionnaire was given to adult workers regarding their morale, workplace mistreatment, general health, and absences over the past 12 months. Asfaw, Chang, and Ray’s results revealed that 41.3% of workers that were not mistreated had some form of unscheduled absence over the 12-month period. For the workers that claimed they were mistreated, the unscheduled absences rose to 59.2%. This accounted for 2.45 more days than the non-mistreated. Another interesting finding was that protective service workers had the highest associated absence cost due to mistreatment (Asfaw, Chang, & Ray, 2014).

Studies and statistics also show when more people are offered sick leave, more people will use it. In the United States access to paid sick leave in the private sector has risen significantly over the past 20 years. In 1993 only half of all American workers in the private sector were covered by paid sick leave plans. By 2012 that increased to 61% (Van Giezen, 2013) and was up to 74% in 2013 (United States Bureau of Labor Statistics, 2013). While no

exact data was given for local governments, the BLS reported that state and local government employees had greater access to employer-provided benefits than did employees in the private sector (United States Bureau of Labor Statistics, 2013). However, during the same timeframe, vacation time basically remained the same. As for the fire service, 90% of employees are covered by paid sick leave plans (Hagstrom, 2000).

Studies have shown that the more generous the sick leave plans are, the more sick leave employees will use. One such study was conducted in 2007. The Osterkamp and Rohn (2007) study compared the sick leave usage of industrialized nations with the amount of sick leave time offered. The study gave each country a generosity index and ranked them, with Sweden being the most generous and the United States being the least generous in granting sick leave. The sick leave data for 20 industrialized countries was examined via the health databases from the Organization for Economic Cooperation and Development (OECD) and the World Health Organization (WHO). The sick leave data from OECD and WHO was then compared with each nation's sick leave usage. The results suggest a significant correlation between the generosity index and the amount of sick leave used. The study concluded the more sick leave that is given, the more often it will be used (Osterkamp and Rohn, 2007).

A similar study was conducted in Sweden. The sick leave system in Sweden is run by the government's National Social Insurance Board that covers employees' pay when they are sick. In the research, Henrekson and Perrson (2004) studied the sick days and government allowances from 1955 to 1999. The process for sick leave has changed several times in Sweden since 1955 when employees were entitled to 12 sick days per year. According to Henrekson and Perrson (2004) the amount of covered sick days peaked in 1987 at 25 per year, then decreased sharply after reform in 1991. The downward trend of governmental coverage continued until the late

1990s when it began to rise again. Not only did the amount of government covered sick days fluctuate, but how they were covered changed as well. For example, from 1974 to 1987 the first sick day in an illness was not covered by the government, whereas between 1987 to 1991 all sick days were covered (Henrekson & Perrson, 2004).

Henrekson and Perrson (2004) found that when the National Social Insurance Board was more generous with paid sick time, the amount of sick days increased. This was shown during the 1987 and 1991 reforms. The 1987 reform was more generous, and the usage was found to have increased. When the 1991 reform occurred and government's coverage was lessened and the first few weeks of a sickness were not covered, the sick leave use dropped to its lowest levels (Henrekson & Perrson, 2004).

While studying sick leave usage patterns throughout the world during the H1N1 pandemic in 2009, Scheil-Adlung and Sandner (2010) discovered that about 145 countries provided some type of paid sick leave. They also discovered that the amount of sick used was directly related the amount given. The United States and Greece had the two lowest averages of annual sick days at five and 4.8 respectively and neither have a government sponsored sick leave replacement program (Scheil-Adlung and Sandner, 2010).

With the large amounts of sick leave being used, there are definite costs to employers, and they are not just financial in nature. The first is negative publicity. With so much access to instant news due to modern technology, an organization's image can be damaged. In the public sector, taxpayers may feel betrayed by employees misusing tax money. Randy Means and Kevin Lowry (2011) go so far as to say that sick leave abuse is very close to being considered corruption. They believe that when an employee fakes an injury and lies about being sick, it involves their character and personal integrity. They add that when employees do this, they are

gaining a benefit that they are not entitled to under false pretenses and this constitutes fraud (Means & Lowry, 2011).

Another way sick leave negatively costs an organization is through frustration and resentment towards coworkers that either abuse or frequently use sick leave. Twenty years ago Markowich (1994) documented how employees that do not use sick leave begin to suffer low morale. He believed that the good employees who work hard and come to work every day end up having to do the work that the people out sick were supposed to do. He refers to those that abuse sick time as “legends.” They are the ones that everyone knows abuses sick leave and they possess an attitude that most employers do not want (Markowich, 1994). Even a decade earlier Harvey (1984) also talked about how employees’ resentment grows when they have to complete the work of a sick employee. In 2013, *Forbes* stated that when employees have to do the work for the employees that are frequently sick, their morale drops. They add that managers and supervisors can become frustrated too, as they are taken away from their main jobs and have to spend more time with scheduling and other administrative tasks caused by sick leave (“The Causes and Costs of Absenteeism,” 2013).

Hagstrom (2000) adds that employees become frustrated with employees that frequently use sick leave because they feel they do not get anything for coming to work. She adds that the legends are rewarded by getting paid for not working while saving their vacation time for later. This causes employees that come to work feel sick leave is an empty benefit to them since they are not using it (Hagstrom, 2000). Paid leave time is one of the most important job satisfaction factors for employees according to a 2008 job satisfaction survey conducted by the Society for Human Resource Management (2009). And when employees see others abusing it and they are

not getting the same benefits because they come to work, it causes morale to decrease (Society for Human Resource Management, 2009).

Undoubtedly there is a financial cost as well. Paid leave time is one of the most costly benefits employers can provide to employees, consuming over 15% of payroll expenditures (Navarro & Bass, 2006). When using sick leave, employees are being paid for hours they do not work, they are non-productive hours, and can affect service delivery and production (Society for Human Resource Management, 2009). In for-profit companies, the loss of production time can diminish profits and the company's ability to make money (Harvey, 1984) not to mention the lack of quality production because of tired or overworked employees ("The Causes and Costs of Absenteeism," 2013). This is directly related to the fire service as it can have a negative effect on response times, the number of firefighters on the scene, and overall service delivery.

When employees call in sick, the employer may be forced to pay overtime. This is hitting the employer twice. Once by still paying the employee that is not working. The second is by possibly paying someone overtime at time and one-half their hourly rate to cover the vacant position (Ludwig, 2006). Hagstrom (2000) concurs, stating that some of the expenses related in the public safety sector come from paying an employee that is not working, then paying a second employee overtime to cover the sick employee. And since overtime may be required, employees can become fatigued from long hours reducing their work quality and even safety levels.

The financial cost of unscheduled absenteeism has continued to grow. In a 2005 survey conducted by CCH, the national average employee absence costs were \$660 per employee (Navarro & Bass, 2006). Ten years ago employers spent over \$160 billion on expenses related to absenteeism (Ludwig, 2004). And after the federal government changed the employee pension

calculations, the costs of federal employee absences were estimated at over \$68 million per year (Causey, n.d.).

Forbes (2013) published the results of a survey comprised of approximately 94,000 workers from 14 major occupational fields across the United States. The results showed that the annual costs related to lost productivity from absenteeism were \$84 billion. Professional occupations, not including teachers, nurses, and physicians, totaled over \$24 billion, while teachers, service workers, and nurses totaled \$17.7 billion per year (“The Causes and Costs of Absenteeism,” 2013). There was no specific category for public safety. The survey concluded that in 2013, the average annual cost for unscheduled absences in the United States was \$3,110 for both hourly and salaried employees. This is a 470% increase from the 2005 levels (“The Causes and Costs of Absenteeism,” 2013).

Employers have a vested interest to reduce sick leave. Frequent sick leave lowers morale, can breed resentment, decreases production, and has financial impacts. According to Navarro and Bass (2006) an employer with 20,000 hourly employees with average salaries of \$40,000 per year and an absenteeism rate of 4%, can save \$6.5 million every year by reducing unscheduled absences by just 1%. It is apparent that sick leave usage is a problem without national borders and occurs in both the private and public sectors. With sick leave causing so many problems, finding ways to reduce its impact is imperative.

There are methods that have been shown to reduce sick leave. One technique employers have used to help reduce sick leave is implementing programs that help ease the burden work can place on an employee’s life. These programs are referred to as work-life programs. The top three most effective work-life programs are alternative work arrangements, telecommuting, and compressed work weeks (Commerce Clearing House, 2007). These may work in the private

sector, but they may be difficult to incorporate into a full service, 24-hours per day, emergency services delivery organization. One work-life program that can be used by the fire service is a wellness program. A wellness program is one of the more effective ways to lower sick leave by actually encouraging employees to be healthier. Offering flu vaccines to protect employees from the flu virus and offering smoking cessation services can lower sick leave. In a British study published in the *Timaru Herald* ("Smokers off Sick More," 2012) that analyzed 29 different studies from 1960 to 2011, smokers used an average of 2.7 more sick days per year and were 33% more likely to miss work than non-smokers. A poll of companies offering wellness incentives found that when employees participated in a wellness program they used 2.17 sick days per year, while those that did not participate averaged 4.4 sick days per year (Jakobson, 2008).

There are other ways to attempt to curb sick leave usage. Initially, the organization must begin with the understanding that there may not be just one answer to the problem. Each organization must either adapt current policies or implement new ones. This can be the organization's way of taking back control of sick leave (Anonymous, 2005). The policy should detail the situations when sick leave can be used and the call in procedure, define abuse or excessive usage and related discipline, explain how it is accrued, and who is eligible for it (DelPo & Guerin, 2011). Other clauses should be put into the policy explaining what is required of the sick employee such as when a doctor's excuse is necessary to return to work (DelPo & Guerin, 2011) and whether or not the employee must remain at home (Means & Lowry, 2011). Some employers require sick employees to remain at home when they use sick leave. If the sick employee must leave the home for a doctor's appointment or to go to the pharmacy, they must

notify their supervisor. Failure to remain at home or notify the supervisor when leaving results in disciplinary action (Means & Lowry, 2011).

Once a discovery has been made that an employee has been excessively using or abusing sick leave, counseling must take place to inform the employee of the situation. A meeting must be scheduled to discuss the reasons why the employee has been using time. This is regardless of whether the absences are legitimate or not, and the meeting must be documented. During the meeting the employee should be told how the absences affect the organization (Pontius, 2008).

When employees are identified as either abusers or frequent users of sick leave, they can be placed on a watch list. Being placed on the watch list can have consequences such as the inability to work overtime. Employees on the watch list are monitored more closely for absences in the hope they improve their attendance record (Means & Lowry, 2011). If employees do not change their behavior discipline can be used. However, the first step before administering discipline is counseling the employee (Nayab, 2011).

Discipline is one of the more effective sick leave control measures and is used by 88% of employers (Anonymous, 2005). The sick leave policy should detail what form of discipline will be used, and that discipline should be adhered to when infractions occur (Nayab, 2011). Connelly (2003) provided an example of how discipline helped reduce sick leave in 2003 with the Chrysler group. The company and the United Auto Workers (UAW), the labor union that represented the workers, were negotiating a new labor contract. The company had discovered a large sick leave discrepancy between themselves and Japanese auto manufacturers. Connelly (2003) reported that the unexcused absentee rate at Honda's American factories was less than one-half of one percent. The absentee rate for members of the UAW was much higher, although specific numbers were not provided (Connelly, 2003).

Connelly (2003) stated that the Chrysler group wanted to reduce sick leave with the hope production and quality would improve. Under the old contract, an employee was allowed to take eight unexcused sick days in a nine month period. On the ninth occurrence a written warning was given. Under the new contract, an employee that used eight unexcused sick days was laid off for 30 days without pay. Attendance improved drastically and so did production with annual profit sharing bonuses averaging \$4,608 in 2003 (Connelly, 2003).

Many times the use of discipline is reactive; excessive sick leave usage or abuse is occurring and discipline is used to curb it. There are three proactive absence control measures that have been effective in helping to reduce sick leave. The first is managing the leave program by using a point based system. In this system, Frings (2007) states that points are given to sick days and other missed workdays, excluding normal vacation that is scheduled according to organizational policy. Different points can also be given for different reasons of sick leave usage. For example, when an employee has a previously scheduled sick day for something known in advance it may carry less of a point value than someone that calls in sick right before starting time. Mondays and Fridays, or days following a holiday, might have a higher point value than days in the middle of the week. Regardless, the employer sets the point values for each type of absence and at what point level action will be taken. Every time an employee has an absence that incurs a point, the point is recorded. Once the employee reaches the predetermined threshold within a certain time period, appropriate action is taken according to the organization's sick leave policy (Frings, 2007). An advantage to this type of system is that all employees are treated equally and all employees know exactly where they stand in regards to their points and when actions will be taken for their absences.

Another popular method used to lower sick leave is the use of incentives. Incentives are rewards given to employees that meet the organization's requirement for attendance. Pontius (2008) says incentives can take the form of simply recognizing employees publically with a small token of appreciation or they can be more elaborate such as cash awards or even a car (Stevens-Huffman, 2011). While employers may balk at spending money to encourage employees to come to work, there is an estimated three to ten dollar return for every one dollar spent (Ludwig, 2006).

Stevens-Huffman (2011) illustrates this by one company's ability to increase perfect attendance from 10% to 50%. They did it by using a new car as an attendance incentive. Each employee with perfect attendance was entered into a drawing for a new car, but only one person would win it. The company spent \$40,000 on the vehicle, but the incentive reduced lost time expenses by \$450,000 (Stevens-Huffman, 2011).

Cornell University published a study that attempted to find a linkage between sick leave use and incentives. Hassink and Koning (2009) evaluated the effectiveness of a monthly lottery system used by a large manufacturer in The Netherlands. Every quarter the company would identify workers that had perfect attendance for those three months. All of the employees with perfect attendance had their names placed into a lottery. Seven names were randomly drawn and the winners each received a gift card valued at 75 Euros. However, after an employee won the lottery drawing, they were excluded from future lotteries regardless of their attendance record (Hassink & Koning, 2009).

What Hassink and Koning (2009) discovered was that there was a 4.3% monthly decrease in sick leave. Another discovery made was that once an employee won the lottery and was subsequently disqualified from future lotteries, their sick leave usage began to increase 1.4%

every month after winning the lottery. Hassink and Koning (2009) concluded that the incentive lottery increased employees' desire to come to work, but once they won and could not be considered again, they lost their intrinsic motivation for perfect attendance. Furthermore, Hassink and Koning believe that this incentive would have longer lasting effects had the lottery winners remained eligible for future drawings (Hassink and Koning, 2009).

Switching away from traditional leave systems is another change employers can make to aid in reducing sick leave. Listed by CCH in the 2007 absence survey as the most effective and most frequently used absence control program, paid-time-off (PTO) has been gaining acceptance. DelPo & Guerin (2011) describe PTO as unifying all leave into one bank. Instead of giving employees sick leave, vacation time, and other types of paid leave, PTO puts all of it together and allows employees to decide how they use it (DelPo & Guerin, 2011).

The use of PTO has been more popular in the private sector. In 2010 about 56% of private sector employers used PTO, while the remainder continued to use the traditional system. Very large employers with over 20,000 employees used PTO the most, while employers with between 10,000 and 19,999 employees used it the least. Workers in the healthcare field have PTO 80% of the time and educational service employees have a traditional system 97% of the time ("Paid-Time-Off Programs," 2010).

The International Public Management Association for Human Resources (IPMA-HR) reports that more governments in the United States are switching to PTO according to a survey conducted in August, 2011. The survey consisted of 458 local, state, and federal agencies to determine how they administered time off. The survey revealed that 34% of cities and 38% of counties offered PTO, but there were no federal agencies that did. The tenure of the PTO programs that were in place for over five years was 76% of the participants, however IPMA-HR

believes the interest in PTO is increasing since the numbers were higher than in previous surveys (International Public Management Association for Human Resources, 2011).

Employers that use PTO report two major positives with the program. The first is reduced absenteeism. According to the survey by IPMA-HR (2011), unscheduled absences in the governments with PTO dropped by 39%. Another study showed that private sector organizations using PTO had a 55% drop in unscheduled absences (“Paid-Time-Off Programs,” 2010). One possible reason it lowers absenteeism is that employees appear less apt to just call in sick when they can use that time for personal use later.

The second major positive effect PTO has is improved morale. The IMPA-HR (2011) survey showed a 50% increase in morale improvement in government employees and a 72% increase within private sector employees (“Paid-Time-Off Programs,” 2010). PTO gives employees the flexibility and control of their leave time and more time for vacations if they are not sick. Employees that do not use sick time in traditional leave systems often view it as an empty benefit. With PTO, employees get more time for vacations if they do not use sick time. An employee survey conducted in 2005 by the city administration of Hailey, Idaho, found that 40% of the employees used sick leave sparingly. Sick leave became a lost benefit to them and switching to PTO gave them more time off they could actually use (International City/County Management Association, 2011).

In summary, the literature reviewed pointed out many different issues with excessive sick use and abuse. It is apparent that this problem is found in most industrialized countries and that in the United States it occurs with both public and private sector employees. The literature also pointed out efforts that can be taken to curb the effects of sick leave that needed to be explored in this research.

The literature also affected this research in several other ways. First, it was obvious due to the negative articles relating to sick leave use in the fire service that fire departments throughout the United States should be surveyed. The purpose of surveying other fire departments throughout the country is to gain an understanding of how sick leave is used and managed across the nation. Along these same lines, it is also vital to analyze how employers not in public safety manage sick leave. Finally, since this research is directly based on the MBFD, analyzing the MBFD sick leave totals is imperative.

Procedures

The descriptive research method was utilized for this research. After establishing the research questions and conducting the literature review, the first step was to learn how other fire departments managed sick leave. To accomplish this, survey research was used and the “United States Fire Department Sick Leave Survey” was created using surveymonkey.com. See Appendix A. The survey consisted of 12 questions. The questions were developed from information gathered during the literature review, as well as current sick leave practices within the MBFD, and geared towards understanding what other fire departments do to manage sick leave. The questions were multiple choice and short answer, and an area was provided for participants to add additional comments if needed.

The survey was electronically sent to approximately 600 chief officers throughout the country, with each department only receiving one survey request. The sampling was conducted by random selection of career and combination departments across the United States using the website of the International Association of Fire Chiefs. Using random sampling of departments from all over the country was determined to be the best method for attaining the most complete representation of how fire departments manage sick leave.

Since sick leave problems are not just isolated to the fire service, it was also important to uncover how employers outside of public safety manage sick leave usage. To begin this process, an inquiry with a subject matter expert was chosen. Coastal Carolina University was contacted in an attempt to identify a subject matter expert that would be beneficial to the research. Erika Small, Ph.D., chairperson of the Department of Management and Decision Sciences in the Wall College of Business, highly recommended Paul Drass. Along with the recommendation of the department chair, Drass was selected based on his combination of education, vast experience in management and human resources, along with the fact he currently teaches modern business leadership and management practices at the college level. The interview was conducted on February 11, 2014 at Coastal Carolina University. See Appendix B.

Drass holds a bachelor's degree from the United States Military Academy at West Point and a Masters in Business Administration from the University of North Carolina. He worked in senior leadership and executive level positions throughout his career. He also taught management courses at Marshall University in West Virginia, and currently teaches business and management courses at Coastal Carolina University in South Carolina. Before entering the corporate world, Drass served as an officer in the United States Army Rangers completing two combat tours in Vietnam.

Drass was questioned on various aspects of sick leave. The questions were developed to understand how sick leave is managed in the private sector and how to reduce it. He was also questioned on how sick leave affects employers in private industry. After his answers, follow-up questions were asked based on his responses. Drass also brought his military tenure into the discussion, and this topic was probed in regards to sick leave in the military without any prepared questions.

To continue uncovering how organizations outside of public safety manage sick leave, it was imperative to gain a perspective from others in various industries. Managers and human resource officials in organizations outside of public safety were questioned and asked to share their experiences. A list of 12 questions was developed probing into how they manage sick leave, what their sick leave practices are, and what their experiences have been with sick leave use and abuse. See Appendix C.

