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STATE OF NEW YORK  
**OFFICE OF THE STATE COMPTROLLER**

September 28, 2004

Mr. Martin Horn  
Commissioner  
New York City Department of Correction  
60 Hudson Street  
New York, NY 10013

Re: Oversight and Control of Sick Leave Usage  
Report 2003-N-14

Dear Mr. Horn:

Pursuant to the State Comptroller's authority as set forth in Article V, Section 1 of the State Constitution, and Article III of the General Municipal Law, we audited the New York City Department of Correction's oversight and control of its uniformed officers' sick leave usage. Our audit covered the period January 1, 2003 through December 31, 2003.

**A. Background**

The New York City Department of Correction (DOC) employs about 9,600 uniformed officers (officers) and 1,500 civilian staff. Officers supervise inmates at nine correctional facilities, three court detention facilities and four hospital prison wards. In addition, some officers work in administrative and support units. Officers are supervised by different "commands," depending on where they are assigned. The different commands generally correspond to the different facilities and different administrative and support units.

DOC expenditures for the fiscal year ended June 30, 2003 totaled \$866.5 million, of which \$535 million related to officers' payroll costs. Officers are allowed unlimited sick leave by their labor agreements, because their job is dangerous and they must be in top physical condition to perform the job. According to our estimates, based on data for fiscal year 2003, the excess payroll costs incurred by DOC as a result of officers being on sick leave total about \$38 million a year. This amount is based on the overtime that has to be paid to officers covering for those on sick leave.

The officers' use of sick leave is monitored by DOC's Health Management Division (HMD). HMD's stated mission is "to identify and respond to health related issues in order to maximize staff attendance and productivity." Rules and regulations for sick leave are established in directives issued by DOC. These directives describe the procedures that are to be followed when officers call in sick and are on sick leave, and establish an Absence Control Program to reduce chronic

absenteeism. The directives authorize HMD to enforce the rules and regulations concerning sick leave, and take or recommend disciplinary action against employees who violate these rules and regulations.

HMD has a staff of 35 civilian, medical and uniformed employees. HMD maintains a sick desk, which officers are required to contact when they call in sick. HMD performs medical evaluations of staff and maintains medical records. HMD also maintains an automated information system to support its activities. In addition, to verify compliance with sick leave regulations, HMD may send uniformed supervisors, civilian investigators or health professionals to visit officers on sick leave at their home or their reported place of recuperation. In the 2003 calendar year, HMD conducted a total of 14,486 home visits.

An officer's use of sick leave is to be recorded on the officer's time card. Time card entries are recorded on DOC's Payroll Management System (System), and paychecks are prepared on the basis of the information in the System. According to information in the System, an average of 14.04 days of sick leave was used by each officer in 2001, an average of 12.95 days of sick leave was used by each officer in 2002, and an average of 14.82 days of sick leave was used by each officer in 2003.

## **B. Audit Scope, Objective and Methodology**

We audited DOC oversight and control of officers' sick leave usage for the year ended December 31, 2003. The objective of our performance audit was to evaluate the adequacy of the actions taken by DOC in exercising its oversight and control. To accomplish our objective, we reviewed DOC sick leave directives and related procedures, examined certain records maintained by DOC, and interviewed DOC officials.

We also randomly selected 25 of the 1,079 officers assigned to one of DOC's nine correctional facilities (the Anna M. Kross Center on Rikers Island), and compared the sick leave recorded on these officers' time cards in 2003 to the sick leave recorded for the officers that year on HMD's automated information system. In addition, to determine whether HMD monitored officers' sick leave usage in accordance with DOC directives, we reviewed documentation of HMD's monitoring activities in relation to a random sample of 139 sick days taken by officers.

As is our practice, we notified DOC officials at the outset of the audit that we would request a representation letter in which agency management provides assurances, to the best of their knowledge, concerning the relevance, accuracy and competence of the evidence provided to the auditors during the course of the audit. The representation letter is intended to confirm oral presentations made to the auditors and to reduce the likelihood of misunderstandings. Agency officials normally use the representation letter to assert that, to the best of their knowledge, all relevant financial and programmatic records and related data have been provided to the auditors. They affirm either that the agency has complied with all laws, rules and regulations applicable to its operations that would have a significant effect on the operating practices being audited, or that any exceptions have been disclosed to the auditors.

