Sick leave has been agreed upon with the City of Omaha and Local 251 as a means to cover short term disability. **The definition of short term disability is as follows:**

| tem | ort Term Disability insurance pays a percentage of your salary if you become porarily disabled, which means that you are not able to work for a short period of e due to sickness or injury not related to your job. |
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| work was a employee o Provisions a supervisor p | do not agree with the decision of the sick mittee and wish to challenge the reasonableness of the decision. My absence from a term and condition agreed upon with the City of Omaha and Local 251. As an of the City of Omaha, I was unable to perform job duties to illness or injury, Per Leave Section 1. The usage of sick leave was requested by the employee and granted by the per Article 17 Section 1. The city of Omaha, I was unable to perform job duties to illness or injury, Per Leave Section 1. The usage of sick leave was requested by the employee and granted by the per Article 17 Section 1. |
| • | Article 17 Leave Provisions, Section 1. Employees may with the approval of the Department Head, utilize their allowances of sick leave when unable to perform their work duties by reason of illness or injury, necessity for medical or dental care, exposure to contagious disease under circumstances in which the health of other employees or the public would be endangered by attendance on duty or for reasons related to the employee's pregnancy. Employee shall advise their supervisors immediately when it is necessary to be absent from work on account of sickness. (C). Any explanations, comments or objections of the employee shall be noted on this form. Additionally, the employee may challenge the reasonableness of the counseling by providing, within ten (10) working days of the counseling, a written explanation as to why the counseling was unreasonable. Such explanation shall be provided to the supervisor or Labor Relations Director who conducted the counseling. Such written explanation shall be permanently attached to the counseling form. |
| Signature | Date |