To accomplish this, the Myrtle Beach Area Chamber of Commerce was contacted to identify the top employers within the area. The chamber provided statistical data revealing the 20 largest employers within Horry County. It was determined that all employers on the list would be contacted, except for local governments. All of the fire departments within Horry County are local government based and received the fire department survey, therefore they were not contacted again. It was then realized that more employers needed to be contacted to increase the sampling size. Other large employers were contacted, as well as national employers located in the area. The employers were from various professions including retail, financial, industrial, sales, and healthcare.

After the interview with Drass, the topic of sick leave in the military seemed to be worthy of further exploration. The fire service is a paramilitary organization. The fire service has a definitive chain of command, responds to life threatening events that require split second decisions to be made under dynamic conditions with high levels of uncertainty, and also where each person has to count on the other. Since there is a similar connection to the fire service, but the military is not a direct local public safety agency, this inquiry was deemed relevant.

To understand how sick leave is conducted in the military an interview was conducted with Sergeant Danielle Weldon of the United States Marine Corps (USMC) on May 19, 2014.

See Appendix D. Weldon currently serves as a senior drill instructor aboard Marine Corps Recruit Depot Parris Island, South Carolina. Weldon is assigned to the Recruit Training Regiment, 4th Battalion, Oscar Company. She is in charge of two to four green belt drill instructors as well as an entire platoon of 60 to 80 recruits. The questions for Weldon were based on how the USMC manages sick leave and what measures are in place to discourage abuse.

Certainly gaining the viewpoints of city leadership is key in reducing sick leave usage. The department heads of the top eight largest city departments were contacted, and this included the fire chief from the fire department. There are a total of 16 city departments. The ones not contacted were due to their size. The other eight departments are quite small, some with as few as five employees. Of the eight department heads contacted from the large departments, two denied the request and would not discuss the topic, and another wished to remain anonymous. The questions were similar in nature to those asked in the “United States Fire Department Sick Leave Survey.” The purpose of the questions was to gain insight into how the department heads view sick leave in their department and how they try to control it. See Appendix E.

After the department heads were questioned, an interview with Assistant City Manager John Pedersen was conducted on May 16, 2014. The questions asked were similar in nature to the ones asked to the department heads, but on a grander scale. While the department heads were more focused on their specific department, Pedersen’s questions were from a broader view of the city as a whole. See Appendix F.

When trying to address sick leave usage, analyzing how sick leave is actually being used is a must. Initially, sick hours were queried from the MBFD payroll database. The database software used by the MBFD is Fire Programs. Every day employees are required to enter their

type of hours into the database. When an employee is off, the company officer performs this task. Sick hours were sorted from all of the other types of hours and exported for 2010, 2011, 2012, and 2013. Once the sick leave data was exported, it was transferred into a spreadsheet. The information was then sorted from highest to lowest to determine individual sick leave usage for the four years being analyzed.

The average amount of sick leave for each year was also determined. This was done by adding all of the sick hours together and dividing by 135.75, the average number of people on all three shifts combined. Over the four year period, the shifts have been short 2.25 people. Based on the length of the openings, employees on light duty and military leave, and the time new recruits actually work on shift after recruit training, the complete average for missing employees was considered 1.75, therefore each shift had an average of 45.25 employees assigned to it.

The individual data was next used to establish how many employees used all of the year's accrual of sick leave, 144 hours or more, in each of the four years of study. The employees that used at least 144 hours in a calendar year were highlighted in yellow. After determining those employees that used all of the year's sick leave accrual, the frequency at which they used it was assessed. The employees that were highlighted in yellow were studied, and those that used one year's worth of sick leave in multiple years were then highlighted in red. The employees highlighted in red used at least 144 hours of sick leave in at least two of the four years being analyzed. The colors used for the highlighting had no meaning. They were simply chosen and used to aid in this specific process.

Using the individual and frequency data provided a way of determining if the top 20 most frequent users of sick leave participated in the city's wellness program. The MBFD's two wellness program representatives were contacted about providing information on who

participated in the wellness program. The city's wellness program affords employees an opportunity to earn extra vacation time by exercising and documenting it on a wellness form. The forms are submitted quarterly to the department representatives. One of the MBFD's wellness representatives was able to provide the quarterly participation records for 2012 and 2013. The records were used to determine if the highest 20 users of sick leave participated in the program. This was completed by comparing the data on the participation records with the users list.

Once the individual and frequency usage was completed, individual sick leave accruals were researched. The city's main personnel records management software is the AS400 system. Using the AS400 reports, the sick leave balances for all current employees were gathered. The leave balances were effective as of January 1, 2014. After all employee's sick leave balances were collected, they were inserted into a spreadsheet. Included in the spreadsheet was each employee's date of hire. Using the employees' dates of hire, the amount of potential accrual was calculated. By multiplying 12, the number of sick hours each employee accrues monthly, by the number of months the employee has been employed, the employee's maximum sick leave accrual (MSLA) was revealed. Since the city policy allows employees to carry a maximum of 1,440 hours, any employee with more than 10 years of employment had a MSLA of 1,440. After the MSLA was established, the actual accrued amounts (AAA) for each employee from the AS400 report was used to formulate each employee's percentage of maximum accrual (PAM). This was accomplished by dividing the AAA into the MSLA then multiplying by 100. The percentage was rounded to the nearest tenth.

When calculating the PAM, not all employees were included. Employees that are participating in the city's retire/rehire program were not used for this part of the study. Most of

these employees' sick hours were expended at retirement, but the city also allows them to keep a certain number when they rehire 30 days later. Therefore, there was no accurate way to calculate the MSLA for these employees.

The cost related to sick leave was studied next. The first cost associated with sick leave was from the amount of money employees were paid while on sick leave. These hours were considered to be nonproductive since the employee is paid while not working and the city is getting no production for this money. To determine this, the number of sick hours for each employee was multiplied by the hourly rate for their job position. The hourly rate was based on the midpoint of the salary range for each job position. The cost of nonproductive hours was totaled after each employee's sick leave was multiplied by the hourly rate. All of the individual costs were added together for each year, giving a total cost per year. All four years were then combined, giving the complete cost for the four-year period of study.

Using the individual cost data, it was easy to determine the sick leave costs per rank. Each rank was separated within the spreadsheet revealing how much sick leave each rank used. At this point, it was also established which ranks used the most amounts of sick leave. Each individual within the rank category had their sick hours multiplied by the hourly rate. Each rank then had the sum of the total costs added together for each year to determine the cost per rank, per year. After this was completed, the four years were totaled for each rank to provide the total sick leave costs for each rank over the four-year period of study.

The final cost analysis was based on the overtime paid because of sick leave. Because the overtime budget ledger does not provide a reason for why it was used, simply reviewing the past budgets was not helpful. When employees work overtime due to sick leave, they are required to enter "shift coverage" in the reason box of their timesheet entry in Fire Programs. To

find the cost of overtime hours caused by sick leave, every employee timesheet was exported and saved to a computer file. Each timesheet was reviewed looking for the “shift coverage” reason when overtime hours were listed. Once the hours were totaled, they were multiplied by the hourly rate. Since only firefighters and engineers work overtime the midpoint hourly rates for the positions were averaged. Officers only work overtime on shift in very rare situations. The average was then multiplied by 1.5 to account for the time and one-half paid for overtime. Once the overtime hourly rate average was calculated, it was multiplied by the overtime hours caused by sick leave. This revealed the overtime costs for the year directly related to sick leave use. This could only be done for 2012 and 2013, as the reason box on the timesheet entry was not fully utilized by MBFD in earlier years.

Once the individual and cost statistics were tallied, a search for various other patterns and usages was conducted. The first search was based on the use of sick leave in conjunction with vacation time. Every employee’s time sheet for the four years being studied was exported and used in the process. Each timesheet was reviewed carefully while looking for sick leave usage on either the workday directly before or directly after using vacation time. When vacation time was used in conjunction with more than one consecutive sick day, that instance was not recorded. The only time a sick leave and vacation connection was recorded was when one sick day was connected to vacation time either before or afterwards. The reason why multiple sick days were not included was due to giving the employee the benefit of the doubt with the assumption the employee was legitimately sick or injured. All sick leave and vacation connections meeting the criteria were counted and recorded for each year in the four year study period.

The next process in analyzing the sick leave data was to determine when sick time was used the most. The total sick leave data was broken down into individual years for 2010, 2011, 2012, and 2013. This revealed how much sick leave was used in each year. Next, the sick leave data was further broken down into months for each year showing the monthly totals of sick leave usage. The four years were then totaled giving the monthly usage over the entire four years of study. The days of the week were also broken down similarly to the way the months were for each year. All of the days of the week were then totaled, revealing the usage for each day of the week over the four year study period. The breakdown between shifts was also conducted. The sick leave hours for each shift were broken down for each year. Then each shift's yearly total was combined providing the shift usage over the four years being studied.

The final step was comparing the MBFD sick leave hours to some of the other city department's sick leave use. Sick hours could only be retrieved from police, cultural and leisure services, public works, and the convention center for 2013. Each division's sick leave hours were totaled, then divided by the respective workday length, and again divided by the number of employees. This resulted in the number of sick days used in 2013. The four departments that provided the data were compared to emergency services within the MBFD.

To understand how the MBFD employees view sick leave, a survey was developed and administered. See Appendix G. The questions were developed to attain the views and attitudes of the employees, but also to gauge their individual sick leave practices. The survey was created via surveymonkey.com, and electronically sent to all employees in the Emergency Services Division. All 134 employees completed the survey. The department had a recruit school in progress accounting for the other seven employees; however they did not receive the survey. All

participants were assured that their individual responses were strictly confidential, and that only the complete results would be published.

A second instrument was administered in an attempt to determine how well the MBFD employees know the organization's sick leave policy. It is important for all employees to know policies and how they affect them, and this assessment was used to determine their level of knowledge. The nine questions on the assessment were based on information contained in the MBFD administrative policies regarding sick leave and the city's *Employee Handbook*. See Appendix H.

All 134 employees in emergency services completed the assessment. The seven employees in recruit training did not receive the assessment. The assessment was sent electronically to each employee and they were instructed to complete it without the aid of others and without referring to the policy manuals. After all of the assessments were completed, each question was graded to determine the percentage of right and wrong responses.

The final step in trying to understand the MBFD employees' views and attitudes on sick leave, an interview was conducted with Seth Holzopfel. See Appendix I. Holzopfel is the president of the Myrtle Beach Professional Firefighters Association, International Association of Firefighters (IAFF), Local #2345. This association is the labor union representing over half of the employees in the department. South Carolina is a right to work state and the union has no collective bargaining powers, and is not officially recognized by the city. Regardless of this fact, the association is a part of the MBFD by the fact over half of the employees are members, and seeking the president's views was necessary. The questions developed for this interview were based on learning the local's view regarding the sick leave policies and practices within the department.

There were several limitations to the research. By far the biggest limitation was the amount of people outside of public safety that were willing to discuss their sick leave procedures. Many companies were unwilling to offer any information at all. Some organizations would provide only limited information and would not go into much detail. Others were willing to share information, but once they contacted their superiors or the corporate offices for permission, they were told not to disclose any information.

Another limitation was caused by the way the sick leave data is stored by the MBFD. The way the sick leave data is recorded causes searching for it to be cumbersome. There is no simple way to detect trends and patterns in sick leave because of the way the reports from the database are generated. Trying to analyze the sick leave data is a very arduous and time consuming task. Also, the way sick leave has been documented has changed several times and trying to find accurate data before 2010 was difficult.

Results

Fire departments in the United States use a multifaceted approach to manage sick leave. In most cases, there is not one thing that provides a complete solution. There were 315 fire department chief officers that completed the survey, each representing one department. All 50 states were represented. Over 90% of the departments use a traditional style of granting paid leave. This percentage is actually higher when the 3.8% of other comments are taken into consideration. Within the other comments box, about half actually describe a traditional system, therefore the true amount of departments using a traditional system is nearing 93%. Only 5% use a PTO system, with half providing an additional sick leave bank for extended illness or injury. Just over half of the departments that participated have a maximum sick leave accrual limit, while 44.1% have unlimited accrual.

Two-thirds of the participating departments consider excessive sick leave to be five or more sick days in a year, while the other one-third answered with either three or four days being excessive. Some departments have created their own formulas for what defines excessive sick leave. Many of these departments define excessive sick leave as using a full year's worth of accrual within the calendar year or a 12 month period. The City of St. Cloud, Minnesota, considers sick leave to be excessive by averaging the amount of sick leave used for the months of January, February, and March and adding an additional 20%.

When questioned regarding sick leave abuse, only around one-quarter replied with it either rarely or never happening. In 6.7% of the departments abuse was very frequent, it was frequent in 18.2% of the departments, but the majority, 48.4%, believe sick leave abuse occurs sometimes. One participant added that sick leave is a benefit from his employer, therefore since it is provided there is no way it can be abused, just as there is no way vacation time can be abused.

When the departments were asked if they have a policy and how it has worked in curbing sick leave use, 50.3% of the departments report having a policy and it being effective. There are no policies in 27.7% of the departments, and 22% of the departments have a policy, but it has not been effective in reducing sick leave abuse.

Several departments provided copies of their sick leave policies that have been effective. These policies were very detailed in all aspects of sick leave, some were over 10 pages in length. Some policies included a sick leave users watch list that employees would be placed on when violating predetermined criteria. Once an employee was placed on the list, certain privileges were revoked such as the ability to work overtime or trade shifts with other employees.

While attempting to detect patterns and trends, 73.2% of the departments track sick leave usage, while 26.8% do not. For the departments that do track sick leave usage, the majority do so by comparing monthly leave balances and tracking it with time-keeping software. Another popular method was having a chief officer actually review the timesheets and keep a record of sick leave trends such as day of the week or in conjunction with vacation days. Others reported they do it on the company level and the company officer will report any possible issues to the next level in the chain of command.

When employees use sick leave, 73.2% of the departments have supervisors counsel their employees, while the other 26.8% do not. Contra Costa County, California, Fire Department provided a template that their supervisors use to counsel employees. The template provides a step-by-step guide for the supervisor to follow when counseling an employee. Discipline is administered when employees abuse sick leave in 65.3% of the departments. When sick leave becomes excessive, discipline is used in 21.9% of the departments, while 18% of the departments never use discipline for sick leave usage.

Sick leave usage is documented on an employee's annual performance appraisal in 41.2% of the departments. Sick leave is not documented on performance appraisals in 44.1% of the departments, while the remaining 14.8% do not conduct annual performance appraisals. One participant stated that it is illegal for an employer to document any type of sick leave on a performance appraisal.

In regards to doctor's excuses, 30.7% and 31.3% of the departments require them after two and three days respectively. Of the 24% in the other comment section, about one-third stated a supervisor is allowed to require employees to have notes after every sick day based on their past history or when specific trends are detected.

Over two-thirds of the departments offered some type of incentive for not using sick leave. Nearly one-quarter, 23.8%, of the departments allow employees to use their unused sick leave as service credit at retirement. Another popular incentive is allowing employees to sell their unused sick leave. In 7.4% of the departments employees can sell the unused sick leave and be paid on a dollar for dollar basis. In 15.8% of departments employees can sell the unused sick leave at a reduced rate. This practice accounted for over 59% of the comments listed in the other comments section. Majority of the comments detailed how the payout was calculated, with some as high as 105% of the accrued amount.

Two other popular incentives mentioned were turning unused sick leave into vacation time and awarding additional vacation based on good attendance. In the other comments section, a somewhat new practice made up about 12% of the comments, and that was placing the money from a sick leave buyback program into an insurance reimbursement account for the employee to use during retirement. In lieu of the employee getting money when they are able to sell the unused sick leave, the proceeds from the sale are placed in a retirement health reimbursement account (HRA) or qualifying 501(c)(9) account. The funds can then be used to pay for qualifying medical expenses or insurance premiums during retirement.

Organizations outside of public safety also use a multifaceted approach to managing sick leave, but they are stricter in allowing the use to become excessive. They are also more apt than the fire departments to offer less sick leave and discipline employees when absences become problematic.

Dick Drass (personal communication, February 11, 2014) gave a lot of good insight to how organizations in the private sector manage sick leave. He started by saying that sick leave is definitely hard to manage. Employers must begin with a sick leave policy that is rigidly

enforced by the supervisors and all employees must receive training on it. He said the policy should spell out everything related to sick leave and it must contain a call-in procedure. The call-in procedure, he added, should not make it easy for someone to call in sick. Drass said that employees should have to speak to a supervisor, text messages, e-mails, and voicemail are not acceptable. Also, supervisors should ask why the employee is calling in sick. "Simply saying 'I'm not coming in today' is not acceptable" (D. Drass, personal communication, February 11, 2014). He added that supervisors should never say "OK" when granting sick leave. When supervisors respond that way, it tells the employee that it is okay that sick leave is being used. He continued that the more appropriate response is telling the person that the sick leave request has been granted (D. Drass, personal communication, February 11, 2014).

During his career, Drass (personal communication, February 11, 2014) stated that he considered excessive sick leave to be between two and five days in one year. He added that after two or three days of sick leave a doctor's excuse should be required. He was often more harsh on habitual users of sick leave compared to those that were not. He would also make an attempt to recognize employees for good attendance and would talk to employees when they used an uncharacteristic sick day. He said he would just ask them how they felt and he hoped they were feeling better. But he would add that he appreciated their commitment and he was glad they knew they were too sick to work (D. Drass, personal communication, February 11, 2014).

As far as how to reduce excessive sick leave, Drass (personal communication, February 11, 2014) stated that non-FMLA sick leave was used as a performance indicator on job performance appraisals at his employers. Also, frequent sick leave was used against employees for promotions. He said that if an employee cannot be counted on to come to work, there is no

reason to promote them and give them more responsibility and more money (D. Drass, personal communication, February 11, 2014).

Discipline can be used as well, but only as a last resort. Drass (personal communication, February 11, 2014) said that you want to keep employees and try to get them to be productive, but if an employee does not conform to the organization then they should be terminated.

Another way to reduce sick leave is through PTO. He said that giving someone a set number of sick days each year does not work, but when all their leave is combined there is an incentive to not use sick time. He added that he worked for a company that offered five sick days every year and that almost everyone was sick five times (D. Drass, personal communication, February 11, 2014).

Employee engagement is big in sick leave reduction Drass (personal communication, February 11, 2014) said. He has found though his career that employees who take pride their job do not use sick leave as often. He said that this can be the fault of the employer as much as the employee. He added that there are employees that are unhappy and not committed to the employer. He also said employees that work in monotonous fields have a tendency to use sick leave more often, such as factory and assembly line workers. He continued saying that sometimes the organization losses its focus which can push employees away. He said that organizations can forget what their true purpose is. He added that the true purpose in business is the challenge, and when organizations become too focused on profits, they may begin to loose the employees (D. Drass, personal communication, February 11, 2014).

When asked about the effectiveness attendance incentives can have, Drass (personal communication, February 11, 2014) replied that they can be useful. He said that sometimes just a simple word in public can really win over an employee. He added that most employees want to

be recognized, but it is up to each supervisor on how to do it. He found that most employees do not respond to incentives such as ice cream socials, because they view them as childish. He did say that monetary incentives usually work, but can be costly. Paying for unused sick leave can be expensive, but so can the cost of absence he said (D. Drass, personal communication, February 11, 2014).

Awarding additional time off for good attendance has proven to work as well. Drass (personal communication, February 11, 2014) said this should be done on the employer's schedule so the time off can be scheduled when the employer wants it. This can avoid overtime costs and the other surprises that come with unscheduled absences. He continued by saying it has been his experience that sometimes employees who frequently use sick leave need more money. He said monetary incentives usually work with these employees, but any other incentives may as well (D. Drass, personal communication, February 11, 2014).