However, officials at the New York City Mayor's Office of Operations have informed us that, as a matter of policy, mayoral agency officials do not provide representation letters in connection with our audits. As a result, we lack assurance from DOC officials that all relevant information was provided to us during the audit.

We conducted our audit in accordance with Generally Accepted Government Auditing Standards. Such standards require that we plan and perform our audit to adequately assess those operations which are included in our audit scope. Further, these standards require that we understand DOC's internal control structure and its compliance with those laws, rules and regulations that are relevant to DOC's operations and are included in our audit scope. An audit includes examining, on a test basis, evidence supporting transactions recorded in the accounting and operating records and applying such other auditing procedures as we consider necessary in the circumstances. An audit also includes assessing the estimates, judgments, and decisions made by management. We believe that our audit provides a reasonable basis for our findings, conclusions, and recommendations.

In addition to being the State Auditor, the Comptroller performs certain other constitutionally and statutorily mandated duties as the chief fiscal officer of New York State, several of which are performed by the Division of State Services. These include operating the State's accounting system; preparing the State's financial statements; and approving State contracts, refunds, and other payments. In addition, the Comptroller appoints members to certain boards, commissions and public authorities, some of whom have minority voting rights. These duties may be considered management functions for purposes of evaluating organizational independence under Generally Accepted Government Auditing Standards. In our opinion, these management functions do not affect our ability to conduct independent audits of program performance.

### **C. Results of Audit**

We found that DOC has established a number of procedures for preventing the abuse of sick leave by officers, and generally, these procedures are followed. For example, officers on sick leave for three consecutive days are required to report to HMD on the third day of sick leave. The officers must either provide HMD with medical documentation of their illness/injury or receive a medical evaluation from HMD to determine whether they are fit to return to duty. We found that this requirement was met in all 84 instances that we tested.

We also found that improvements could be made in some of DOC's controls over the use of sick leave. For example, officers who are considered chronic users of sick leave are supposed to be subject to closer monitoring that is intended to prevent the abuse of sick leave. However, we found such officers are not always promptly placed under closer monitoring. We also determined that DOC records of sick leave usage are not always accurate.

## **1. Authorizing Officers' Use of Sick Leave and Return to Duty from Sick Leave**

Officers may be assigned to various commands in DOC. While the commands are generally responsible for the officers' time and attendance, they are not responsible for approving officers' use of sick leave. Rather, the use of sick leave must be approved by HMD. According to DOC Directive #2262R, officers calling in sick must call the HMD sick desk, and the call must be made at least one hour before the beginning of an officer's scheduled tour of duty. HMD staff at the sick desk obtain certain required information about the illness or injury and notify the officer's command of the absence.

Officers who are on sick leave should not return to duty until instructed to do so by HMD. Officers who are out sick for more than two consecutive days must report to HMD on the third day, and either provide medical documentation of their illness/injury or obtain a medical evaluation from HMD. To facilitate its monitoring efforts, HMD maintains a sick leave database that contains information about each instance of sick leave. Each command also maintains its own database about its officers' use of sick leave.

To determine whether officers' use of sick leave, and return to duty from sick leave, were properly authorized by HMD, we compared the sick leave recorded on selected officers' time cards to the sick leave recorded for these officers on the HMD database. If sick leave is recorded on a time card, but not the HMD database, the officer's use of sick leave may not have been authorized by HMD. If sick leave is recorded on the HMD database, but not the time card, the officer's return to duty from sick leave may not have been authorized by HMD. Discrepancies between the time cards and the HMD database may also be indicative of recordkeeping errors.

To obtain our sample of time cards, we randomly selected 25 of the 1,079 officers assigned to one of DOC's nine correctional facilities (the Anna M. Kross Center). We selected our sample from this particular command, because more officers are assigned to this command than any other command. We obtained the 25 officers' time cards for the 2003 calendar year, and compared the sick leave recorded on the time cards to the sick leave recorded for these officers in 2003 on HMD's sick leave database.

