

**OFFICE STAFF EMPLOYEE ADVISORY COMMITTEE MEETING  
9/17/08 MINUTES**

**Present:** Amy Diamond Barnes, Dymphna Alexander, Sue Coffey, Tracey Mason, Ed Mays, Cathy McElhannon, Loretta Persinger, Nellie Rice, Wendy Richards, Martha Rowsey, Cree Sherrill, Denise Watts

**1. Benefits Committee.**

Amy announced that Cree Sherrill has agreed to serve on the Benefits Committee. Mark Fontenot is the other non-exempt staff representative on the committee. The members of the committee are:

Ex Officio Members

Steve McAllister, Vice President of Finance/Treasurer  
Amy Barnes, Executive Director of Human Resources  
June Aprille, Provost

Staff members

Cree Sherrill - 2008-2012  
Alex da Silva - 2007-2011  
Mark Fontenot - 2007-2011

Four Appointed Faculty Members

Timothy Jost (L) - 2008-2012  
Christopher Connors - 2005-2009  
John Gunn - 2006-2010 (retiree member)  
Joel Shinofield - 2006-2010  
Linda Hooks (W) - 2002-2009 ( one year sabbatical replacement for Hoover 2006-2010)

**2. Assistant Director for Work/Life Initiatives**

Amy announced that Mary Katherine Snead has been hired as the new Assistant Director for Work/Life Initiatives. She is coming from VMI where she works in Human Resources. Her husband, Stephen, works in Development at W&L. She will be starting on Oct. 15<sup>th</sup>. Tracey Mason participated in the interviews as part of an interview group representing a cross-section of campus constituencies.

**Question (Q)** – Could Mary Katherine serve as an ombudsperson?

**Answer (A)** - Amy explained that President Ruscio will be discussing the work/life initiative in early April and will discuss the recommendation for an ombuds that came from the Designated Officer and Grievance Procedure Working Group. Amy also mentioned that a small group from W&L went to JMU this summer to learn more about a mediation program that they have. HR plans to implement a similar program of trained mediators on campus who would be available to assist when needed.

**3. Health Insurance Changes**

Amy reported that the transition to the new health plan was difficult, particularly related to pharmacy benefits. While some issues are expected when you change plans, we experienced some problems with Anthem's formulary and with their mandatory generic program (under this program if there is a generic drug available but the patient gets a brand name drug, s/he is required to pay the brand co-pay plus the difference in cost between the brand name and the generic drug). We had understood that if a subscriber

is unable to take the generic due to an allergic reaction or for some other medical reason that the physician could easily request an override and the brand name drug would be covered without the additional fee. Our Anthem representative has been working to resolve these issues as they arise.

**Q** – Why can't you buy more than a month's supply from local pharmacy anymore? You can only get a month's supply at the pharmacy and then you have to get the rest through mail order.

**A** – Amy explained that the discounts are greater when subscribers use a mail order pharmacy so the plan is designed to encourage people to use mail order to help control costs. In the past, W&L paid a premium to maintain that benefit in the local retail pharmacies. Amy suggested getting two prescriptions – one for a 30 day supply to be filled locally and the second for a 90 day supply that is mailed into the mail order pharmacy. Several committee members said that they had used the mail order and it worked well – you can charge the co-pay to your flex card and can order refills on-line or by phone. Amy asked that staff contact HR if they are experiencing any problems with the health plan or with questions about the coverage.

**Q** – It seems like many co-pays have increased this year. Why is that?

**A** – Amy explained that many insurance programs are moving towards charging higher co-pays for more expensive procedures to raise awareness about the real cost of health care.

**Q** – Were there any changes in our dental insurance?

**A** – The annual maximum payout for the core plan increased from \$500 to \$1000 per plan year and from \$1,500 to \$2,000 per plan year for the buy-up plan. Waiting periods have been eliminated or reduced for some major services so that the only waiting period will be a 12 month waiting period for type 3 services (complex oral surgery, periodontics, crowns/inlays/veneers, and dentures).

Amy mentioned that W&L has a new benefits consultant/broker, Charon Planning, who will work with HR and the Benefits Committee to negotiate rates and make recommendations on plan design changes.

#### **4. Proposal for Combined Time Off (CTO)**

Amy explained that while W&L's sick leave policy is very generous in that there is no limit to the number of sick days that an employee can use for his/her personal illness and appointments, it does not allow employees to use sick time to care for family members who are sick and require care or to take a family member to a medical appointment. Most colleges and universities do allow employees to use some amount of sick time to cover those situations.