Drass (personal communication, February 11, 2014) then began talking about his military career. He served as a platoon leader in the Vietnam conflict. He said there was a good deal of down time and the soldiers got bored. When they got bored, they got into trouble he added. This relates back to bored employees not wanting to come to work and using sick leave. He added that not many people got sick in Vietnam during combat operations. He added that everyone counted on the other, and no one wanted to be the one to let the others down. He added that you cannot count on someone when they are sick, and in combat you have to be reliable. He said his unit felt like a fraternity, and no one wanted to let the other guy down (D. Drass, personal communication, February 11, 2014). He continued by saying that when organizations are able to build that kind of camaraderie and pride, employees will want to work and will not use sick leave unnecessarily (D. Drass, personal communication, February 11, 2014).

After the Drass interview, the process was started in contacting employers outside of public safety on how they manage sick leave. Discussions were completed with 36 employers and were conducted either in person or via a telephone conversation. Not all of the 36 employers that participated responded to all of the questions and some were very limited with their feedback in general.

Of the organizations that participated, half accrue leave in the PTO format with majority of those receiving some type of extended sick leave supplement. In most of these organizations there is a short term disability program that begins when an employee needed long-term sick leave. Frequently, the employee was required to use a designated amount of PTO, and then the short term disability started. This would aid the employee so they would not have to use all of their PTO due to a long period of illness or injury. All four of the area hospitals used PTO. There are 36.1% of organizations that use a traditional leave system, while nearly 14% of employers do not offer any type of paid sick leave.

When asked if employees are allowed to carryover sick leave to the next year, over half permitted this practice while 32.3% did not. About one-third of the organizations require a doctor's excuse after three days of sick leave. Doctor's excuses are never required by 29% of the organizations, and 25.8% said that it is variable and depends on the individual employee.

Just under half of the organizations reported sick leave abuse occurring sometimes, while 32.3% reported that it rarely occurs. Just under 13% of the participating organizations reported it never occurs. Two extremes were found with abuse. The first was with abuse rarely, if ever occurring, in broadcast journalism. Tracy Vreeland (personal communication, March 5, 2014) served as the executive producer for WPDE-TV until leaving recently to pursue a new career. She reported that in her career in broadcast journalism there was never an issue with sick leave

abuse. Vreeland (personal communication, March 5, 2014) stated that most people that get into the media profession do so with a desire to succeed and be the best. Most journalists are passionate about their work and do not want to miss even one day, because if they do, someone else might steal their story (T. L. Vreeland, personal communication, March 5, 2014).

On the complete other end of the spectrum, Robbie Haynes, general manager at Grand Strand Nissan, said that he was having a problem with excessive sick leave usage (R. A. Haynes, personal communication, April 24, 2014). Even though it hurts the sales staff to miss work because they work on commission, it was still a problem company wide. Haynes said there was a 30 year culture of abusing sick leave. “We solved the problem. We took away sick leave. Now there’s no abuse,” he said (R. A. Haynes, personal communication, April 24, 2014).

The employers were then asked about the organization’s sick leave policies. Over half of the employers stated they have a sick leave policy and it has been effective in reducing sick leave abuse. Conversely, 21.1% of the organizations stated their policies have not been effective in reducing sick leave abuse, and 21.2% do not have a policy at all. Of the 57.7% of organizations that have an effective policy to reduce sick leave usage, over half reported converting to a PTO system made the biggest impact. Wal-Mart and Grand Strand Medical Center use PTO as well as a point based system. Every time an employee is absent, late, or violates an attendance policy they accrue points. After a certain amount of points, discipline can be administered. Both organizations reported this method as helping to reduce sick leave usage. Another method used that was reported as being effective was being flexible with employee scheduling.

Supervisors counsel employees regarding their sick leave usage in 44.8% of the organizations. All of the employers that do this have a set criteria for when counseling begins.

Discipline is administered to employees when their sick leave use becomes excessive in 32.3% of the organizations. This process first begins with the employee counseling session. When using a point system, the employees know what level of discipline can come at what point level when sick leave is used. All of the 32.3% of employers that use discipline when sick leave becomes excessive stated termination is an option.

When sick leave is abused, discipline is used in 45.1% of the organizations. Home Depot reported terminating an employee when sick leave abuse was suspected. The employee called in sick on numerous weekends. One of the metrics used by Home Depot for the abuse of sick leave is frequent weekend use. The employee was counseled and told of the suspected sick leave abuse. The employee continued to call in sick on weekends and was subsequently terminated.

Overwhelmingly employers do not use incentives to help reduce sick leave. Only 17.1% of employers stated incentives are used. James La Pier, a principal with the Horry County School District, stated that he uses an attendance lunch to recognize his staff members for their attendance (J. La Pier, personal communication, February 21, 2014). He said students are recognized quarterly for perfect attendance, so he does the same for the employees. While he said the incentive is nothing more than a free school lunch and he does not know if it actually reduces sick leave, he wants the staff to know he appreciates their efforts (J. La Pier, personal communication, February 21, 2014).

Dillard's, Santee Cooper Electric Cooperative, and Grand Strand Water and Sewer all reward employees with more vacation time for not using sick leave. Santee Cooper gives employees two additional vacation days for only using a certain amount of sick leave per year. Once employees at Grand Strand Water and Sewer reach a certain plateau for sick leave accrual, employees are allowed to convert 50% of the excess into vacation. Dillard's employees are

given one paid day off every month if they are not late and not sick. These organizations stated the incentives have had a tremendous effect on reducing sick leave. Two other employers offered a certificate of attendance and the chance to win a gift card occasionally. One employer also stated that keeping their job is the incentive for employees not to use sick leave.

Grand Strand Medical Center has taken the complete opposite approach from incentives using added work time to discourage sick leave use for the nurses. When a nurse calls in sick within the four-week schedule, the number of used sick days are added into their next four-week schedule in addition to their normal workdays according to Lisa Piatt, nursing manager (L. Piatt, personal communication, March 10, 2014). For example, she said if an employee is normally scheduled to work 12 shifts during the schedule and calls in sick for two of them, that nurse will then be required to work 14 shifts in the next schedule; the 12 normal shifts, plus two make-up shifts. She added that this method is relatively new, so the effectiveness has not yet been determined (L. Piatt, personal communication, March 10, 2014).

Some employers document sick leave usage on an employee's performance appraisal in accordance to federal law. In other organizations, 61.5% of them, sick leave is not used on performance appraisals. Three-quarters of the organizations do not require overtime to be paid when employees call in sick. The 25% that do were found in the media, hospitals, and manufacturing positions. Ford required overtime so production would not be affected. The hospitals reported needing overtime in nursing positions based on staffing for the day. The television news agencies reported needing videographers and reporters to be called in because if not, no one would be reporting the news. Retail stores such as Costco and Wal-Mart reporting needing overtime in unusual situations. Both stated it is not often overtime is required, but when it is it is due to someone calling in sick in unique departments such as photography or pharmacy.

They both stated that not everyone can work in those specialized departments, so overtime is sometimes needed.

Over four-fifths of the participating employers believe that employees get frustrated with employees that frequently use sick leave. Some of the participants voiced their personal frustration with employees that call in sick frequently. Pam Murrell, store manager with The Pantry convenience stores, stated that when someone calls in sick it affects her personally. “I have to find someone to run the store. And if I can’t, then I have to do it. Yeah, it’s frustrating,” she said (P. Murrell, personal communication, February 7, 2014). Shannon Kerwin (personal communication, April 29, 2014), front desk manager with Hampton Inn hotels, said she gets frustrated because when people call in sick frequently it shows they do not care about their coworkers. She added they are selfish and do not care that their absence may cause someone else to do extra work (S. Kerwin, personal communication, April 29, 2014).

The supervisor’s frustration occurs on several different levels says La Pier (personal communication, February 21, 2014). He stated that he is already paying a teacher a salary, and when they call in sick he has to pay a substitute teacher \$89 and does not get the same level of instruction. La Pier said it is tough because sick leave uses money from the budget to pay for the substitutes and he is fighting to get as much funding as he can. He added that sick leave hurts the students and that is difficult for him. La Pier (personal communication, February 21, 2014) said that there was a lot of sick leave used in the first grade at his school this year. He said the substitutes do a great job and put forth a lot of effort, but they are not the same as a fulltime teacher and the continuity is not there. His concern is that the students are not getting what they need academically, but also the test scores in standardized testing suffer. He continued by saying that the school is measured by standardized test scores and sick leave may be hurting the

school's performance. "We've had a lot of sick time in first grade this year and the results on standardized testing reflect it. They've really dropped" (J. La Pier, personal communication, February 21, 2014).

Following the completion of the interviews with the organizations outside of public safety, an inquiry was made to see how successful the military has been in reducing sick leave. Sergeant Weldon (personal communication, May 19, 2014) stated that all members of the military follow the Uniformed Code of Military Justice. The USMC, she said, has their own way of handling sick leave that may differ from the other branches. She said that when a Marine is sick they must report to their normal duty assignment and tell their supervisor or commanding officer they are sick. She added that Marines with a good record and reputation can be allowed to call their supervisor to report the sickness. Either way, after being approved by the supervisor, the Marine is required to report to the medical office to be evaluated by a physician. The physician will determine if the Marine can report back to work or not. If the Marine is too sick to work, they are assigned to their quarters, commonly referred to as being sick in quarters (SIQ) (D. Weldon, personal communication, May 19, 2014).

Weldon (personal communication, May 19, 2014) added that she does not believe sick leave abuse occurs often. The first reason is that it is hard to fake an illness because they must be medically evaluated. The next reason is when Marines are sick they are required to stay at their residence and they can be severely punished for being caught outside while on SIQ. Weldon offered, "I've seen some Marines that were SIQ'ed out and busted doing personal things. Some of them got in a lot of trouble" (D. Weldon, personal communication, May 19, 2014). Weldon continued that the nonjudicial punishments vary, but that no respectable Marine wants that on their military record (D. Weldon, personal communication, May 19, 2014).

Another reason why sick leave abuse is rare in the USMC in her opinion is due to the Corps' culture. Weldon (personal communication, May 19, 2014) said the USMC has a long and proud tradition that dates back a couple hundred years. She said that it takes a special kind of person to be a Marine, and all Marines have the Corps' core values of honor, courage, and commitment, embedded into them. Weldon added that Marines are always supposed to keep their military bearing and remain professional. She said that Marines are expected to be morally and ethically sound, and always do what is right. She believes that Marines buy into this, and that abusing sick leave is lying, and Marines do not lie. She finished by saying that she tells her recruits when she meets them for the first time in her senior drill instructor speech that Marines never lie (D. Weldon, personal communication, May 19, 2014).

Weldon was then questioned about the recruits she is responsible for training. Marine Corps recruit training is 13 intense weeks. Weldon was asked if recruits try to use sick leave to get a break from the daily rigors of recruit training and how she manages it. She (personal communication, May 19, 2014) answered that it does not take recruits long to learn that a drill instructor cannot deny them going to medical. She also said there are recruits that will try and use being sick as an excuse to get a day off on bed rest. The deterrent, she added, is that they are evaluated by a physician and the physician makes the decision whether or not the recruit is too sick to train. She said it obviously does not work that way in the civilian world, but she thought if it did, sick leave abuse would drop significantly (D. Weldon, personal communication, May 19, 2014).

Weldon (personal communication, May 19, 2014) added that if recruits continue to request to be seen at medical, but no legitimate injury or illness is discovered, the recruit can be punished and charged with malingering. She said that recruits learn quickly that they will be

held accountable for all of their actions. Weldon also said that recruits will try to fake an injury to avoid doing something they are afraid of. Recruits will complain of a muscle strain or headache if they cannot swim on swim qualification day or if they are afraid of heights on rappelling day. But she said it does not matter, they have to do it to graduate. “That’s one big advantage we have over you guys [the fire department], we can make them do it. They have to do it. If they don’t, they’re gone” (D. Weldon, personal communication, May 19, 2014).

The third research question was designed to determine how the city’s upper management views the current sick leave situation. This was accomplished by questioning six department heads from the eight largest departments and the assistant city manager. The participating departments included fire, public works, cultural and leisure services, municipal court, convention center, and one department that wished to remain anonymous. The results reveal that the department heads all share a similar view regarding sick leave and each is in favor of switching to a PTO based system.

Only one city department offers any sort of recognition or incentives for good attendance and that is the department that wants to remain anonymous. The incentive used by this department is awarding a higher score in the employee’s annual performance appraisal. The city used to offer a \$75 bonus every six months for using less than seven hours of sick leave. When asked how their department’s sick leave changed when the bonus was offered, two departments showed a reduction in usage while the other four saw no changes. There were also differences when asked if the current three to one buy back is incentive to not use sick leave. Two department heads believe it is a good incentive and four believe it is not a good incentive.

Chief Payne (personal communication, March 14, 2014) stated he would like to see the city offer more incentives for longevity. He said as employees age, the likelihood of getting sick

or injured increases. He would also like to see the city switch to a PTO system and allow for a substantial difference in monthly accrual for longevity. Paul Edwards from the convention center stated that he would like to see the city move towards a two to one sick leave buy back, but convert the hours into vacation to avoid financial hardship to the city (P. Edwards, personal communication, May 14, 2014).

Three department heads view excessive sick leave usage as five or more days per year. One department head said using one or two days every month. Another said using sick leave as it is accrued. Chief Payne said two days are excessive, being based on a 24-hour shift.

All six department heads believe that sick leave abuse occurs within the city and they all are in favor of switching to a PTO system of leave time. The anonymous department head and Chief Payne both believe that sick leave abuse is difficult to uncover, but if they find an abuser they are disciplined. Clerk of Courts Shelly Askey is the department head for the municipal courts. Askey (personal communication, May 1, 2014) says there is an employee within her department that has no sick time and has been employed for nearly 20 years. Askey stated the employee never had a significant illness or injury, but calls in sick “for any little thing” (S. Askey, personal communication, May 1, 2014). Askey also knows of another court employee that is married to a police officer. She said that the two of them have called in sick on the same day numerous times. However, in all of the instances both employees reported back to work with a doctor’s excuse so nothing could be done to them she added (S. Askey, personal communication, May 1, 2014).

All of the department heads believe that their employees become frustrated with employees that call in sick frequently. None of the departments discipline employees for using excessive sick leave, however all of the departments reported sick leave usage having an adverse

affect on performance appraisals. Four of the departments have supervisors counsel employees regarding their sick leave usage.

Assistant City Manager John Pedersen shares some similar views as the department heads regarding the sick leave situation. Pedersen (personal communication, May 16, 2014) stated that abuse probably does occur, but he believes that number to be quite small. He said there are about 5% of the employees with little to no sick leave. But, he believes that only about half of those employees are abusing it. Therefore, he thinks the true percentage of sick leave abusers throughout the city is around 2.5% (J. G. Pedersen, personal communication, May 16, 2014).

When Pedersen was asked how the city tries to reduce abuse, he replied that the abusers are a very small percentage (J. G. Pedersen, personal communication, May 16, 2014). Abusers will be punished if they are caught he said, and employees that excessively use sick leave can be terminated. Pedersen added that the city has not terminated an employee for excessive sick leave usage to his knowledge. He was, however, involved with a termination when he worked in Durham, North Carolina. He said an employee called in sick every month. The employee was counseled, disciplined, and warned that termination was near if the behavior did not change. The employee continued to use sick leave and was terminated. Pedersen said termination is the last resort, but it is an option (J. G. Pedersen, personal communication, May 16, 2014).

Pedersen believes the current sick leave system serves the city well. He (personal communication, May 16, 2014) said that while a small percentage may abuse it, the majority of employees view it as a privilege. With regards to why no changes have be made when at least six department heads would like to switch to PTO, Pedersen said that PTO has some merit. He said his wife works in the nursing field and her employer uses PTO. One of his concerns about trying to move to a PTO system, is the perception of the employees. He believes that many

employees will feel like they are losing something. He added that due to the lack of salary increases over the past few years, if employees feel like they are having something else taken away morale could suffer (J. G. Pedersen, personal communication, May 16, 2014).

Pedersen (personal communication, May 16, 2014) did say that PTO was looked at in the mid-2000s, but there was not much support from the department heads at that time. He knows that PTO has been gaining more and more acceptance in local governments, but he cautioned if the rollout is not done well, a lot employees may not fully understand what is happening. If the city is ever going to switch to PTO, “We would really have to educate the employees and show them what they’re getting. If the rollout fails, the program may fail” (J. G. Pedersen, personal communication, May 14, 2016).

Pedersen was also asked about incentives for good attendance. He said the \$75 bonus had very little impact and it was stopped to save money in the budget (J. G. Pedersen, personal communication, May 16, 2014). He was then asked about the three to one sick leave buy back once an employee reaches the maximum. Pedersen believes that it is a worthy incentive to save sick leave. He added that if an employee uses sick leave for the sole purpose of not losing two-thirds of it, then that employee has a problem with honesty and that should be addressed. Finally, he said that employees know the rules and they chose to work for the city. Just because they do not like it, does not mean it is going to change (J. G. Pedersen, personal communication, May 16, 2014).

The sick leave usage over the past four years in the MBFD has been both significant and costly, but the usage has been lower than other city departments. Sick leave usage increased in 2010, 2011, and again in 2012, but dropped in 2013. While the sick leave level dropped in 2013 from 2012, it was still 30% higher than it was in 2010. Table 1 shows the usage by years during

the four year study period broken down into total hours for each year, the average hours per employee for each year, and the average number of days for each employee based on a 24 hour shift.

Table 1

Sick leave amounts for 2010-2013

Year	Hours	Average Hours per Person	Average Days per Person
2010	8087.25	59.57	2.48
2011	9798.25	72.18	3.01
2012	11174.00	82.31	3.43
2013	10535.00	77.61	3.23
Total	39594.50	72.92	3.04

The next analysis conducted on the sick leave data was determining the number of employees that used at least 144 hours of sick leave in a year. This data was exported from the payroll records database and broken down into years by employee. The data revealed that there were 19 employees in both 2010 and 2011 that used a minimum of 144 hours. In 2012, the number of employees climbed to 24, and then decreased by one in 2013 to 23. The employees that used at least 144 hours were then reviewed to determine those that did so in multiple years. There were 19 employees that used a full year's worth of sick leave accrual in two different years within the four years of analysis. Of those 19 employees, four employees used at least 144 hours in all four years being studied, while seven did so in three different years. See Appendix J.

This data was also used to determine if the top 20 users of sick leave in 2012 and 2013 participated in the city's wellness program. In 2012, only four of the top 20 sick leave users

participated in all four quarters of the wellness program. There were two employees that participated in three quarters and six employees that participated in half of the quarters. One employee participated in one quarter while the remaining seven employees did not participate in the program at all. The participation rate for 2013 increased with five employees participating in all four quarters compared to four that did not participate at all. Two employees participated in all but one quarter, five participated in half the quarters, and four participated in one quarter. See Appendix K.

The next analysis was of sick leave balances of the employees effective January 1, 2014. Once the leave balances were determined for each employee they were compared to the employee's MSLA to calculate the PAM. The data showed that out of the 130 employees being studied, only 11 had a 100% PAM. Conversely, there were nine employees with a PAM of 0.1%. The average PAM was 62.3%. Majority of the employees with the lowest PAMs were veterans. Of the 20 employees with the lowest PAM, only two were hired after 2006. See Appendix L.

The cost of sick leave was analyzed next. First, the compensable nonproductive hours were calculated. Each rank's sick leave hours were broken down for each year in the study and then totaled as illustrated in Figure 1. The results show that the firefighters were the highest users of sick leave. This is not surprising as they make up the largest percentage of employees. The lieutenants had the second highest amount of sick leave usage and there are more than twice as many firefighters as there are lieutenants.