The time cards indicated that the 25 officers used sick leave on a total of 461 days in 2003 (an average of 18.4 days per officer). However, on 31 of these 461 days (6.7 percent), the officers' use of sick leave was not recorded on the HMD database. In addition, on five other days during the year, the HMD database indicated sick leave was used, but the time cards indicated the officers were at work. These 36 days of discrepancy related to 8 of the 25 officers in our sample. For the other 17 officers, the time cards and the HMD database agreed.

When we followed up to determine the reasons for the 36 days of discrepancy, we identified an instance in which an officer returned to duty from sick leave three days before being instructed to do so by HMD (this instance accounted for 3 of the 36 days of discrepancy). The remaining 33 days of discrepancy generally appear to be the result of recordkeeping errors.

For example, in one instance, a time card indicated that an officer was on sick leave for two days, but the HMD database showed no sick leave for the officer on those days. We determined that the HMD database was correct, and the officer was actually on vacation for those two days. As a result of this error, the officer's leave accruals were overstated by two days. (In this and other instances in which we determined that corrections needed to be made in officers' payroll and accrual records, DOC officials provided us with evidence that the corrections were made.) In another instance, the HMD database indicated that an officer was on sick leave for two consecutive days, but the time card indicated the officer was present at work on both days. We determined that the HMD database was correct.

Such erroneous entries could be detected and corrected if the sick leave on the HMD database was regularly reconciled to the sick leave recorded on the time cards. Such reconciliation could also identify instances in which an officer's use of sick leave or return to duty from sick leave were not authorized by HMD. At present, such a reconciliation is not performed. HMD staff check periodically with the commands to verify certain sick leave usage information, but no one checks the total daily sick leave for each command to determine whether it agrees with the amount recorded by HMD for that command. Instead, it has been left to the commands to determine whether a reconciliation of sick leave data is warranted. We recommend that sick leave on the HMD database be regularly reconciled to sick leave recorded on time cards.

We also selected a random sample of sick days from the HMD sick leave database and reviewed documentation of the actions taken by HMD in relation to these sick days. We selected our sample from a computer download that we requested from the HMD sick leave database. The download contained all the sick leave used by officers in calendar year 2003, excluding any sick leave that was part of an extended period of sick leave that was initiated in 2002. The download also contained sick days in 2004 (through February 4, 2004) that were part of extended periods of sick leave that were initiated in 2003.

A total of 167,733 sick days were included in the download, and we selected a random sample of 139 of these days. The 139 sick days related to 132 separate instances of sick leave (an instance of sick leave may consist of a single day of sick leave or two or more consecutive days of sick leave), and the 132 instances of sick leave related to 131 different officers (two instances related to the same officer).

We reviewed these 131 officers' time cards to determine whether they were consistent with the information in the HMD database. We identified a total 19 discrepancies between the time cards and the HMD database. Specifically, eight days of sick leave on the HMD database (relating to four different officers) were not recorded on the officers' time cards, and eleven days of sick leave on the time cards of eight officers were not recorded on the HMD database. We recommend that DOC investigate the reasons for these discrepancies and take corrective action as necessary.

Officers calling in sick are supposed to call the HMD sick desk, and the sick desk is supposed to notify the officer's command. HMD is also supposed to notify an officer's command when it determines that an officer is ready to return to duty from sick leave. Both types of notification are to be made by teletype. To determine whether the commands were notified by HMD

in a timely manner in such instances, we reviewed HMD's documentation of these notifications (a copy of the teletype that should have been sent by HMD) for certain instances of sick leave in our random sample of 139 sick days.

We found that the commands were notified in a timely manner when officers were ready to return to duty. In addition, when copies of the teletypes were available, they indicated that the commands were notified in a timely manner when officers called in sick. However, in some instances, copies of these teletypes were not available for our review, and as a result, in these instances, we were unable to confirm that the commands were notified in a timely manner. We therefore conclude that, while HMD's notification process appears to be timely, it is possible that the commands were not notified in a timely manner in some of the instances in which teletypes were not available.

