

Sick Leave

331.1 PURPOSE AND SCOPE

To set forth the guidelines for use of sick leave. This policy applies to all employees.

331.1.1 DEFINITION

Family - Spouse, child, parent, brother, or sister of the employee.

331.2 AUTHORITY AND REFERENCES

- Executive Committee;
- Riverside County Ordinance 440;
- MOU.

331.3 POLICY

Sick leave is granted in accordance with Ordinance 440 and applicable MOU.

331.4 PROCEDURE

- (a) If unable to report to work due to personal or family illness, notify the immediate supervisor or designee prior to the beginning of the work shift. Report absences on each succeeding day unless otherwise arranged with the supervisor.
- (b) When an employee becomes ill during the work shift, notify the supervisor. Authorization is required prior to leaving the job.
- (c) Schedule the planned use of sick leave (such as surgery or treatments) with the supervisor in advance of the absence.
- (d) Record the use of sick leave on the time sheet at the end of each pay period. If the employee is absent at that time, the supervisor records the appropriate entry on the time sheet.
- (e) Refer to Ordinance #440 and the applicable MOU regarding the use of sick leave for pregnancy, bereavement, or medical leave.
- (f) When in the judgment of the Department head or manager reason exists to believe an employee's use of sick leave, may not be justified, the employee is placed on notice in writing. The employee shall also be placed on a Medical Certification Program and be allowed paid sick leave upon producing a certificate of a physician, dentist, or other legally authorized person to provide health care services on the same level as a physician or proof satisfactory to the Department head. Such certificate shall include a written statement signed by a physician, dentist, or other legally authorized person to provide health care services on the same level as a physician, stating the day(s) of the illness/injury and that the illness/injury prevents the employee from performing the job duties. (Medical Certification copy attached)
 1. Employees on a medical certification program shall have their sick leave usage reviewed at least annually. If the review shows substantial improvement they

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shall be removed from the category of having to provide the certificate for each absence.

2. Every regular employee shall be able to use accrued vacation, compensatory time, or holiday time when sick leave has been exhausted due to extended illness or injury unless they are on a medical certification program in accordance with (f) 1. of this section.
 - (g) An employee off work or contemplating to be off work due to illness or injury for an extended period of two (2) weeks or more shall provide a comprehensive health statement as to length of absence from the employee's health care provider stating any duties an employee cannot perform and any restrictions or light duty requirements.
 - (h) Management may seek from the physician (et. al) further clarification of the duties the employee is unable to perform.

Revised: 01/02/2002

Date: 07/01/1986

Attachments:

[1. Medical Certification.pdf](#)

Attachments

Medical Certification.pdf

MEDICAL CERTIFICATION

TO: RIVERSIDE COUNTY PROBATION DEPARTMENT

SUBJECT: MEDICAL CERTIFICATION

I, Dr. _____, examined _____,
on _____, and determine that this patient, in my opinion, was date unable to work, due to
illness or injury, on _____.
date(s)

I recognize that my certification is to be utilized by the County of Riverside to authorize expenditure of public funds. Accordingly, I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed at _____, _____, County,

California, on _____.
date

_____ M.D./D.D.S.

Street City Phone

INFORMATION TO RIVERSIDE COUNTY EMPLOYEE:

EVEN THOUGH YOU HAVE OTHER DOCUMENTATION, WHEN DIRECTED BY THE DEPARTMENT/COUNTY, THIS FORM MUST BE PROPERLY EXECUTED AND ATTACHED TO OTHER DOCUMENTATION THE EMPLOYEE MAY WISH TO SUBMIT.