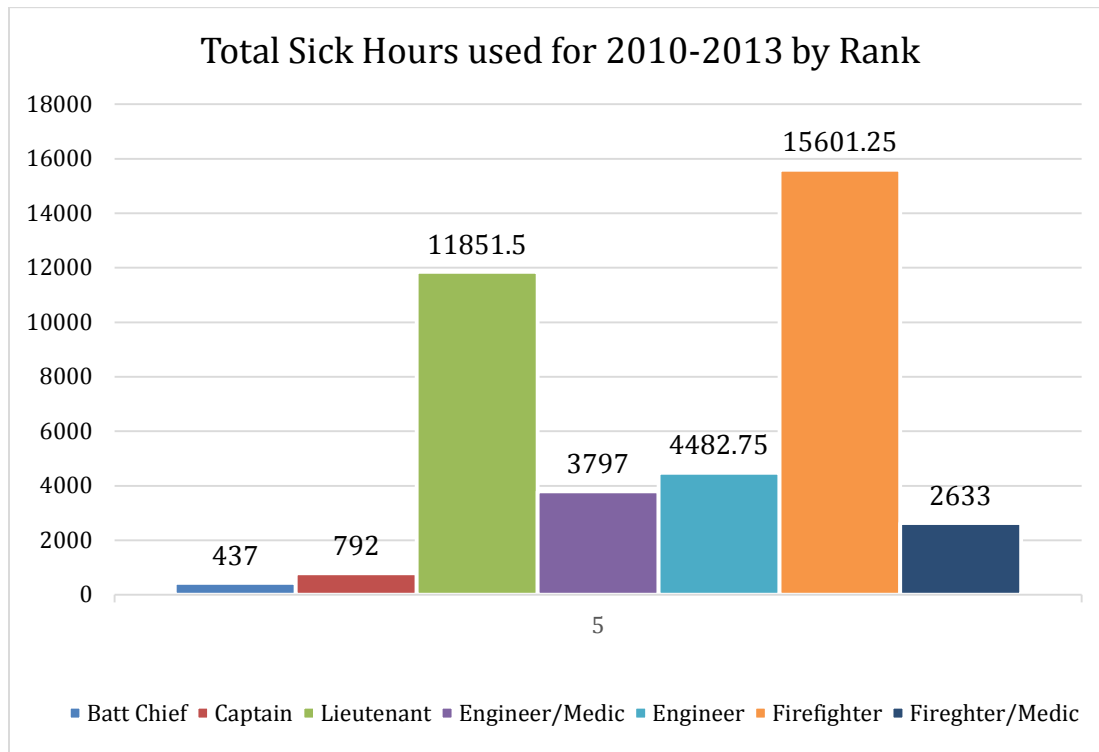


Figure 1. The total sick hours that were used by each rank from 2010 through 2013.

Next, the nonproductive hours were multiplied by the hourly midpoint for each position, and then the totals were calculated. The results show that the firefighters have the largest nonproductive cost related to sick leave, with the lieutenants just behind them by around \$11,500. The engineers and engineer-paramedics are significantly lower than the lieutenants with equal number of positions, and the engineer-paramedics having the same pay range as the lieutenants. As shown in Table 2, the total cost for nonproductive hours over the four years being studied was \$718,153.30.

Table 2.

Total cost of nonproductive hours for each rank for 2010-2013

Rank	2010	2011	2012	2013	Total
Battalion Chief	\$881.40	\$2,772.70	\$3,716.35	\$2,784.35	\$10,154.80
Captain	\$1,617.28	\$4,388.00	\$5,792.16	\$5,528.88	\$17,326.32
Lieutenant	\$42,173.19	\$57,817.34	\$77,774.24	\$60,679.89	\$238,444.66
Engineer/Medic	\$22,496.04	\$12,854.13	\$19,794.38	\$18,386.78	\$73,531.33
Engineer	\$11,115.72	\$22,534.11	\$28,247.18	\$19,252.62	\$81,149.63
Firefighter	\$52,227.96	\$62,745.70	\$61,874.68	\$73,197.94	\$250,046.28
Firefighter/Medic	\$11,785.66	\$15,166.67	\$9,158.18	\$11,389.77	\$47,500.28
Total	\$142,297.25	\$178,278.65	\$206,357.17	\$191,220.23	\$718,153.30

Overtime caused by sick leave was also extrapolated by reviewing every employee timesheet looking for overtime and the reason being for shift coverage. The overtime hours were calculated by the overtime rate for the average of firefighters and engineers. There were a total of 2,370 overtime hours in 2012, 1,360 were caused by sick leave resulting in a cost of \$38,937.60. In 2013, the total amount of overtime was 2,455.25 hours, of which 1,501 were caused by sick leave. This resulted in a 2013 cost of \$37,464.96, and \$76,402.56 for both years. The total cost related to sick leave was \$794,555.86. This does not include any overtime in 2010 and 2011 as that data was unavailable.

The way sick leave is being used was also evaluated. Using the employee timesheets, a noticeable pattern developed over the four years being studied. Using sick leave in conjunction with a previously arranged day off increased between 2010 and 2013. In 2010, this occurred 26 times and more than doubled by 2013 when it happened 54 times. Sick leave was used in conjunction with vacation 38 times in 2011, and 42 times in 2012.

The data was then used to determine what days and months sick leave was used the most. Wednesday had the highest amount of sick leave usage during the four years of study, followed

by Tuesday and Thursday as detailed in Table 3. Sick leave was used the least on Sunday, followed by Saturday and then Monday.

Table 3

Sick leave use by days of the week for 2010-2013

Day	2010	2011	2012	2013	Total
Sunday	975.00	1154.00	1360.00	1208.00	4697.00
Monday	987.50	1303.50	1712.25	1482.50	5485.75
Tuesday	1138.50	1519.00	1619.50	1721.00	5998.00
Wednesday	1417.25	1603.50	1851.25	1814.50	6686.50
Thursday	1352.00	1445.50	1525.00	1665.50	5988.00
Friday	1018.00	1445.25	1830.00	1356.50	5649.75
Saturday	1199.00	1327.50	1276.00	1287.00	5089.50

Table 4 shows that January had the highest amount of sick leave usage during the four years of study at 3,858.75 hours. January was followed closely by October and November. The month with the least amount of sick leave taken was May.

Table 4

Sick leave use by month for 2010-2013

Month	2010	2011	2012	2013	Totals
January	810.50	1012.00	765.75	1270.50	3858.75
February	668.00	890.75	981.50	958.00	3498.25
March	824.50	927.50	887.75	892.50	3532.25
April	458.00	603.50	921.00	882.00	2864.50
May	391.00	740.50	763.00	613.50	2508.00
June	875.00	716.50	1073.50	636.00	3301.00
July	760.50	590.50	720.00	710.00	2781.00
August	633.00	800.00	589.50	1288.50	3311.00
September	597.50	742.50	944.00	566.00	2850.00
October	914.25	883.50	1337.50	701.50	3836.75
November	587.00	820.00	1173.00	1246.50	3826.50
December	568.00	1071.00	1017.50	770.00	3426.50
Total	8087.25	9798.25	11174.00	10535.00	39594.50

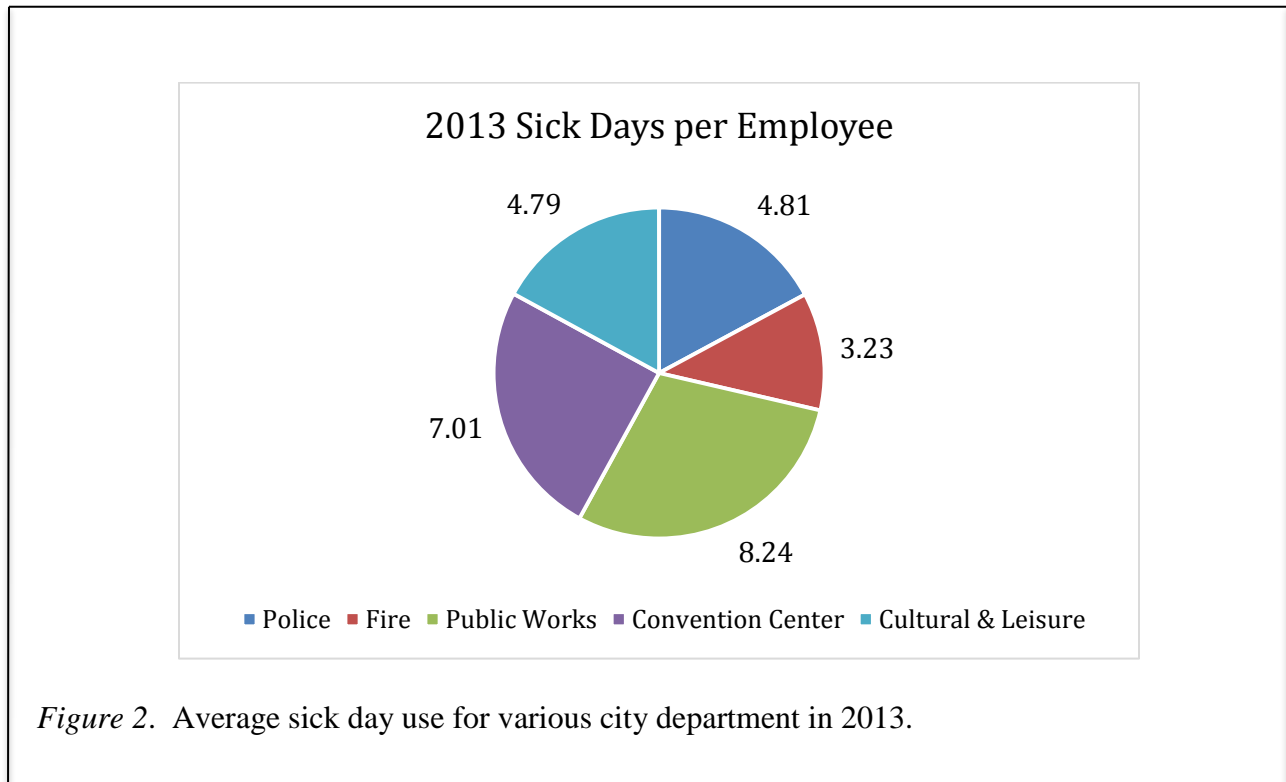
The final evaluation of the MBFD sick leave data was comparing the usage between the three shifts. Table 5 reveals that B-shift had the highest number of sick hours in each of the four years of the study period. In 2011, B-shift had nearly twice as many hours as A-shift. Overall, B-shift used 17,261.25 sick hours which made up 43.6% of the total usage over the four years. A-shift and C-shift had comparable amounts making up 29.24% and 27.16% of the total respectively.

Table 5.

Sick leave use by shift for 2010-2013

Shift	2010	2011	2012	2013	Total Hours	Total Percentage
A-Shift	2254.00	2346.50	3998.25	2979.00	11577.75	29.24%
B-Shift	3389.75	4499.25	4636.25	4736.00	17261.25	43.60%
C-Shift	2443.50	2952.50	2539.50	2820.00	10755.50	27.16%

The MBFD sick leave data was then compared against that of several other city departments. The sick leave hours for 2013 were attained from four other large city departments. After breaking down each division's sick leave accrual and length of workday within each department, the overall hours and average sick days per employee were calculated. The police department had the most sick hours with 11,975.91. This broke down to 4.81 days per employee. The convention center had the lowest amount of sick hours, 2,019, but also the least number of employees equating to 7.01 sick days per employee. The MBFD had the lowest average of sick days per employee at 3.23 as illustrated in Figure 2.



To fully comprehend the MBFD employees' views and attitudes regarding sick leave, all 134 employees in the Emergency Services Division completed a survey. The results show that the majority of employees come to work every day, even when they are sick. They also believe that sick leave abuse occurs in the department, incentives should be based around more vacation time, and they are unsure about a PTO program. Finally, the MBFD employees are somewhat knowledgeable about the sick leave policies, but most are unaware the unused sick leave is beneficial at retirement.

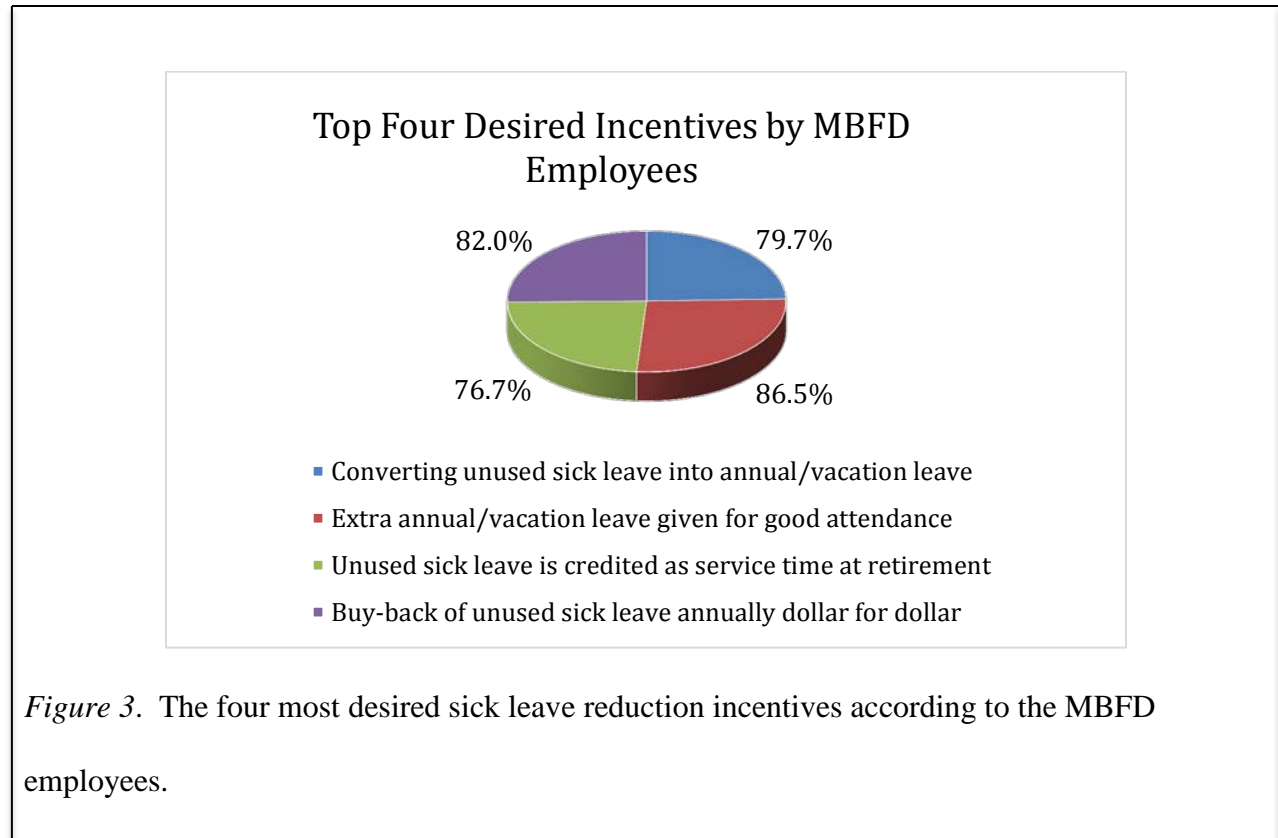
Over 93% of the employees believe that sick leave abuse occurs within the MBFD and 83.4% believe sick leave serves as an insurance policy in case they get sick or injured. Nearly all employees, 97.8%, have reported to work while sick or injured. Only 13.5% of employees reported calling in sick because no vacation slots were open for them to use. However, 35% of

the employees have used a sick day when they have not been sick, while 85% have known someone that has called in sick when they were not.

Nearly 70% of the employees believe it is acceptable to use sick leave for a mental health day and only 6.8% of employees have called in sick after feeling mistreated at work. Twenty-one percent of the employees reported that the lack of salary increases over the past several years has influenced them to utilize sick leave more.

Based on 24-hour shifts, over half of the employees believe excessive sick leave is five or more days per year. Four days was considered excessive by 29.1% and three days by 13.4%. When someone uses sick leave excessively, 40.9% of the employees believe that person should be disciplined, while the over 59.1% believe no discipline is warranted. With regards to a PTO system, 59.4% of the employees said that switching to PTO would not cause them to use sick leave less.

The \$75 sick leave bonus every six months affected about one-third of the employees' decision to call in sick, the other 65.7% had no effect. Just under 30% of the employees believe the current three to one sick leave buy back is incentive to save sick leave, while 70.5% believe it is not an incentive. When asked what incentives make not using sick worthwhile, 86.5% replied with receiving extra time off for good attendance. The second most popular incentive was increasing the three to one buy back to hour for hour. The third most popular incentive was to convert unused sick leave into vacation time. The fourth most popular incentive was to use sick leave for service credit at retirement, which is currently allowed for up to three months of unused sick leave. Figure 3 illustrates the top four MBFD employee desired incentives.



After reviewing the employee sick leave assessment, most of the MBFD employees are familiar with the sick leave policies, however there are some exceptions. Nearly 60% of employees believe two unexcused absences are allowed in a calendar year. This is incorrect as the absences are based on a 12-month period beginning from the date of the first unexcused absence. Majority of the employees know that a doctor's bill or receipt cannot serve as documentation for sick leave verification. Only about 13% of the employees did not know the maximum sick leave carryover to the next fiscal year and 83.6% knew the monthly accrual. Department policy requires an employee to have at minimum of 40% of their sick leave accrual to qualify for light duty for a non-work related injury, and 87.3% answered correctly. Only five employees did not know by what time an employee must call to request sick leave. All of the

employees were correct in answering that text message are not permitted for sick leave notification.

The last three questions had many more incorrect responses. When asked if the city is required by the FMLA to provide employees with paid sick leave, 47.8% of the employees answered it incorrectly. The next question asked how many months can unused sick leave be used for service credit at retirement, only 29.1% knew the correct answer of up to three months, this was an unexpected finding. Over 40% did not think any service credit was given for unused sick leave at retirement. Finally, sick leave is allowed to be used for personal doctor's appointments. The answers were basically evenly split with 49.6% answering sick leave can be used and 50.4% answering that it cannot be used.

Seth Holzopf, president of the Myrtle Beach Professional Firefighters Association, was interviewed to get his thoughts as the union president regarding sick leave within the MBFD. Holzopf began by saying that he rarely calls in sick himself and he is vehemently against anyone, including his members, abusing sick leave (S. M. Holzopf, personal communication, March 18, 2014). He added that he sent the MBFD sick leave policy to the IAFF's legal consultants for review and they reported to him the policy was legal with no issues noted. He continued saying that he and the other IAFF district vice-presidents are in favor of doctor's excuses for verification of sick leave (S. M. Holzopf, personal communication, March 18, 2014).

Holzopf (personal communication, March 18, 2014) said that some of the membership has voiced their displeasure with the city discontinuing the \$75 sick leave incentive. He added, "Many members looked forward to it. It's not much, maybe a dinner out. But at least there was some kind of recognition" (S. M. Holzopf, personal communication, March 18, 2014).

Holzopfel said that the recognition is important, even if it is something small like a ribbon for the dress uniform. He also said that an incentive will make people feel valued and maybe then they will not call in sick because they will feel important at work (S. M. Holzopfel, personal communication, March 18, 2014).

With regards to how to stop excessive sick leave and abuse, Holzopfel (personal communication, March 18, 2014) said discipline is needed when there is abuse. On the other hand, if an employee is following the policies he does not believe they should be punished no matter how often the employee calls in sick. While addressing a switch to PTO, Holzopfel does not like that solution. He said that it would probably decrease sick leave use, but he does not like it (S. M. Holzopfel, personal communication, March 18, 2014).

Holzopfel's final comments were directed at supervisors that frequently use sick leave. He said that the employees do not respect officers that do not come to work regularly. He also feels that when officers use sick leave often, it sends the wrong message to subordinates (S. M. Holzopfel, personal communication, March 18, 2014).

Discussion

Sick leave is a common problem throughout workplaces in the United States. The adverse effects of excessive sick leave use and abuse are certainly not unique to the MBFD. Burkell (1985) wrote about the topic nearly 30 years ago, and fire departments today are still plagued with the problem. Three-quarters of fire departments throughout the United States report that sick leave is abused at least sometimes according to the results. This is consistent with the opinions of the MBFD employees as over 93% of them believe it occurs within the department. This relates to the literature when BFD Fire Chief Spillane agreed with reports that there was sick leave abuse happening within the department (Samburg, 2003).

These findings are reason for concern within the MBFD. If sick leave is truly being abused, it calls into question the moral and ethical standards of some of the employees. Sergeant Weldon (personal communication, May 19, 2014) believes abuse does not occur in the USMC because Marines are taught early on not to lie. If this indeed is the case, there may be some character issues in the MBFD.