The detailed results of our review are summarized as follows:

- Our sample included 132 instances of sick leave. In 99 of these instances, the officer returned to duty sometime during 2003 (in the remaining 33 instances, the officer did not return to duty until 2004). We attempted to review a copy of the return-to-duty teletype for all 99 instances in which the officer returned to duty in 2003. In 97 of these 99 instances, the teletype was available, and in all 97 instances the teletype indicated that HMD gave the commands adequate advance notice about the officer's return to duty. According to DOC officials, in one of the two instances the teletype was not available, the teletype machine was broken and could not be used, and in the other instance, the officer had been granted a leave of absence and was not on sick leave, as was erroneously noted in the HMD database.
- For each of the 132 instances of sick leave in our sample, we attempted to review a copy of the teletype sent by HMD notifying the command that the officer had called in sick. In 124 of these 132 instances, the teletype was available and indicated that the commands were notified in a timely manner. However, in the remaining 8 instances (6 percent), a copy of the teletype was not available. HMD officials told us that they will try to obtain the missing teletypes, but noted that copies are not always kept.

HMD officials stated that they intend "to institute a new procedure to ensure that there will be a reconciliation made by the supervisor in the Sick Desk Unit of the number of daily sick calls to the number of first day sick teletypes sent."

## **2. Identifying and Monitoring Chronic Sick Leave Users**

Officers may be classified as chronic sick leave users when they have used 12 or more sick days within a 12-month period. The commands are responsible for identifying such officers and determining whether they should be classified as chronic sick leave users. Generally, the classification would not be appropriate if an officer's absences were due to a single extended period of illness/injury or were otherwise clearly justified.

Chronic sick leave users are subject to closer monitoring that is intended to prevent officers from using sick leave when they are not sick. DOC can incur unnecessary costs when sick leave is abused by officers, because other officers may have to work overtime to cover the vacant posts. According to DOC Directive #2258R-A, any officer classified as a chronic sick leave user must report to HMD in person on the first day the officer intends to use sick leave. The officer must either provide medical evidence of his or her illness/injury, or receive a medical evaluation from HMD to determine whether he or she is fit to report to duty.

In our random sample of 139 sick days, 10 of the 131 officers in the sample were classified as chronic sick leave users at the time of their absences. To determine whether other officers in the sample also should have been classified as chronic sick leave users, we judgmentally selected 10 of the remaining 121 officers for review. We selected these ten officers because, during 2003, they each used 12 or more sick days within 12 months.

We found that, in accordance with DOC procedures, seven of the ten officers were not classified as chronic sick leave users because of the nature of their absences (e.g., some of the officers were on maternity leave). However, the other three officers should have been classified as chronic sick leave users. Two of these officers were eventually so classified, but the classifications were not made in a timely manner, as follows:

- One officer had used 12 days of sick leave within 12 months on October 31, 2003. The officer was then off due to illness on five additional occasions during the remainder of the 2003 calendar year. However, the officer was not classified as a chronic sick leave user until January 13, 2004.
- Another officer had used 12 days of sick leave within 12 months on November 14, 2003. The officer was then out sick on December 22 and 23, 2003. However, the officer was not classified as a chronic sick leave user until December 24, 2003.
- The third officer was out sick for 157 calendar days in 2003. This sick leave was used on 11 separate instances. In nine of these instances, the officer was on sick leave for one or two days; in the other two instances, the officer was on sick leave for ten or more days. The officer was still on extended sick leave at the time of our audit in February 2004, and DOC officials indicated that this extended absence was the reason the officer had not been classified as a chronic sick leave user. The officials noted that a face-to-face meeting must be held with an officer before the officer can be classified as a chronic sick leave user, and such a meeting could not be held with this officer until she returned to duty. However, we note that such a meeting could have been held before the officer went on her extended period of sick leave, as the officer used her twelfth day of sick leave near the end of July 2003, but did not go on extended sick leave until the end of August 2003.