Washington and Lee University currently provides vacation time and floating holidays for 12 month, non-exempt employees based on years of service as follows:

Years of Service	Vacation	Floating Holidays
0-5 years	10 days/year	4 days
6 – 15 years	15 days/year	4 days
16+ years and all exempt staff	20 days/year	4 days

Exempt employees receive 20 days vacation per year.

HR is proposing moving to a “combined time off” (CTO) system which could be used for all of the following types of absences:

- Vacation;
- Floating holidays;
- Personal illness and doctor’s appointments; and/or
- other personal reasons including caring for members of the immediate family who are seriously ill and require care at home or for children’s doctors’ appointments which cannot be scheduled outside of working hours.

In a combined time off system, it is not necessary to distinguish how the time is being used and departments establish practices for providing notice of absences from work, and scheduling time away. Based on the current vacation accrual schedule shown above, a CTO program might look something like this:

Years of Service	Combined Time Off Accrual	Maximum Accrual
0-5 years	20 days/year	30 days
6 – 15 years	25 days/year	37.5 days
16+ years and all exempt staff	30 days/year	45 days

In addition to providing more flexibility to staff, HR would like to automate the tracking of leave time through the payroll system. Now that the Business Office has fully implemented on-line web time entry for non-exempt staff, it is possible to automatically accrue leave each time the payroll is processed. Additionally, when vacation or sick hours are reported, the system can automatically deduct that time from the employee’s leave balance.

Because employees would accrue time on a pay period basis (and would not be credited at the beginning of the calendar year), we would allow employees balances to go into the negative in the first year as long as they did not exceed their full annual accrual. This would allow employees to take time during school breaks even if they had not yet accrued the time.

The proposal also would change the current “carryover.” Instead of allowing staff to only carry over up to five days per year with a supervisor’s approval, in the CTO plan staff could accumulate up to 1.5 times their annual accrual amount. The system would automatically stop accruing when an employee’s accrual reaches the maximum. Once s/he takes time off, the accrual would automatically begin again.

In addition to the CTO, a Sick Leave Reserve (SLR) would be established and employees could transfer time from their CTO into their Sick Leave Reserve at any point during the year. Sick Leave Reserve time, however, would not be able to be converted back into CTO. SLR could be used in the event that the employee has a legitimate illness, injury or physically disabling condition or to care for an ill member of his/her immediate family. Immediate family includes spouse/domestic partner, children, parents and parents-in-law.

SLR could also be used to cover the first ten working days of an employee’s absence due to a serious illness or injury. After the first ten working days, the employee will be covered by the University’s extended sick leave policy for up to six calendar months. Because the University currently pays employees for the first two weeks of any illness or injury, Amy is proposing that the University grant each employee five days to begin to fund the SLR. Employees would be encouraged to keep enough days

in their SLR to cover at least the first ten working days of any extended illness or injury. The number of days in the sick leave reserve would be capped at sixty to cover the twelve weeks allotted for family and medical leave.

Upon termination of employment, an employee will be paid for any accrued but unused balance in his/her CTO pool (up to the maximum accrual). The sick leave reserve would have no cash value on termination of employment.

Amy asked for the committee's feedback about the concept and about whether there should be a graduated accrual of CTO based on years of service for non-exempt employees, or whether all employees should accrue at the same rate regardless of seniority? Committee members voiced their support for the overall concept and there was much discussion about both accrual alternatives. While some felt that everyone should get the same amount of time, most felt that there should be a graduated accrual schedule as a reward for service.

Amy reported that the Operations Committee and the Benefits Committee had discussed a graduated accrual schedule that would give staff increased leave accruals earlier in their tenure as follows:

Years of Service	Combined Time Off Accrual	Maximum Accrual
0-4 years	20 days/year	30 days
5 – 9 years	25 days/year	37.5 days
10+ years and all exempt staff	30 days/year	45 days

After discussing all the alternatives, the committee favored the above approach that was recommended by the Operations Committee and the Benefits Committees.

**Q** – Why does a family member need to reside in the same household in order to use CTO? Many employees have aging parents who need their care but do not live with the employee.

**A** – Amy agreed to modify that language in the proposal so that CTO or SLR could be used to care for members of the immediate family (spouse/domestic partner, children, parents and parents-in-law) regardless of where they live.

**Q** – Will we still be allowed to make up time if you have unexpected time off?

**A** – Amy said that she wouldn't expect that practice to change as long the individual is paid for all hours worked.

Amy explained that the proposal would be discussed with all three Employee Advisory Committees and with the President's Council (in addition to the Benefits Committee). If adopted, there will be meetings to explain the new system before it implemented in January 1, 2009.

Minutes respectively submitted by Wendy Richards, Leyburn Library