Sick leave abuse can have serious implications for the MBFD and the fire service as a whole. Many in the public no longer turn a blind eye to the spending habits of their governmental officials, after all it is the public's money funding the fire departments. If sick leave abuse is discovered within the MBFD and reported by the media, much embarrassment will cloud all the good the department has done over the years. Also, the public's trust will be jeopardized and their support likely gone. Effects from a sick leave abuse scandal can even involve law enforcement investigations as was the case in Clark County, Nevada, when firefighters were investigated for criminal wrongdoing (Hansen, 2011). The MBFD certainly does not need this.

The MBFD is not the lone department in the city where there is a belief that sick leave is abused. All of the city department heads agree that sick leave abuse occurs within their individual departments. John Pedersen, however, believes that abuse may occur, although it is limited to a very small few (J. G. Pedersen, personal communication, May 16, 2014). This is an area that should be researched further because there is a disconnect between the department heads and the executive leadership of the city. Researching sick leave practices throughout the city appears quite relevant as well.

Sick leave abuse occurs in the private sector also. *Occupational Health* ("One in Four," 2004) published a survey where eight out of 10 employees lied about being sick so they could

take the day off, and 75% of bosses have done the same thing. While this information links to the results from the United States fire department survey, the MBFD employee survey, and the department head interviews, it conflicts with the results from employers outside of public safety. The results reveal that 45% of the employers not in public safety have only rare or no sick leave abuse at all. This is an interesting finding, one that illustrates that the participating employers are making headway in reducing nonproductive hours due to employees using sick leave, and the MBFD should look at what they are doing.

When comparing leave accrual systems, the overwhelming majority of fire departments utilize a traditional leave system like the MBFD, and only a few departments did not have paid sick leave at all. The results of the fire department survey are similar to that of Bentley, Fernandez, and Studnek (2008) who reported that about 90% of fire department employees receive paid sick leave as a benefit. As for the private sector, the BLS reported in 2013 that 74% of employees were offered paid sick leave. The results from this research reveal that about 85% of the employers not in the public safety field offer some type of paid sick leave.

The results from the department heads and the employers outside of public safety agree that frequent use of sick leave causes frustration. The frustration is on different levels. Employees get frustrated at other employees, supervisors get frustrated with employees, and employees even get frustrated with supervisors that frequently use sick leave. Hasgtrom (2000) wrote that employees become frustrated with other employees who use sick leave often. And 30 years ago the idea was brought out that employees' resentment grows towards other employees that use a lot of sick leave (Harvey, 1984).

However, the MBFD employees are somewhat more accepting of coworkers that use sick leave frequently. There were 44.36% of the MBFD employees that said they are not frustrated

by employees calling in sick excessively. While half are frustrated, these findings are opposite of what there literature discussed. This finding could have significant meaning for the fight to lower sick leave usage in the MBFD. If an overwhelming majority of the employees were frustrated, they may apply pressure to the ones that frequently use sick leave. This was discussed by Drass (personal communication, February 11, 2014) when he was referring to his military career. He stated that no one wanted to let the other person down, and this does not seem to be the case in the MBFD. This result may be rooted in a deeper problem that either using sick leave is acceptable or that the employees have an attitude of indifference to what goes on in the organization. Finally, while Holzopfel voiced his opposition to sick leave abuse, the only frustration he articulated was when supervisors use it frequently (S. Holzopfel, personal communication, March 18, 2014).

According to the results, the use of incentives was found to work in the few employers that used them, but most do not offer any. The vast majority of fire departments and organizations not in public safety do not offer incentives. For the fire departments that do, they are mostly in the forms of more vacation time, sick leave buybacks, and service credit at retirement. The incentives some United States fire departments offer are what the MBFD employees expressed they would want as incentives. The MBFD employees prefer more time off as an incentive to not use sick leave. It seems reasonable for the MBFD to want more time off as an incentive to reduce sick time. Unlike sick leave, the time off can be scheduled as to fit into a normal vacation leave slot and not affect daily operations or cause overtime.

An increased monetary incentive was also desired by the MBFD employees as they would rather see the current three to one sick leave buyback raised. The MBFD employees do not view the current buyback system as incentive enough to save sick leave, and two-thirds of

the city department heads agree. The small monetary incentive of \$75 was not enough to discourage sick leave use, as two-thirds of the MBFD employees and department heads said it did not reduce sick leave usage.

The \$75 bonus could be useful if the way it is administered is tweaked. In the study by Hassink and Koning (2009) sick leave was reduced when employees were placed in a lottery for the €75. Being a game of chance not everyone will win, yet Hassink and Koning (2009) discovered that winning was not the only influencer, just being eligible for the drawing reduced sick leave. It would be interesting to see the effect the \$75 bonus would have on sick leave if the same lottery method was used with one exception, eligibility is not lost once an employee wins the drawing.

What is interesting is that while the MBFD employees want higher monetary values for unused sick leave, few knew that unused sick leave can add three months of survey credit at retirement. This can add a considerable amount of money when calculating retirement benefits. The retirement benefits are paid until death so the extra three months could mean a large amount for the rest of the person's life. It was unanticipated to see how many employees were unaware of this.

Work-life programs have been shown to decrease sick leave usage (Commerce Clearing House, 2007) but many will not work in the MBFD. There is really no way for employees within the MBFD Emergency Services Division to telecommute, flex schedule, or have a compressed workweek. However, the city does provide a wellness program. Wellness programs have been shown to decrease sick leave usage (Jakobson, 2008). This was supported in the results of the research as 13 of the top 20 users of sick leave in 2013 only participated in the wellness program for half of the year at most. In 2012, 14 of the top 20 sick leave users

participated in the wellness program for half of the year at most. The results reveal that the MBFD employees not participating in wellness programs are, in fact, more likely to use sick leave.

Twenty years ago Markowich (1994) discussed how every organization has employees that use sick leave excessively year after year. Every other employee knows who they are, and Markowich labeled them as “legends” (Markowich, 1994). When analyzing the MBFD sick leave data over the past four years, it was discovered that 19 employees used over 144 hours of sick leave in at least two of the years, and 11 of those used 144 hours in at least three of the years. This data is useful in identifying these employees as legends, and once identified, measures can be put into place to monitor their usage and hopefully reduce it.

To reduce the sick leave usage, a plan must be established by the MBFD and put into place. DelPo and Guerin (2011) believe the first step is to have a solid sick leave policy. Half of the United States fire departments have a policy in place that has been effective in reducing sick leave abuse. In the organizations outside of public safety, over 57% have an effective policy. The USMC also has a policy that has been very effective according to Sergeant Weldon (personal communication, May 19, 2014).

Once an employee’s use of sick leave becomes excessive in the eyes of the organization, the employee must be made aware of the problem (Means & Lowry, 2011). This comes in the form of counseling. Nearly three-quarters of the fire departments reported that they counsel their employees regarding sick leave usage and two-thirds of the city departments do. However, less than half of employers outside of public practice this. Yet, these organizations reported less sick leave related problems. One of the reasons is the employers outside of public safety are more likely to discipline and terminate employees when sick leave becomes excessive.

Of the participating city department heads, none discipline for excessive sick leave use and only a few United States fire departments do. However, 40% of the MBFD employees want discipline to be applied to those that excessively use it. This illustrates that some of the MBFD employees want to see the problem resolved. These employees may be viewing sick leave as an empty benefit since they are not using it as written by Hagstrom (2000). But with regards to the employers outside of public safety, they are more willing to discipline with one-third reporting they will terminate an employee.

Discipline comes in many forms, not just official reprimands. Some fire departments restrict what excessive sick leave users can do. Other employers, like Grand Strand Medical Center, require employees to work extra shifts to replace the ones lost by sick leave. Some employers even get rid of paid sick leave altogether. While applying discipline to reduce sick leave usage, the MBFD must find a happy medium that can serve the organization and still provide a benefit to the employee.

The use of PTO has caused a large reduction in sick leave in both government (International Public Management Association for Human Resources, 2011) and private employers ("Paid-Time-Off Programs," 2010). The employers outside of public safety that were interviewed use PTO about half the time. These employers also report much less sick leave related issues than the fire departments that only use PTO about 5%. All of the city department heads want to switch to a PTO form of leave. However, the results are much different from the MBFD employees as nearly two-thirds do not seem to want a PTO system.

The reason why the MBFD employees are opposed to it is an area that further research is warranted. They may believe they are losing something. Pedersen (personal communication, May 16, 2014) warned that if the city were to ever switch to a PTO system, the rollout would be

critical. His opinion seems to be supported by the MBFD employees. If they are not educated about the positives, they may view it as a benefit reduction.

The MBFD sick leave data also provided some interesting results. The first is the increase over the four year period of using sick leave in conjunction with vacation. In Australia sick leave increases 20% on Fridays that are paydays (Sherrill, 2003). This lengthens the weekend to three days without using any vacation. And Hosier (2008) found that IRS employees used sick leave most on Tuesdays following a Monday holiday. These findings are supported in the MBFD sick leave data. Every year from 2010 to 2013 the occurrences of sick leave tied to a vacation have increased. This means employees are either getting sick more often while on vacation, or they have decided to lengthen their vacations via sick leave. It seems difficult to believe that so many more employees are getting sick while on vacation. The more likely scenario is that these employees are saving their vacation time, yet increasing the length of their vacations by using sick leave. This is probably a planned event.

The MBFD sick leave data also showed that one shift had a much higher use of sick leave over the four years of study than the other two shifts. B-shift accounted for 43.6% of the sick leave usage, while the other two shifts were about evenly split. This leads to more questions than answers, but it identifies a potential problem on that shift. The CCH (2007) survey reported that employees with low morale use sick leave more frequently. There may be a morale problem on the shift. The study by Asfaw, Chang, and Ray (2014) discovered that when employees are mistreated they are more likely to use sick leave. However, only 8.9% of MBFD employees reported calling in sick more when they were mistreated by their supervisor, so mistreatment does not seem to be a cause. Research into why one shift has a disproportionate amount of sick leave is necessary to determine the reason.

Byrd (2011) and Mueller (2013) both discovered that weekends were the days most frequently having sick leave used. This was not found in the MBFD sick leave analysis. The days with the most sick leave in the MBFD were in the middle of the week, Wednesday, Tuesday, and Thursday. These three days are the days that training is conducted at the training academy. There are also more workday events during the middle of the week such as fire inspections, public education demonstrations, and pre-fire planning. Weekends, however, have less activities and employees are allowed to relax and watch television after 12:00 p.m. This could be the reason why the mid-week days are highest for sick leave as employees may want to miss training or other work.

Mueller (2013) also found the months of February, March, and April to be the highest months for sick leave. The MBFD data revealed that January was the highest. This corroborates the survey where six out of 10 workers plan on using a sick day in January (“One in Four,” 2004). There is also a lot of cold and flu during January, which is another likely reason for the high number of sick leave hours. There is nothing to support a reason for why October and November are the second and third months with the highest sick leave usage.

Much of the literature discusses the cost of lost time to employers that sick leave causes. *Forbes* has estimated in the billions of dollars (“The Causes and Costs of Absenteeism,” 2013). While the MBFD is nowhere near that level, there is still a significant nonproductive cost. The total nonproductive hours cost was nearly three-quarters of a million dollars for the four years of study. The firefighters had the highest amount of dollar loss and sick hours, but they also makeup over half of the division.

Meanwhile, lieutenants were very close to the firefighters in cost and dollar value with about half of the positions. Engineers and engineer-paramedics combined had half of the dollar

loss than lieutenants with the same amount of positions, and engineer-paramedics are on the same pay scale as lieutenants. In 2012 and 2013 there were seven and eight lieutenants in the top 20 of sick leave users. This reveals a problem with the lieutenants. There is a disproportionate amount of sick leave usage by the lieutenants than any other rank. Holzopfel (personal communication, March 18, 2014) voiced his frustration at supervisors frequently using sick leave, and it seems as though his frustration is valid.

While most employers outside of public safety that were interviewed do not require overtime, the MBFD does. Overtime caused by sick leave is another problem fire departments face (Ludwig, 2006). Overtime that was directly related to sick leave ate up over 84% of the MBFD's overtime budget in 2013 and 65% in 2012. Having so much overtime because of sick leave takes away from additional training opportunities and other department needs that require overtime. The department has also been over budget in the overtime account which required taking money from other accounts thereby reducing other programs, even causing a company to be removed from service and staffing lowered.

While sick leave causes problems in the MBFD, other city departments use more sick leave per employee. The MBFD used half of the sick leave per employee when compared to public works and the convention center. The MBFD had, by far, the lowest amount of sick days of the five city departments that made their data available for 2013. Even though the MBFD seems to have an issue with excessive sick leave and there are related problems, the MBFD is far better off than the other departments. The next closest department is cultural and leisure services, and the MBFD still averages over a day and a half less per employee. These results illustrate that there is a sick leave problem throughout the entire city.

Recommendations

The purpose of this research was to identify strategies that can help reduce sick leave use within the Emergency Services Division of the MBFD. Based on the data collected and the literature reviewed, there are several approaches that can be done to achieve the goal of lowering the number of sick leave hours.

The first recommendation is to establish a sick leave policy that encompasses every facet of sick leave related to the MBFD. This needs to be done in conjunction with the human resources and legal departments to ensure the policy is legally compliant. There is no reason for the MBFD to assume all the liability. Working with both human resources and the legal team allows for expert opinions and viewpoints that can add validity to the policy. While the current policy addresses actions required by the employee when requesting sick leave, other components need to be added. The following should be included in the policy.

- An explanation of how sick leave is accrued.
- An explanation of what circumstances sick leave may be used for.
- The definition of what constitutes sick leave abuse and excessive use.
- The procedure for requesting sick leave.
- Information of how to apply for leave under the FMLA.
- An explanation detailing when a doctor's excuse is required and what needs to be on the excuse for it to be valid.
- An explanation of how sick leave will be monitored.
- A description of what happens when the policy is violated.
- An explanation of what happens when the maximum sick leave accrual is met.
- A description of incentives offered by the city and department.

- An explanation of how unused sick leave affects retirement benefits.

Once the policy is updated and put in place, training needs to be offered to all employees. This training shall be conducted in three phases. The first phase will be taught by a chief officer explaining in detail the sick leave policy. All employees shall be required to attend. The chief officer will also explain to the employees how important their attendance is to the department's mission and how unnecessary and frequent sick leave affects the department.

The second phase will be instructed by a representative of the human resources department. The second wave of training will be focused on employee leave based laws such as the FMLA, as well as how sick leave affects individual retirement calculations. This will educate employees on how frugal use of sick leave can pay dividends during retirement. It also enables MBFD employees who may be leery of asking sensitive questions to MBFD chief officers the opportunity to ask them to a human resources representative.

The third phase will be solely for the supervisors. A guide will be developed for the supervisors to reference in how to manage sick leave usage. The supervisors will attend the training and learn what is expected of them and how their role fits into the program. The supervisors will also be provided a template on how to conduct a counseling session related to sick leave.

The next recommendation is the development of a Sick Leave Watch List (SLWL) and a method of monitoring usage. An employee will be placed on the SLWL once they use 144 sick leave hours in a 12-month period. Sick leave used under the FMLA will be exempt from the calculation. The 12-month period will be based on a rolling year. It will be calculated by looking back 12 months from the most recent occurrence. When an employee is on the SLWL they will be counseled by their supervisor. Employees on the SLWL will remain on the list for

six months. If no additional sick leave is used during the six months the employee is removed. If sick leave is used within the six months, each absence will require a doctor's excuse and the six month window is extended from the date of the most recent occurrence. Employees on the SLWL will not be permitted to trade shifts with other employees.

The monitoring of employee usage will be a joint effort between the shift commanders and the Battalion Chief of Administration. Patterns will be tracked by the monitors looking for sick leave usage in conjunction with vacation time, certain days of the week, usage when assigned to attend training, usage when a requested vacation day was denied, and other similar instances. If an employee is suspected of sick leave abuse, the employee will be informed of the suspicion and an investigation will follow. If the likelihood is that abuse occurred, the employee shall be suspended and added to the SLWL. These employees will remain on the SLWL for a full 12 months.

Monitoring sick leave with the current database used by the MBFD is difficult, especially when trying to detect patterns or possible abuse. There are many commercially made software programs to assist with tracking sick leave. The MBFD should research them and invest in one to aid with managing sick leave. This will provide a tremendous boost in helping to reduce sick leave. Supervisors are less apt to monitor usage with a cumbersome program, however a program that is simple and user friendly will be used more often.

Incentives are also recommended to be used to reduce sick leave. The MBFD should recognize employees that have perfect attendance. A simple gesture would go a long way. A small perfect attendance ribbon to be worn on the dress jacket would suffice. Another incentive is increasing the buyback of sick leave. While moving from the three to one, to a one to one buyback would be expensive for the city, two options will be available. The first will be

allowing employees over the maximum sick leave accrual to convert the overage to vacation time on a two to one basis. Or, the employee may elect a one to one buyback with the funds being deposited into the employee's HRA for retirement. While the one to one may seem to be more costly, the payment is deferred and if the employee does not meet the requirements for the HRA at retirement, the city will not be obligated to pay it. Also, most retirees are on the city's insurance plan and the city is self-insured, so the money is just be directed back to the city.

The final recommendation is for the entire city to consider is a move away from the traditional leave system to a PTO system. However, before a switch to PTO can be fully developed, much research is still needed. While PTO has been shown to reduce sick leave, there are a couple key ingredients that must be considered before switching from the traditional system. The first is how to convert the current employees' separate leave banks into one PTO bank. Even the most loyal of employees may become unhappy with losing accrued leave they worked for. Another important factor is how PTO will be counted in the final retirement calculations. Currently all unused vacation time and up to three months of sick time are used for service credit. It must first be established how PTO will affect employee's retirement. A move to PTO will lessen many of the aforementioned administrative headaches of monitoring sick leave and potential abuse. Absences would then be considered either scheduled or unscheduled. After a certain amount of unscheduled absences the employee would be counseled.

If the city decides a move to PTO is viable, it should incorporate an extended illness bank (EIB). The purpose of the EIB is to assist employees when a long term injury or illness requires them to be off work for a lengthy period. In order to qualify for the EIB use, the leave must be approved under the FMLA. Also, the first three consecutive shifts will be taken from the employee's PTO bank. After the first three consecutive shifts, the employees may draw from the

EIB as long as the leave is continuous. Once an employee returns to work, the three consecutive shift criteria starts over requiring the use of PTO. If an employee runs out of EIB, PTO must be used.

Another consideration for a proposed PTO system is that it be longevity based as shown in Table 6. This will add incentives for employees to remain with the MBFD and reward them for their service. Before any PTO program is put in place, training will be required so the employees completely understand the program and the reasons for it. A frequently asked questions pamphlet should be included for all employees.

Table 6.

Sample matrix of how PTO could be accrued by 24-hour shift personnel

Years of Service	PTO Hours per Month	EIB Hours per Month
0 to 1	11.5	3.5
1 to 4	15	4
4 to 8	18	4.5
8 to 12	21.5	5
12 to 16	25	5.5
16 to 20	28.5	6
20+	30	7

Future readers hoping to reduce sick leave within their departments should remember there is not just one failsafe method. There have been numerous studies and literature published on the problem, yet the problem still exists. There are many different methods to study the effects excessive sick leave use and abuse can have on an organization. Studying a department's sick leave system can even lead down the path to other topics such as organizational culture, management practices, and the ability to change.

Future researchers should keep in mind that this research was specific to the MBFD. The research methods used were deemed appropriate to help reduce sick leave solely within the MBFD. When choosing to study this type of problem, researchers must develop their own set of methods based on the specific background of the problem. Regardless, it seems quite relevant that the actual sick hours be studied and analyzed as this can help recognize problem areas.

