



PAYMENT FOR HOSPITALIZATION

Employee: _____	Employee #: _____
Department: _____	Anniversary: _____

Article II. – Personnel Rules and Regulations Sec. 2-29 (f) Payment for Hospitalization Any regular full-time employee who is hospitalized for three (3) or more days due to personal illness or disability, shall be entitled to the benefit of compensation at a rate of sixteen (16) hours of pay for each full year of employment service, or twenty-four (24) hours in the case of firefighters working on the line, subject to a maximum cap of 160 hours (or 240 hours or firefighters). This compensation benefit shall apply only when all other paid leave, including accrued hours, has been exhausted.

To claim this payment, the employee must provide proof of hospitalization and/or a certification from a medical provider. Upon receipt of compensation under this policy, an employee shall not be eligible to request this compensation benefit for any subsequent hospitalization in a one-year period.

Date Expected to Return to Work: _____ Hours Requested: _____
(As per Physician's Certificate)

 Employee Signature Date

Recommend Request be: <input type="checkbox"/> Approved <input type="checkbox"/> Disapproved	
Comments: _____	
_____ Department Head Signature	_____ Date

Human Resources Department Section

Date Received: _____ Prepared by: _____

Sick Hours Available: _____ Vacation Hours Available/Accrued: _____

In Compliance with Policy: Yes No Physician's Certificate Attached: Yes No

Comments: _____

Administration Department Section

Payment for Hospitalization: Approved Disapproved

Comments: _____

City Manager Signature Date