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Appendix A. The “United States Fire Department Sick Leave Survey” and a list of departments that completed it. Results are also shown in percentage with actual responses in parenthesis.
<https://www.surveymonkey.com/s/TLVFXQ3>

1. Department name and state where it is located
2. Which of the following best describes your organizations sick leave accrual.
 - 90.5% (285) Employees accrue annual/vacation leave and sick leave in separate leave banks
 - 2.2% (7) Employees accrue leave time in one leave bank to use for both vacation and sick time (i.e. paid time off) with a supplemental leave bank to use for extended illness/injuries
 - 3.5% (11) Employees accrue leave time in one leave bank to use for both vacation and sick time (i.e. paid time off) without any other form of sick leave
 - 0% (0) Employees must use unpaid leave when they are sick
 - 3.8% (12) Other (please specify)
3. Is there a maximum amount of sick leave employees can accrue?
 - 51.1% (160) There is a maximum limit of sick leave
 - 44.1% (138) Sick leave accrual is unlimited
 - 4.8% (15) We do not accrue sick leave
4. What do you consider excessive use or abuse of sick leave?
 - 0% (0) 1 day per year
 - 1% (3) 2 days per year
 - 12.3% (26) 3 days per year
 - 22.6% (67) 4 days per year
 - 64.2% (190) 5 days or more per year
5. In your opinion how often does sick leave abuse occur within your organization?
 - 6.7% (21) Very frequently
 - 18.2% (57) Frequently
 - 48.4% (78) Sometimes
 - 24.8% (78) Rarely
 - 1.9% (6) Never
6. Does your department have a policy to address sick leave usage and abuse and has it worked?
 - 50.3% (158) We have a policy and it has worked
 - 22% (69) We have a policy and it has not worked
 - 27.7% (87) We do not have a policy
7. Does your organization actively track sick leave usage and possible trends?
 - 73.2% (229) Yes
 - 26.8% (84) No

8. Do supervisors counsel employees regarding their sick leave usage?
 73.2% (229) Yes
 26.8% (84) No
9. Which of the following describes your department's application of discipline towards an employee's sick leave usage?
 21.9% (68) Discipline is only administered when an employee's sick leave becomes excessive or frequent
 60.2% (187) Discipline is only administered when an employee abuses sick leave
 18% (56) No discipline is ever administered for sick leave usage
10. Does sick leave usage adversely affect the employee on their annual performance appraisal?
 41.2% (128) Yes
 44.1% (137) No
 14.8% (46) Employee performance appraisals are not conducted
11. Which of the following best describes your organization's requirement for doctor's excuse when using sick leave?
 1.3% (4) Excuse required after each day
 30.7% (96) Excuse required after 2 days
 31.3% (98) Excuse required after 3 days
 8.6% (27) Excuse required after 4 or more days
 4.2% (13) Excuses are never required
 24% (75) Other (please specify)
12. What incentives does your department use that have been effective in reducing sick leave usage? Check all that apply.
 12.5% (39) Converting unused sick leave into annual/vacation leave
 9.6% (30) Extra annual/vacation leave given for good attendance
 1.9% (6) Unused sick leave is used to purchase service credit annually
 23.8% (74) All unused sick leave is credited as service time at retirement
 1.6% (5) Annual financial incentive of \$100 or less
 9% (28) Annual financial incentive of more than \$100
 2.6% (8) Attendance ribbon and/or certificate of recognition
 7.4% (23) Buy-back of unused sick leave annually dollar for dollar
 15.8% (49) Buy-back of unused sick leave annually at a reduced rate
 22.8% (71) No incentives are offered
 26.4% (82) Other (please specify)

Participating Departments:

Alabama, Bessemer Fire Dept.	Alabama, Daphne Fire Dept.
Alabama, Gulf Shores Fire Rescue	Alabama, Montgomery Fire-Rescue
Alaska, Anchorage Fire Dept.	Alaska, Capital City Fire Rescue
Alaska, City of Fairbanks	Alaska, Ketchikan Fire Dept.
Arizona, Buckeye Fire Dept.	Arizona, Chandler Fire Dept.
Arizona, Drexel Heights Fire Dept.	Arizona, Glendale Fire Dept.
Arizona, Highlands Fire District	Arizona, Superstition Fire and Medical District
Arizona, Tempe Fire, Medical, & Rescue Dept.	Arkansas, North Little Rock Fire Dept.

Arkansas, Pine Bluff Fire & Emergency Services
 Arkansas, Springdale Fire Dept.
 California, Contra Costa Fire Protection District
 California, Kern County Fire Dept.
 California, Pasadena Fire Dept.
 California, Riverside Fire Dept.
 Colorado, Brighton Fire-Rescue District
 Colorado, Golden Fire Dept.
 Colorado, South Metro Fire Authority
 Connecticut, Fairfield Fire Dept.
 Connecticut, Mansfield Fire Dept.
 Connecticut, Ridgefield Fire Dept.
 Delaware, New Castle County
 Florida, Boca Raton Fire Dept.
 Florida, City of Pensacola
 Florida, Fort Myers Fire Dept.
 Florida, Kissimmee Fire Dept.
 Florida, North Port Fire Rescue
 Florida, Pompano Beach Fire Rescue
 Florida, Sanford Fire Dept.
 Florida, West Manatee Fire & Rescue District
 Georgia, Columbus Fire & EMS
 Georgia, Douglas County Fire-EMS
 Georgia, Forsyth County Fire Dept.
 Georgia, Gordon County Fire Dept.
 Georgia, Pooler Fire-Rescue
 Georgia, Waycross Fire Dept.
 Hawaii, Maui County Fire Dept.
 Idaho, Coeur d'Alene Fire Dept.
 Illinois, Bloomington Fire Dept.
 Illinois, Elgin Fire Dept.
 Illinois, Hanover Park Fire Dept.
 Illinois, Peoria Fire Dept.
 Illinois, Rockford Fire Dept.
 Indiana, Carmel Fire Dept.
 Indiana, Elkhart Fire Dept.
 Indiana, New Albany Fire Dept.
 Indiana, South Bend Fire Dept.
 Iowa, Cedar Rapids Fire Dept.
 Iowa, Davenport Fire Dept.
 Iowa, Des Moines Fire Dept.
 Iowa, Iowa City Fire Dept.
 Kansas, Consolidated Fire District #2
 Kansas, Olathe Fire Dept.
 Kentucky, Danville Fire Dept.
 Kentucky, Frankfort Fire & EMS
 Kentucky, Lexington Fire Dept.
 Kentucky, Winchester Fire-EMS
 Louisiana, Denham Springs Fire Dept.
 Maine, Kennebunk Fire-Rescue
 Maine, Unknown
 Maryland, Anne Arundel County Fire Dept.
 Massachusetts, Amherst Fire Dept.
 Massachusetts, Carlisle Fire Dept.
 Massachusetts, Dedham Fire Dept.
 Massachusetts, Duxbury Fire Dept.
 Arkansas, Rogers Fire Dept.
 California, Burbank Fire Dept.
 California, Garden Grove Fire Dept.
 California, Marin County Fire Dept.
 California, Redondo Beach Fire Dept.
 California, San Bernardino Fire District
 Colorado, Colorado Springs Fire Dept.
 Colorado, Larkspur Fire Protection District
 Connecticut, Enfield Fire Dept.
 Connecticut, Manchester Fire, Rescue, & EMS
 Connecticut, Norwich Fire Dept.
 Connecticut, Wallingford Fire Dept.
 Florida, Bayshore Fire Rescue
 Florida, Boynton Beach Fire Dept.
 Florida, Fort Lauderdale Fire-Rescue
 Florida, Islamorada Fire Rescue
 Florida, Madeira Beach Fire Dept.
 Florida, Pinellas Park Fire Dept.
 Florida, Port Orange Fire & Rescue
 Florida, Sumter County Fire & EMS
 Georgia, Augusta Fire Dept.
 Georgia, Dekalb Fire-Rescue
 Georgia, Fayette County
 Georgia, Fulton County Fire Rescue
 Georgia, Gwinnett Fire & Emergency Services
 Georgia, John's Creek Fire Dept.
 Hawaii, Kauai Fire Dept.
 Idaho, Caldwell Fire & Rescue
 Idaho, Idaho Falls Fire Dept.
 Illinois, Champaign Fire Dept.
 Illinois, Geneva Fire Dept.
 Illinois, North Chicago Fire Dept.
 Illinois, Riverdale Fire-Rescue
 Illinois, Troy Fire Dept.
 Indiana, Clay Fire Territory
 Indiana, Goshen Fire Dept.
 Indiana, Princeton Fire Territory
 Iowa, Cedar Falls Fire-Rescue
 Iowa, Clive Fire Dept.
 Iowa, Des Moines Fire Dept.
 Iowa, Dubuque Fire Dept.
 Iowa, North Des Moines Fire Dept.
 Kansas, Lenexa Fire Dept.
 Kansas, Sedgwick County Fire District 1
 Kentucky, Florence Fire-EMS
 Kentucky, Henderson Fire Dept.
 Kentucky, Louisville Division of Fire
 Louisiana, Bayou Cane Fire Protection District
 Louisiana, Lafayette Fire Dept.
 Maine, South Portland Fire Dept.
 Maryland, Annapolis Fire Dept.
 Maryland, Hagerstown Fire Dept.
 Massachusetts, Canton Fire Dept.
 Massachusetts, COMM Fire District
 Massachusetts, Dracut Fire Dept.
 Massachusetts, Gloucester Fire Dept.

Massachusetts, Greenfield Fire Dept.
 Massachusetts, Sandwich Fire Dept.
 Michigan, Farmington Hills Fire Dept.
 Michigan, Leland Fire and Rescue
 Michigan, Sterling Heights Fire Dept.
 Minnesota, Duluth Fire Dept.
 Minnesota, Minnetonka Fire Dept.
 Minnesota, St. Cloud Fire Dept.
 Mississippi, Jackson Fire Department
 Mississippi, Unknown
 Missouri, Eureka Fire Protection District
 Missouri, O'Fallon Fire Protection District
 Nebraska, Fremont Fire Dept.
 Nebraska, Grand Island Fire Dept.
 Nevada, East Fork Fire Dept.
 Nevada, North Lake Tahoe Fire Protection District
 New Hampshire, Bristol Fire Dept.
 New Hampshire, Dover Fire Dept.
 New Hampshire, Unknown
 New Jersey, Unknown
 New Mexico, Roswell Fire Dept.
 New York, Syracuse Fire Dept.
 North Carolina, Asheville Fire Dept.
 North Carolina, Carrboro Fire-Rescue
 North Carolina, Concord Fire Dept.
 North Carolina, Durham Fire Dept.
 North Carolina, Gastonia Fire Dept.
 North Carolina, Greenville Fire Rescue
 North Carolina, Kernersville Fire Dept.
 North Carolina, Nags Head Fire-Rescue
 North Carolina, Raleigh Fire Dept.
 North Carolina, Rocky Mount Fire Dept.
 North Carolina, Wake Forest Fire Dept.
 North Carolina, Wilson Fire-Rescue
 North Dakota, Fargo Fire Dept.
 Ohio, Canton Fire Dept.
 Ohio, Colerain Fire & EMS
 Ohio, Delaware Fire Dept.
 Ohio, Grandview Heights Fire Dept.
 Ohio, Marysville Fire Division
 Ohio, Sycamore Fire Dept.
 Oklahoma, Chickasha Fire Dept.
 Oklahoma, Tulsa Fire Dept.
 Oregon, Corvallis Fire Dept.
 Oregon, Newport Fire Dept.
 Pennsylvania, East Whiteland Fire Dept.
 Pennsylvania, Allegheny Airport Authority FD
 Pennsylvania, York Area United Fire and Rescue
 Rhode Island, Newport Fire Dept.
 Rhode Island, West Warwick Fire Dept.
 South Carolina, Conway Fire Dept.
 South Carolina, Georgetown County Fire-EMS
 South Carolina, Hartsville Fire Dept.
 South Carolina, Lake City Fire Dept.
 South Carolina, Midway Fire-Rescue
 South Carolina, North Charleston Fire Dept.
 Massachusetts, Maynard Fire Dept.
 Massachusetts, Worcester Fire Dept.
 Michigan, Lansing Fire Dept.
 Michigan, Oshtemo Fire and Rescue
 Michigan, Westland Fire Dept.
 Minnesota, Excelsior Fire District
 Minnesota, Moorhead Fire Dept.
 Minnesota, St. Paul Fire Dept.
 Mississippi, Vicksburg Fire Dept.
 Missouri, Columbia Fire Dept.
 Missouri, Kansas City Fire Dept.
 Montana, Central Valley Fire District
 Nebraska, Omaha Fire Dept.
 Nevada, North Lyon Fire District
 Nevada, Elko Fire Dept.
 New Hampshire, Portsmouth Fire Dept.
 New Hampshire, Concord Fire Dept.
 New Hampshire, Newport Fire-EMS
 New Jersey, Unknown
 New Mexico, Albuquerque Fire Dept.
 New York, Albany International Airport Fire Dept.
 New York, Watertown Fire Dept.
 North Carolina, Monroe Fire Dept.
 North Carolina, Charlotte Fire Dept.
 North Carolina, Conover Fire Dept.
 North Carolina, Fayetteville Fire Dept.
 North Carolina, Greensboro Fire Dept.
 North Carolina, Kannapolis Fire Dept.
 North Carolina, Lewisville Fire Dept.
 North Carolina, New Bern Fire-Rescue
 North Carolina, Roanoke Rapids Fire Dept.
 North Carolina, Southern Pines Fire-Rescue
 North Carolina, Wilmington Fire Dept.
 North Dakota, Bismarck Fire Dept.
 North Dakota, Grand Forks Fire Dept.
 Ohio, Cleveland Fire Dept.
 Ohio, Columbus Division of Fire
 Ohio, Fairfield Fire Dept.
 Ohio, Lebanon Fire Division
 Ohio, Mentor Fire & Rescue
 Ohio, Trotwood Fire & Rescue
 Oklahoma, Stillwater Fire Dept.
 Oregon, Bend Fire Dept.
 Oregon, Keizer Fire District
 Pennsylvania, Chester County Emergency Services
 Pennsylvania, Philadelphia Fire Dept.
 Pennsylvania, Pittsburgh Bureau of Fire
 Pennsylvania, York City Fire-Rescue
 Rhode Island, Portsmouth Fire Dept.
 South Carolina, Charleston Fire Dept.
 South Carolina, Florence City Fire Dept.
 South Carolina, Florence County Emergency Service
 South Carolina, Horry County Fire-Rescue
 South Carolina, Lancaster County Fire Service
 South Carolina, MYR International Airport Fire Dept.
 South Carolina, North Myrtle Beach Public Safety

South Carolina, Rock Hill Fire Dept.
 South Carolina, Surfside Beach Fire Dept.
 South Carolina, West Columbia Fire Department
 Tennessee, Brentwood Fire-Rescue
 Tennessee, Jackson Fire Dept.
 Tennessee, Maryville Fire Dept.
 Texas, Addison Fire Dept.
 Texas, Arlington Fire Dept.
 Texas, Conroe Fire Dept.
 Texas, El Paso Fire Dept.
 Texas, Fort Worth Fire Dept.
 Texas, Garland Fire Dept.
 Texas, Houston Fire Dept.
 Texas, Plano Fire-Rescue
 Texas, Sachse Fire Rescue
 Texas, Travis County/Lake Travis Fire Rescue
 Texas, Stephenville Fire Dept.
 Utah, Park City Fire District
 Utah, United Fire Authority, Salt Lake County
 Virginia, Albemarle County Dept. of Fire & EMS
 Virginia, Chesapeake Fire Dept.
 Virginia, Florence Fire-Rescue
 Virginia, James City County Fire-EMS
 Virginia, Portsmouth Fire and Emergency Services
 Virginia, Roanoke Fire-EMS
 Virginia, Suffolk Fire-Rescue
 Virginia, Virginia Beach Fire Dept.
 Virginia, Winchester Fire and Rescue
 Washington, Bellingham Fire Dept.
 Washington, Duvall Fire
 Washington, Lake Stevens Fire Dept.
 Washington, West Pierce Fire & Rescue
 West Virginia, Parkersburg Fire Dept.
 Wisconsin, Fond du Lac Fire-Rescue
 Wisconsin, Oshkosh Fire Department
 Wisconsin, West Allis Fire Dept.
 Wyoming, Campbell County Fire Dept.
 Wyoming, Laramie Fire Dept.

South Carolina, Simpsonville Fire Department
 South Carolina, Unknown
 South Dakota, Sioux Falls Fire Rescue
 Tennessee, Bristol Fire and Rescue
 Tennessee, Kingsport Fire Dept.
 Texas, Abilene Fire Dept.
 Texas, Amarillo Fire Dept.
 Texas, Austin Fire Dept.
 Texas, Dallas Fire-Rescue
 Texas, Fairview Fire Dept.
 Texas, Frisco Fire Dept.
 Texas, Horseshoe Bay Fire Dept.
 Texas, Nacogdoches Fire & Rescue
 Texas, Port Arthur Fire Dept.
 Texas, Sugar Land Fire Dept.
 Texas, Unknown
 Texas, Vernon Fire Dept.
 Utah, Salt Lake City Fire Dept.
 Vermont, South Burlington Fire Dept.
 Virginia, Charlottesville Fire Dept.
 Virginia, Chesterfield Fire & EMS
 Virginia, Henrico County Division of Fire
 Virginia, Newport News Fire Dept.
 Virginia, Prince William County Fire Dept.
 Virginia, Salem Fire & EMS
 Virginia, Unknown
 Virginia, Williamsburg Fire Dept.
 Washington, Bellevue Fire Dept.
 Washington, Central Whidbey Island Fire & Rescue
 Washington, Eastside Fire and Rescue
 Washington, Port of Seattle Fire Department
 West Virginia, Charleston Fire Dept.
 Wisconsin, Eau Claire Fire Dept.
 Wisconsin, Milwaukee Fire Dept.
 Wisconsin, Racine Fire Dept.
 Wisconsin, West Bend Fire Dept.
 Wyoming, Cheyenne Fire and Rescue

Appendix B. Curriculum vitae and interview summary with Dick Drass, February 11, 2014 at Conway, South Carolina.

FUNCTIONAL SKILLS SUMMARY

- **Leadership:** Consulting, strategic planning, start-ups, change management, team-building, climate-setting, problem-solving, coaching, mentoring, organizational development, re-engineering.
- **Operations:** Database management, multi-unit and manufacturing plant management, warehousing, distribution, inventory control, logistics, retail, food service, construction, home-building, contracts management, vendor development, quality control, project/program management, training/teaching, product development, call centers, consulting, process evaluation and design, cycle time reduction.
- **Financial:** Budgeting, P & L responsibility, revenue forecasting, product/service costing, cost control, feasibility analysis, trend analysis, profitability analysis, estimating, financial reporting, capital acquisitions, automation, charitable contributions, fundraising, indexing, profitability improvement.
- **Marketing/Sales:** Market ("SWOT") analysis, trend analysis, new product development/introduction, market share management, customer service management, presentations, relationship-building, account management, merchandising, point-of-purchase sales, prospecting, training, motivating, promotions, incentives development, trade shows, business development.
- **Personal:** Self-starter, high-energy, multi-task oriented, computer literate, take charge, creates an empowering workplace, developmental delegator, mentor, coach, "great ideas guy," change agent.

EXPERIENCE and ACCOMPLISHMENTS SUMMARY

Lecturer in Entrepreneurship, *Coastal Carolina University*, August 2012 to Present.

College Instructor, *Marshall University, Huntington, WV*, January 2007 to May 2012. Hired as a contract instructor to teach management subjects. Have taught principles, business ethics, critical thinking, and strategic management (capstone course), while earning numerous honors and accolades from superiors, colleagues, and students. Member Beta Gamma Sigma, professionally qualified, and WAC certified.

- Currently teaching the business capstone course, Strategic Management, a writing intensive course, and Business & Society: Ethics and Stakeholder Management (Management majors capstone); also have taught Principles of Management; am currently teaching a course in critical thinking for freshmen. Have also taught freshmen orientation.
- Consistently rated the top management professor in division (numerical evaluations), receiving numerous laudatory written student comments as well (portfolio available)
- Elected by students to Beta Gamma Sigma as first faculty member so elected in three years
- Was given a three-year contract (same as tenure track faculty) beginning 2011-12 academic year, in recognition of outstanding performance and service
- Recently recertified as WAC (Writing Across the Curriculum) instructor
- Have reviewed several peer review journal articles with compliments from journal editor
- Have served on several committees, and currently serve as faculty advisor to MU chapter of Alpha Kappa Psi, coed business fraternity
- Numerous students have commented in writing that my capstone course, Strategic Management, was "the best/most beneficial course they have taken at Marshall"

- Have guest-lectured at the EMBA level, and am ask to do some public speaking
- Have participated in external recruitment events including presenting high school seminars

Investments Advisor, *Charles and Hunt Investment Group, LLC*, Hurricane, WV, April 2006 to Dec 2007. Independent broker for sales and service of indexed fixed annuities. Specializing in retirement plans and qualified plan rollovers. WV and MD licensed life and health insurance agent.

Principal/Owner, *Think-Link Strategies & BusMD*, July 2004 to December 2005. Management consulting, training and organizational development firm. Led clients through cultural change, strategic thinking and business planning, resource alignment, and developing new ideas. Also provided individual and organizational development guidance and training. Additional offerings: executive coaching, seminars, and speaking engagements. Partner in two other ventures.

- Helped several small business clients save their businesses
- Won contracts with State of Maryland
- Provided consulting services to several former clients and a former employer
- Developed several people who became successful entrepreneurs

Regional Manager, *Promissor, Inc.*, Washington, DC, 1999 to July 2004. Hired to start up new regional operations center, outsourcing agency information management services (professional testing, licensing, and database management) for state regulatory clients, functioning as program director/contract manager for five state programs including DC and Maryland. Also responsible for developing business plans, renewing contracts, managing client relationships, managing IT support requirements, facilitating new business development, often acting as a project manager, and managing a 35,000 monthly volume inbound call center.

- licensing records management and professional license testing.
- Organized a new regional office, developing new operating protocol, while relocating two contracts and assimilating a major new contract, and growing revenue to \$10 million.
- Hired/trained 65 people in two months on professional license processing.
- Reduced processing time, costs, and phone calls by 60%, while improving customer service.
- Developed strong regional staff that managed client expectations effectively while maintaining focus on long-term client satisfaction, growth, and profitability.

Area Vice President, *Service Corporation International*, Washington, DC, 1997 to 1999. Managed a \$34 MM group of fourteen companies. Responsible for complete financial and operational management, market leadership, workplace excellence, customer loyalty, and business growth, while growing subordinate leaders who managed the individual companies and helping them develop their business skills.

- Managed a \$34 million group of eleven companies around the greater D. C. area.
- Developed strategies for these units to address market trends, to prepare for future growth after a serious slippage in market share, and to take advantage of synergies.
- Rebuilt the image of most of the affiliated companies and grew market share by 12%.
- Centralized operations, automated activities, and managed costs to a three-year low.
- Achieved a \$12 million sales goal in a politically turbulent market place.
- Led region through major cultural change in an industry that was totally new to me.

Founder/Owner, *Lighthouse Foods, Inc.*, Stevensville, MD, 1989 to 1996. Developed and operated this *Captain D's* quick service seafood restaurant franchise.

- Received constant praise for quality, cleanliness, and friendly customer service
- Achieved proforma cost budget +/- 1%, always exceeding franchisor's operating standards.

Founder/Owner, CBI Homebuilders, Athens, GA, 1984 to 1986. Founded and operated a residential home-building company, developing own architectural motifs using leading architects' designs.

- Delivered high quality homes on schedule.
- Obtained a real estate license and managed own marketing program.

General Plant Manager, Ryland Homes, Inc., Columbia, MD, 1986 to 1989. Took over the leadership of a troubled \$35 MM regional manufacturing plant. Managed purchasing, distribution, quality, human resources, warehousing, maintenance, and planning and budgeting, as well as production operations. Managed customer relations and provided direct support to customer field construction divisions.

- Led a troubled \$35 MM regional manufacturing plant with 150 employees, producing 3000 housing units per year, through an extensive re-engineering and reorganization.
- Led team through dramatic improvements in performance, morale, quality, productivity, and customer relations, winning an award for customer relations from the mid-Atlantic region.
- Reorganized plant layout, material flows, and quality control program.
- Led project to convert production operations control to a computerized "MRP system."

Regional Manufacturing Manager/ Plant Manager, Ryan Homes, Inc., VA, GA, 1978 to 1984. Managed similar functions to those at Ryland Homes. As a senior manager, participated on architectural design committees, managed product development, and served on corporate charitable contributions committee.

- Built and commissioned two new manufacturing plants.
- Developed systems to apply new technologies to components manufacturing.
- Revitalized two plants, with new layouts, workflows, and new job functions.
- Ultimately managed a three-plant manufacturing region in Georgia and Florida with over 300 employees, producing \$50MM in annual sales.

Project Manager/Project Engineer/Plant Engineer, Sales Consultant, various, 1972 to 1978.

MILITARY SERVICE

West Point graduate. U S Army Ranger who served as an Infantry Officer with two combat tours of duty in Vietnam. Received numerous military awards and was honorably discharged.

EDUCATION

- **MBA**, General Business, University of North Carolina, Chapel Hill, 1972.
- **BS**, General Engineering, United States Military Academy, West Point, 1965.
- Area Vice President training course (three weeks) – 1999.
- AMA Presidents' course (one week) – 1980.
- Participates in professional continuing education regularly.

1. How do employers in the private sector manage sick leave?

- Sick leave is difficult to manage for any employer. The first step is having a sick leave policy. The policy should cover every aspect of sick leave. It should also explain the procedure for calling in sick, many employers do not have a set procedure. Make employees talk to a supervisor, no texts, no voicemail, no e-mail. Do not let supervisors

tell employees that it is okay when they call in sick. This gives the employees the wrong message. Have employees say they are sick or why they are sick, simply saying “I’m not coming in today” is not acceptable. The policy needs to be enforced consistently and all of the supervisors must be trained on it.

- The best solution to the problem is a good, sound sick leave policy. But employers also need to be proactive. Employers need to look at patterns of use, such as calling in sick after weekends or in conjunction with holidays.
- Discipline is another tool. Tell employees how their absences are affecting the organization. If employees fail to change, then get rid of them. Withholding promotions is another form of discipline. If an employee is not dependable, why should they be promoted? They cannot be counted on to be at work in a lower position, so giving them more responsibility is not going to change them.

2. What do you consider excessive sick leave use?

- I’d say between two and five days in a year because most people just do not get that sick year after year. I was always easier on an employee that did not use sick leave very much compared to the ones that were habitual users. It’s kind of like my students now, I’ll cut the good ones a break if they forget an assignment because they’ve shown they are reliable and everyone make a mistake sometimes. But the chronic poor students, I do not cut them any slack.

3. What are some other ways to reduce excessive sick leave use?

- Another way to help reduce it, besides the ones mentioned earlier, are holding it against them on their performance appraisal. You cannot hold time away from work on approved FMLA leave against an employee, but we are talking about employees that are not on FMLA leave, the ones that just use it as they please. Employees are going to do what they can get away with, and putting it on their performance document is a good way to show them that they cannot get away with it.
- Changing leave systems to paid-time-off has been useful. Instead of having separate leave banks, it is all combined. When a company offered five sick days that had to be used by the end of the year, employees used five sick days. But in PTO, employees think twice about not coming in just because they do not feel like it. Using a day here and there lowers their time for actual vacations.
- Employee engagement is important too. Throughout my career, employees that take pride in their job do not use sick leave as often as employees that do not. When employees do not care about the organization they will call in sick more. They also will call in sick when they work in monotonous jobs. When they do the same thing day after day like working on an assembly line in a factory. Employees need to feel excited to come to work, when they do, they will not skip out on work.
- Employers have to be engaged with the workers too. I’ve found that many employers will do anything to get the job done. Employees want to be valued by their employers, and when they are, they are less likely to call in sick. Many employers lose sight of the true purpose in business, and that is to be challenged, not just to be profitable. The Hawthorne Studies showed this. In the studies it was found that the only variable that increased production was when employees were treated as unique individuals, nothing else mattered.

4. Do attendance incentives work in decreasing sick leave use?
 - I don't think childish incentives like ice cream socials work. Most employees view that as childish and they are adults. Paying for unused sick time is a good incentive, but it can be costly. Of course sick leave can be costly too. Offering other financial incentives can work, especially because it seems more often than not employees that use their sick leave liberally need extra money. I always tried to recognize an employee in public for their commitment. I'd also recognize an employee that usually does not use sick leave when they were sick. I'd tell them I was glad they were back and that they knew they were too sick to be at work.

5. Is there anything else you'd like to mention?
 - I think my time in Vietnam is relevant to this topic. There was a lot of down time there. It seemed like 90% of the time we were bored out of our minds, and then the other 10% we were scared to death. When guys were bored they got into trouble. But when we were engaged in our duty, no one was bored, no one was sick. This is the same as workers that are bored with their job. They will not do a good job if they are not engaged and feel like they are doing something worthwhile.
 - There was a lot of unit pride and camaraderie too. During combat nothing else mattered. We were there for each other and supported each other. We knew we had to rely on the other guy, and he had to rely on me. Our platoon was like a fraternity and no one wanted to be the one that let the others down. It is that kind of pride and commitment and teamwork that employers need to build with the employees. And employees need to be committed to each other. When that happens, the sick leave problem will probably take care of itself.

Appendix C. Standard questions and results asked to all employers not in public safety. Results are also shown in percentage with actual responses in parenthesis.

1. Please explain your organization's sick leave accrual system.
 - 36.1% (13) Employees accrue vacation and sick leave in separate leave banks
 - 44.4 (16) Employees accrue leave time in one leave bank to use for both vacation and sick time (i.e. paid time off) with a supplemental leave bank to use for extended illness/injuries
 - 5.6% (2) Employees accrue leave time in one leave bank to use for both vacation and sick time (i.e. paid time off) without any other form of sick leave
 - 13.9% (5) Employees must use unpaid leave when they are sick

2. Can employees carry over sick leave to the next year?
 - 51.6% (16) Yes, they can carry over
 - 32.3% (10) No, they lose it
 - 16.1% (5) We do not accrue sick time

3. When does your organization require a doctor's excuses for sick leave?
 - 9.7% (3) Excuse after 2 days
 - 32.3% (10) Excuse after 3 days
 - 3.2% (1) Excuse after 4 days
 - 29% (9) Excuses are never required
 - 25.8% (8) Decided on a case by case basis

4. In your opinion how often does sick leave abuse occur within your organization?
 - 0% (0) Very frequently
 - 6.5% (2) Frequently
 - 48.4% (15) Sometimes
 - 32.3% (10) Rarely
 - 12.8% (4) Never

5. Does your organization have a policy to address sick leave usage and abuse and has it worked?
 - 57.8% (19) We have a policy and it has worked
 - 21.1% (7) We have a policy and it has not worked
 - 21.1% (7) We do not have a policy

6. Do supervisors counsel employees regarding their sick leave usage?
 - 44.8% (13) Yes
 - 55.2% (16) No

7. Are there any incentives for good attendance?
 - 17.1% (6) Yes, please describe
 - 82.9% (29) No

8. How does your organization apply discipline towards an employee's sick leave usage?
- 32.3% (10) Discipline is administered when an employee's sick leave becomes excessive or frequent
- 45.1% (14) Discipline is administered when an employee abuses sick leave
- 22.6% (7) No discipline is ever administered for sick leave usage
9. Does sick leave affect the employee's performance appraisal?
- 38.5% (10) Yes
- 61.5% (16) No
10. Does sick leave usage require you to pay overtime to cover the sick employee's work?
- 25% (7) Yes
- 75% (21) No
11. In your opinion, is there frustration from employees towards the ones that are frequent sick leave users?
- 83.3% (25) Yes
- 16.7% (5) No
12. What organizational efforts have been effective in reducing sick leave?

Participating Employers:

AT&T	Aurora Caskets
Bank of America	Gap Inc.
Grand Strand Water & Sewer	Costco
Bank of New York Mellon	Ford Motor Company
Blue Cross/Blue Shield of South Carolina	Hampton Inn
Burroughs and Chapin Company	Capital One
Coastal Carolina National Bank	Coastal Cancer Centers
Coastal Carolina University	Conway Medical Center
Grand Strand Nissan	Petsmart
Grand Strand Regional Medical Center	Home Depot
Horry County School District	International Paper
McLeod Loris Seacoast Medical Center	T-Mobile
Santee Cooper Electric Cooperative	Proximo Spirits
The Pantry Convenience Stores	Time Warner Cable
Waccamaw Medical Center	Ulta Cosmetics
Next Media Broadcasting (AM/FM radio)	Waffle House
Media General WBTW-TV (Local CBS Affiliate)	Wal-Mart
Barrington Broadcasting WPDE-TV (Local ABC Affiliate)	Dillard's

Appendix D. Summary of telephone interview with Danielle Weldon on May 19, 2014.

Sergeant, United States Marine Corps, 2005-present. MOS: communications.
Senior Drill Instructor, Marine Corps Recruit Depot Parris Island, Recruit Training Regiment, 4th Battalion, Oscar Company.
Bachelor of Science 2005, Manhattan College, New York, NY.
Hometown of White Plains, NY.

1. Please explain the sick leave procedure for a Marine.
 - Marines are subject to the Uniform Code of Military Justice. When a Marine is sick they are expected to report to work and notify their supervisor. This is not fun, since when I'm sick I do not want to go anywhere. But Marines report to their assignment and the supervisor will send the Marine to the medical office. I've been a good Marine, so for Marines like me, we can get away with just calling our supervisor and telling them, then they say to go to medical. Once at medical, they decide if you're sick enough to work or not. If you are sick, they send you home and you are placed sick in quarters (SIQ). This means you cannot leave your house or barracks.
2. Do you believe there is abuse of sick leave in the Marine Corps?
 - No, not really. I'm sure there are some that try to get away with it, but I think most Marines do not try to abuse it.
3. Why do you think that sick leave abuse is rare?
 - Marines can get into a lot of trouble for lying. I've seen some Marines that were SIQ'ed out and busted doing personal things. Some of them got in a lot of trouble. When that happens they receive nonjudicial punishment from their superiors. Most Marines are not going to want that on their record, especially for something like trying to fake an illness.
 - Another reason I think Marines do not abuse sick leave is because of our core values of honor, courage, and commitment. The core values are the basis for the entire culture of the Marine Corps. To be a Marine, it takes a special type of person. We are taught and trained to keep of military bearing no matter the situation. We are professionals, and strive to be morally and ethically sound. Lying goes against everything the core values stand for. When my new platoon is first introduced to me and the other drill instructors, we [the drill instructors] repeat the drill instructor's creed from our company commander in front of the recruits. I then give the senior drill instructor speech to the recruits, and one part states that Marines never lie. It gets instilled at the beginning of boot camp, and it is the standard that Marines try to uphold.
4. Do recruits try to use being sick as a way to get a break from boot camp?
 - They learn quickly that the drill instructors are not allowed to deny a recruit a medical visit. There are definitely recruits that will go to medical because they need a break and hoping to get placed on a day or two of bed rest. Recruits do get sick in boot camp. There are kids from all over the country with germs and whatnot, so they do get sick. Usually a drill instructor can tell when a kid is sick and when they just want a break.

5. If you cannot deny a recruit a medical evaluation, what stops them from trying to go every day?

- Like a Marine, a recruit is evaluated by a medical officer and that person will determine if the recruit is too sick to train. The deterrent is that a recruit can be charged with malingering if they keep asking to go to medical but nothing is ever found to be wrong with them. Also, the drill instructors will punish that type of behavior too. The recruits learn that they will be held accountable for every one of their actions, and if they lie about being sick, we will take care of the problem.

6. What about during the training day, do recruits fake injuries to get out of one part of training instead of the whole day?

- Some will try, but they will still do it all. Recruits will complain of a headache or muscle cramp to avoid swimming for those that are afraid of the water, or rappelling for those afraid of heights. Bottom line is, they are going to do it. We make them do it. They are not graduating if they do not do it. We will drop them back in training to another platoon, they cannot get around it. A drill instructor's first priority is safety, and we're not going to allow a recruit to get hurt. A drill instructor will talk them off the rappel tower. Swim qualification is a graduation requirement. For recruits that struggle in the water, I will get in and do it with them. That's one big advantage we have over you guys, we can make them do it. They have to do it. If they don't, they're gone.

Appendix E. Standard questions asked to city department heads with results shown as actual responses.

Participating departments: Fire, Municipal Courts, Public Works, Convention Center, Cultural and Leisure Services, and Anonymous.

1. Would you be in favor of switching to a Paid Time Off or Earned Time Off concept where annual & sick leave are combined into one leave bank?

Yes	6	No	0
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2. Does your department offer employees with excellent attendance any incentives and/or recognition?

Yes	1	No	5	Other	1
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3. When the City offered the \$75 bonus every six months for using less than 7 hours of sick leave, how was sick leave in your department affected?

Decreased	2	Remained the same	4	Increased	0
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4. Once you accrue the maximum amount of sick leave the City will pay you 1 hour for every 3 hours of sick leave. Is this current buy-back program incentive enough for employees to max out sick leave?

Yes	2	No	4
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5. What do you consider excessive use of sick leave?

2 day per year	1
5 days or more per year	2
Varies on employee	3

6. Do you believe sick leave abuse occurs within your department?

Yes	6	No	0
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7. Do your employees appear to become frustrated with coworkers that frequently use sick leave?

Yes	6	No	0
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8. Are employees that frequently use sick leave disciplined?

Yes	0	No	5
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9. Do supervisors counsel employees regarding their sick leave usage?

Yes	4	No	2
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10. Does sick leave usage adversely affect the employee on their annual performance appraisal?

Yes	6	No	0
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11. What problems do you see with the current sick leave system?

12. What changes would you make to the current sick leave system?

Appendix F. Interview summary with Assistant City Manager John Pedersen conducted on May 16, 2014 at Myrtle Beach, South Carolina.

B.A., University of Delaware.

M.P.A., University of North Carolina at Chapel Hill.

City of Myrtle Beach, Assistant City Manager, February 2002-present.

City of Durham, North Carolina, served as Budget Director and Assistant City Manager, 1978 to 2002.

Past President of the North Carolina Government Finance Officers Association.

1. How do you think the city's sick leave system is working?

- I think for 95% of the employees it works very well. Most of the employees know it is a privilege and they view it as a privilege. I do not know if we have done enough to get the ones that misuse it, we have not properly pursued that.

2. So nothing has been done to stop the misusers or abusers?

- No, not exactly. If someone abuses sick leave they will be punished and possibly even separated from employment.
- I do not think the abuse is a widespread problem. There are roughly 5% of the employees that have little to no sick time. You have to assume some of those people were legitimately sick or injured. So I think the true representation of those that abuse it is only around 2.5%. Now that is still too high. As an organization, we need to set some standards for how we are going to deal with those that abuse it so everyone is treated in a similar fashion.

3. You mentioned separating abusers, has the city ever done that? What about for those that just chronically use it?

- The city has terminated employees for abuse of sick leave. I do not have any exact numbers. It also comes down to an issue of truthfulness and dependability.
- As for chronic users, the city has never terminated anyone to my knowledge. But we did fire an employee in Durham. She was a parking meter attendant. This employee never had a major illness, no FMLA leaves, she just always had a reason why she could not work. One of her reasons was she stepped on a rock and could not walk anymore. It got to the point where we told her she had to change her behavior or she would be terminated. She kept using sick leave, so she was released.

4. What changes has the city looked at with regards to our sick leave system?

- As you probably know, Chief Payne proposed we look at PTO in 2006. But as I said, the overall leadership of the city is pleased with how the current system works.
- PTO has its merits. My wife is a nurse and her former employer used PTO and she thought it was a good system. I know its gaining momentum in local governments, but I still have some concerns. It has been a tight few years budget-wise for us. Employees have not gotten much as far as salary increases, and I do not want them to think they are

losing something by going to PTO. Their sick leave will be gone, and they may view it as another loss.

- If we ever do switch to PTO, the rollout has to be done right. We risk losing the morale if we don't. A lot of employees won't understand how it benefits them and they may actually be getting more personal time away from work. I worry that the perception of the employees will be they are losing and the city is taking away. We would really have to educate the employees and show them what they are getting. If the rollout fails, the program could fail.

5. Did the \$75 sick bonus work and why did we stop it?

- It was stopped purely on a budgetary basis. We needed to save some money and it was suspended.
- I don't have the exact figures, but the \$75 did not have much of an impact on lowering sick leave use. Not many employees got it.

6. Do you think the three to one buyback for maxing out sick leave is a good incentive to not use it?

- I do. Employees that use their sick leave just so they can be paid hour for hour and get a normal paycheck as opposed to getting one-third of their excess in a bonus are not honest people. I would like to think that employees see the value in saving sick leave and understand that they do get something for the overage.
- That is the rule. Employees chose to work here, and when they do they acknowledge the rules. When they got here that rule was in place, yet they still chose to work here. Just because some do not like it, the rule is not going to change.

Appendix G. Results from the “Myrtle Beach Fire Department Employee Sick Leave Survey.”
Results are shown in percentage with actual responses in parenthesis.
<https://www.surveymonkey.com/s/HJN2YMM>

1. Do you believe sick leave abuse occurs within the department?
93.3% (125) Yes
6.7% (9) No
2. What is your opinion on sick leave?
83.5% (111) It is an insurance policy to cover me if I get sick or hurt, so I try to conserve it
16.5% (22) It is my time, and I can take it when I feel like it
0% (0) Sick leave is nothing more than vacation time, I use them interchangeably
3. Have you ever come to work sick or injured?
97.8% (131) Yes
2.2% (3) No
4. Have you ever used sick leave because no vacation slots were available?
13.5% (18) Yes
86.5% (115) No
5. Have you ever used sick leave when you have not been sick?
35.1% (47) Yes
64.9% (87) No
6. Do you know anyone that has used sick leave when they have not been sick?
85.1% (114) Yes
14.9% (20) No
7. Do you believe that it is acceptable to use sick leave for a "mental health" day?
69.2% (92) Yes
30.8% (41) No
8. Have you ever called in sick after you feel you were mistreated at work?
6.8% (9) Yes
93.2% (124) No
9. Has the lack of salary increases over the past several years influenced you to use more sick leave?
21.1% (28) Yes
78.9% (105) No

10. What do you consider excessive use or abuse of sick leave?

- 0% (0) 1 day per year
- 2.2% (3) 2 days per year
- 13.4% (18) 3 days per year
- 29.1% (39) 4 days per year
- 55.2% (74) 5 days or more per year

11. In your opinion, should employees that frequently use sick leave be disciplined?

- 40.9% (54) Yes
- 59.1% (78) No

12. If you received more leave each month like PTO time, would you be less likely to call in sick less?

- 40.6% (54) Yes
- 59.4% (79) No

13. When the city offered the \$75 bonus every six months for using less than 7 hours of sick leave, did this influence your decision whether to call in sick or not?

- 34.3% (46) Yes
- 65.7% (88) No

14. Once you accrue the maximum amount of sick leave the city will pay you 1 hour for every 3 hours of sick leave. Is this current buy-back program incentive enough for you to try and max out your sick leave?

- 29.5% (39) Yes
- 70.5% (93) No

15. What incentives does your department use that have been effective in reducing sick leave usage? Check all that apply.

- 79.7% (106) Converting unused sick leave into annual/vacation leave
- 86.5% (115) Extra annual/vacation leave given for good attendance
- 59.4% (79) Unused sick leave is used to purchase service credit annually
- 76.7% (102) All unused sick leave is credited as service time at retirement
- 12% (16) Annual financial incentive of \$100 or less
- 64.7% (86) Annual financial incentive of more than \$100
- 10.5% (14) Attendance ribbon and/or certificate of recognition
- 82% (109) Buy-back of unused sick leave annually dollar for dollar
- 17.3% (23) Buy-back of unused sick leave annually at a reduced rate
- 9.8% (13) Other (please specify)

Appendix H. Results from the “Myrtle Beach Fire Department Sick Leave Assessment” with correct answers highlighted in yellow with bold font. Results are also shown in percentage with actual responses in parenthesis.

1. Employees are allowed two unexcused absences every calendar year.

True 59.7% (80)

False 40.3% (54)

2. In lieu of a doctor’s excuse, a bill or receipt from the doctor’s office or hospital can serve as verification of sick leave

True 10.4% (14)

False 89.6% (120)

3. What is the maximum amount of sick hours personnel in emergency services can carry over to the next fiscal year?

a) 960 7.4% (10)

b) 1080 2.3% (3)

c) 1220 3.7% (5)

d) 1440 86.6% (116)

4. How much sick leave do emergency services personnel accrue monthly?

a) 8 hours 14.2% (19)

b) 10 hours 1.5% (2)

c) 12 hours 83.5% (112)

d) 14 hours 0.8% (1)

5. In order to qualify for light duty for an off-duty injury or illness, what is the required percentage of accrued sick leave?

a) 25% 3.7% (5)

b) 30% 5.3% (7)

c) 40% 87.3% (117)

d) 50% 3.7% (5)

6. City policy requires employees to notify their supervisor when using sick leave how many minutes before the start of the workday?

a) 15 0% (0)

b) 30 96.3% (129)

c) 45 0% (0)

d) 60 3.7% (5)

7. The Family Medical Leave Act requires the city to provide fulltime employees with paid sick leave.

True 47.8% (64)

False 52.2% (70)

8. At retirement, employees that were hired before July 2012 can receive how many months of service credit for unused sick leave.

- a) up to 1 month 3.7% (5)
- b) up to 2 months 5.2% (7)
- c) up to 3 months 29.1% (39)**
- d) up to 6 months 20.9% (28)
- e) Sick leave is not used for service credit 41% (55)

9. Sick leave can be used for personal medical or dental appointments.

- True 49.6% (66)**
- False 50.4% (67)

Appendix I. Summary of interview with Seth Holzopf on March 18, 2014 at Myrtle Beach, South Carolina.

Engineer, Myrtle Beach Fire Department, 2006-present
President, Myrtle Beach Professional Firefighters Association, IAFF Local #2345
IAFF 4th District Vice-President

1. How does your organization view the MBFD sick leave situation?

- Let me begin by saying I rarely use sick leave. The IAFF does not sanction any type organized sick leave outage or individual sick leave abuse.
- I sent the MBFD sick leave policy to the IAFF's legal team and they said there was nothing illegal with the policy.
- We all do not like the light duty clause because we feel as it is too subjective. The question I would ask is would a rookie firefighter be treated the same as a respected veteran? I think everything should be equal for all.
- I think that a doctor's excuse should be made mandatory every time an employee is sick.
- The membership does not like the three to one buyback after maxing out sick leave and the fact the city stopped the \$75 sick leave bonus.

2. So they like better financial incentives?

- Yes. They looked forward to the \$75 twice per year. It was not much, maybe a dinner out. But at least there was some kind of recognition. That's what they want, to be recognized for coming to work every day while others take sick leave as they please. Maybe even something else would be good for recognition, a ribbon for the uniform. At least it is recognition.
- They also do not like the three to one buyback. Why should they max out their sick leave and only get paid for one-third of it while someone else that uses it gets paid 100%? Thirty-three percent compared to 100%, that's what it comes down to.

3. Should discipline be used on those that abuse or excessively use sick leave?

- Abusers? Absolutely.
- If an employee uses a lot of sick leave but has a doctor's note and meets the requirements of the policy, how can they be disciplined? They are not breaking any rules. The city says the employee handbook is a guide, and not everyone is treated the same with discipline. That is just wrong, give us a contract and we all will have to follow it.
- There is no definition as to what defines "excessive." I would say between three and seven shifts, but that is my opinion. There is nothing in writing anywhere.

4. Would your organization be in favor of moving to a PTO system?

- For me personally, no. I do not know if it would really stop people from calling in sick.
- We would also have to work out how it would play into the retirement calculations.

5. Do you have any other comments?

- The city needs to make the employees feel valued and wanted. If they do that employees would not call in sick as much. But it seems that people have lost faith in the city as a whole because when it comes to benefits in general it is hard to get an answer.
- The final item is about supervisors calling in sick frequently. The firefighters do not respect the officers that use sick leave often. It sends the wrong message, and firefighters see the officers doing it, so they think it is okay for them to do it.

Appendix J. Employees that used one year’s worth of sick leave accrual with multiple years in red font. Employee letters correspond to same employee for this appendix as well as Appendix K.

2010	Sick Hours		2011	Sick Hours		2012	Sick Hours		2013	Sick Hours
Employee TT	336.00		Employee A	504.00		Employee A	852.00		Employee A	383.50
Employee A	333.00		Employee C	480.00		Employee X	398.00		Employee B	383.00
Employee X	314.00		Employee D	401.00		Employee C	372.00		Employee C	336.00
Employee B	300.00		Employee LL	318.00		Employee E	352.00		Employee D	292.00
Employee C	252.00		Employee E	240.00		Employee AA	322.00		Employee E	254.00
Employee D	245.00		Employee MM	216.00		Employee Y	310.00		Employee F	243.00
Employee UU	240.00		Employee Y	204.50		Employee F	289.25		Employee G	228.00
Employee Y	224.50		Employee G	204.00		Employee G	264.00		Employee H	204.00
Employee F	222.00		Employee NN	192.50		Employee BB	254.50		Employee I	204.00
Employee G	220.00		Employee J	188.00		Employee CC	240.00		Employee J	200.00
Employee VV	201.00		Employee L	182.00		Employee DD	216.00		Employee K	191.00
Employee NN	192.00		Employee N	173.00		Employee K	216.00		Employee L	183.50
Employee J	192.00		Employee OO	171.50		Employee L	208.00		Employee M	178.00
Employee N	189.00		Employee O	170.50		Employee N	193.50		Employee N	167.50
Employee Z	186.50		Employee PP	170.00		Employee EE	192.00		Employee O	163.00
Employee WW	162.00		Employee QQ	168.00		Employee Z	192.00		Employee P	160.00
Employee XX	156.00		Employee XX	164.00		Employee O	189.00		Employee Q	156.00
Employee W	151.00		Employee JJJ	163.25		Employee R	187.00		Employee R	156.00
Employee YY	144.00		Employee SS	156.00		Employee FF	180.00		Employee S	148.00
						Employee GG	171.00		Employee T	144.00
						Employee HH	168.00		Employee U	144.00
						Employee II	166.50		Employee V	144.00
						Employee JJ	158.00		Employee W	144.00
						Employee KK	144.00			

Appendix K. Quarterly participation in the city’s wellness program for the top 20 sick leave users for 2012 and 2013. Employee letters correspond to same employee as illustrated in Appendix J.

2012	Q1	Q2	Q3	Q4		2013	Q1	Q2	Q3	Q4
Employee A	No	No	No	No		Employee A	No	No	No	No
Employee X	No	No	No	No		Employee B	Yes	Yes	Yes	Yes
Employee C	No	No	No	No		Employee C	Yes	No	Yes	Yes
Employee E	No	Yes	No	No		Employee D	Yes	No	No	Yes
Employee AA	Yes	Yes	Yes	Yes		Employee E	No	No	No	No
Employee Y	Yes	Yes	No	No		Employee F	Yes	Yes	Yes	Yes
Employee F	Yes	Yes	Yes	Yes		Employee G	No	No	No	Yes
Employee G	No	No	No	No		Employee H	Yes	No	Yes	Yes
Employee BB	Yes	Yes	Yes	Yes		Employee I	Yes	Yes	Yes	Yes
Employee CC	No	No	No	No		Employee J	Yes	No	Yes	No
Employee DD	Yes	No	No	Yes		Employee K	No	No	No	No
Employee K	Yes	No	Yes	No		Employee L	Yes	Yes	No	Yes
Employee L	No	No	No	No		Employee M	No	Yes	No	No
Employee N	No	No	Yes	Yes		Employee N	No	No	No	Yes
Employee EE	Yes	Yes	No	Yes		Employee O	Yes	Yes	Yes	Yes
Employee Z	Yes	No	Yes	No		Employee P	Yes	Yes	No	No
Employee O	Yes	No	Yes	Yes		Employee Q	Yes	Yes	Yes	Yes
Employee R	Yes	No	Yes	No		Employee R	No	No	No	No
Employee FF	No	No	No	No		Employee S	No	No	Yes	No
Employee GG	Yes	Yes	Yes	Yes		Employee T	No	Yes	Yes	No

Appendix L. Employee percentage of maximum sick leave accrual versus actual accrual amount as of January 1, 2014. MBFD employees that retired and were rehired on the retirement incentive plan were not considered as their sick leave was used at retirement.

Name	MSLA	AAA	PAM	DOH
Employee 1	1440	1488	100.0%	9/18/1991
Employee 2	1440	1512	100.0%	4/20/1993
Employee 3	1440	1486	100.0%	4/21/1993
Employee 4	1440	1512	100.0%	4/21/1993
Employee 5	1440	1509	100.0%	4/21/1993
Employee 6	1440	1512	100.0%	4/24/1993
Employee 7	1440	1456	100.0%	4/20/1994
Employee 8	1440	1512	100.0%	9/21/1994
Employee 9	1440	1512	100.0%	4/1/1998
Employee 10	1440	1488	100.0%	1/19/2001
Employee 11	1440	1512	100.0%	1/19/2001
Employee 12	1440	1426	99.0%	8/11/1993
Employee 13	1440	1426	99.0%	9/6/2002
Employee 14	1440	1418	98.5%	9/6/2002
Employee 15	276	268	97.1%	2/10/2012
Employee 16	564	540	95.7%	1/29/2010
Employee 17	984	934	94.9%	3/2/2007
Employee 18	768	720	93.8%	9/12/2008
Employee 19	1440	1348	93.6%	1/9/2004
Employee 20	696	648	93.1%	2/13/2009
Employee 21	1440	1332	92.5%	5/19/2000
Employee 22	1272	1164	91.5%	3/4/2005
Employee 23	276	252	91.3%	2/10/2012
Employee 24	1056	954	90.3%	9/1/2006
Employee 25	1128	1017	90.2%	3/3/2006
Employee 26	396	348	87.9%	4/8/2011
Employee 27	1128	988	87.6%	3/3/2006
Employee 28	432	378	87.5%	1/14/2011
Employee 29	1440	1243	86.3%	8/22/2003
Employee 30	432	372	86.1%	1/14/2011
Employee 31	1440	1215	84.4%	10/16/1996
Employee 32	696	586	84.2%	2/13/2009
Employee 33	276	228	82.6%	2/10/2012
Employee 34	876	722	82.4%	12/7/2007
Employee 35	768	628	81.8%	9/12/2008
Employee 36	984	800	81.3%	3/2/2007
Employee 37	1440	1161	80.6%	3/8/2002

Employee 38	1440	1156	80.3%	1/9/2004
Employee 39	984	788	80.1%	3/2/2007
Employee 40	696	552	79.3%	2/13/2009
Employee 41	696	552	79.3%	2/13/2009
Employee 42	1440	1139	79.0%	1/22/1993
Employee 43	564	444	78.7%	1/29/2010
Employee 44	432	340	78.7%	1/14/2011
Employee 45	1440	1128	78.3%	4/21/1993
Employee 46	1272	996	78.3%	3/4/2005
Employee 47	564	436	77.3%	1/29/2010
Employee 48	696	536	77.0%	2/13/2009
Employee 49	276	212	76.8%	2/10/2012
Employee 50	768	588	76.6%	9/12/2008
Employee 51	1440	1094	75.9%	9/6/2002
Employee 52	984	737	74.9%	3/2/2007
Employee 53	696	519	74.6%	2/13/2009
Employee 54	564	420	74.5%	1/29/2010
Employee 55	768	568	73.9%	9/12/2008
Employee 56	432	317	73.4%	1/14/2011
Employee 57	768	560	72.9%	9/12/2008
Employee 58	1272	916	72.0%	3/4/2005
Employee 59	768	552	71.9%	9/12/2008
Employee 60	432	308	71.3%	1/14/2011
Employee 61	1272	902	70.9%	3/4/2005
Employee 62	1440	1016	70.5%	8/11/1993
Employee 63	768	540	70.3%	9/12/2008
Employee 64	1440	997	69.2%	8/22/2003
Employee 65	696	473	67.9%	2/13/2009
Employee 66	432	292	67.6%	1/14/2011
Employee 67	1128	763	67.4%	3/3/2006
Employee 68	276	184	66.7%	2/10/2012
Employee 69	648	424	65.4%	6/19/2009
Employee 70	648	423	65.3%	6/19/2009
Employee 71	276	180	65.2%	2/10/2012
Employee 72	564	365	64.7%	1/29/2010
Employee 73	1272	816	64.2%	3/4/2005
Employee 74	696	441	63.4%	2/13/2009
Employee 75	432	272	62.9%	1/14/2011
Employee 76	696	420	60.3%	2/13/2009
Employee 77	552	332	60.1%	2/12/2010
Employee 78	768	460	59.9%	9/12/2008
Employee 79	1440	860	59.7%	9/6/2002
Employee 80	432	256	59.3%	1/14/2011

Employee 81	996	590	59.2%	2/16/2007
Employee 82	1440	851	59.1%	1/19/2001
Employee 83	276	162	58.7%	2/10/2012
Employee 84	564	329	58.3%	1/29/2010
Employee 85	912	525	57.6%	9/14/2007
Employee 86	1440	799	55.5%	9/6/2002
Employee 87	1440	795	55.2%	1/19/2001
Employee 88	984	524	53.3%	3/2/2007
Employee 89	1272	668	52.5%	3/4/2005
Employee 90	1440	709	49.2%	4/21/1993
Employee 91	276	133	48.2%	2/10/2012
Employee 92	768	363	47.3%	9/12/2008
Employee 93	984	459	46.6%	3/2/2007
Employee 94	768	358	46.6%	9/12/2008
Employee 95	564	252	44.7%	1/29/2010
Employee 96	564	244	43.3%	1/29/2010
Employee 97	768	332	43.2%	9/12/2008
Employee 98	1056	453	42.9%	9/1/2006
Employee 99	564	242	42.9%	1/29/2010
Employee 100	1440	609	42.3%	1/9/2004
Employee 101	1440	596	41.4%	8/22/2003
Employee 102	1272	510	40.1%	3/4/2005
Employee 103	432	168	38.9%	1/14/2011
Employee 104	564	216	38.3%	1/29/2010
Employee 105	1272	450	35.4%	3/4/2005
Employee 106	1272	438	34.4%	3/4/2005
Employee 107	1440	486	33.8%	2/22/1995
Employee 108	1440	481	33.4%	8/22/2003
Employee 109	768	256	33.3%	9/12/2008
Employee 110	1440	463	32.2%	9/6/2002
Employee 111	1440	422	29.3%	1/9/2004
Employee 112	648	189	29.2%	6/19/2009
Employee 113	1440	392	27.2%	4/21/1993
Employee 114	1440	359	24.9%	9/6/2002
Employee 115	1440	323	22.4%	7/20/1988
Employee 116	1440	320	22.2%	10/15/1997
Employee 117	1128	229	20.3%	3/6/2006
Employee 118	1440	280	19.4%	8/11/1993
Employee 119	1440	260	18.0%	7/24/1996
Employee 120	768	124	16.1%	9/12/2008
Employee 121	1440	211	14.7%	9/6/2002
Employee 122	1440	12	0.1%	4/21/1993
Employee 123	1440	25	0.1%	9/21/1994

Employee 124	1440	52	0.1%	2/19/1999
Employee 125	1440	41	0.1%	1/9/2004
Employee 126	1128	12	0.1%	3/3/2006
Employee 127	1056	79	0.1%	9/1/2006
Employee 128	768	36	0.1%	9/12/2008
Employee 129	564	26	0.1%	1/29/2010
Employee 130	1188	133	0.1%	9/30/2005
Average	1000.15	622.12	62.3%	N/A