Once officers are classified as chronic sick leave users, their use of sick leave is subject to closer monitoring by HMD, as they must report in person to HMD on their first day of intended sick leave and either provide medical documentation to HMD or receive a medical evaluation from

HMD. To determine whether this requirement was met for the ten officers in our sample who were classified as chronic sick leave users, we examined the medical documentation maintained by HMD in relation to the ten officers. We found that the requirement was met for all ten officers. We therefore conclude that HMD complies with DOC requirements in its monitoring of officers classified as chronic sick leave users.

### **3. Controlling Extended Absences**

Officers are entitled by their labor agreements to take an unlimited amount of paid sick leave for legitimate medical reasons. Since this benefit could be subject to significant abuse without effective controls, it is essential that DOC have controls in place to verify and document the medical justification for officers' use of sick leave.

We found that DOC has established such controls, particularly in Directive #2262R. This directive authorizes HMD to perform medical evaluations in order to verify the nature of an officer's illness/injury and to determine whether an officer is able to return to work. The directive also states that officers who are out sick for more than two consecutive days, in addition to calling HMD each day, must report to HMD on the third day of sick leave and either provide medical documentation of their illness/injury or receive a medical evaluation from HMD to determine whether they are fit to return to duty.

To determine whether officers on sick leave for three or more consecutive work days reported to HMD as required, we examined the medical documentation maintained by HMD in relation to such instances of sick leave in our random sample of 139 sick days. Our sample contained a total of 132 separate instances of sick leave, and 94 of these instances involved three or more consecutive sick days. Ten of these 94 instances involved officers who were classified as chronic sick leave users, and as is described in the preceding section of this report, we examined these ten instances separately because these officers were subject to different requirements (i.e., they were to report to HMD on their first day of intended sick leave). For the remaining 84 instances, we found that, in all 84 instances, the officers reported to HMD on the third day of sick leave and either provided medical documentation of their illness/injury or received a medical evaluation from HMD, in accordance with the provisions of Directive #2262R.

Most officers are scheduled to work four days in a row followed by two days off (pass days). According to Directive #2262R, officers on sick leave are not required to report to HMD until their period of sick leave has covered three consecutive days that are not interrupted by pass days. As a result, if an officer is out sick on the two days immediately preceding his or her pass day(s) and continues to be out sick on the two days immediately following the pass day(s), the officer is not required to report to HMD, even though the officer has been out sick for four consecutive work days.

We believe sick leave could potentially be abused because of this gap in DOC's controls. While we did not systematically attempt to identify instances of such potential abuse, we did notice two such instances when we reviewed the 25 selected officers' time cards for the 2003 calendar year. In these two instances, officers were out sick for three or more work days, but were not required to report to HMD. For example, in one instance, an officer was out sick on May 20 and 21, 2003. The

next two days (May 22 and 23) were pass days. On May 24 and 25, the officer was out sick again, and was not seen by HMD until May 26.

We recommend that DOC perform a systematic review of its sick leave records to determine how often officers are out sick for three or four consecutive work days, but are not required to report to HMD, because the absence is interrupted by one or more pass days. We further recommend that, if it is found that such occurrences are frequent enough to warrant concern, DOC develop a plan for preventing the potential abuse of sick leave in such circumstances.

If an officer has been on extended sick leave for a period of ten months, HMD is supposed to initiate a medical separation or disability retirement for the officer, whichever is more appropriate in the circumstances. Our random sample of 139 sick days included nine officers who had been on extended sick leave for about ten months. We followed up on these nine officers to determine whether HMD had initiated a medical separation or disability retirement for the officers, as required. We found that, in all nine instances, HMD had followed its prescribed medical separation procedures. We therefore conclude that the control established by DOC to address such situations is working as intended.

### **Recommendations**

- 1. Establish specific responsibilities for performing reconciliations of the sick leave records maintained by HMD, the commands and the Payroll Management System.*
- 2. Take corrective action if it is determined, through the reconciliation of sick leave records or through other means, that officers have used sick leave or returned to duty from sick leave without HMD authorization.*
- 3. Investigate the reasons for the 19 discrepancies between officer time cards and the HMD database, and take corrective action as necessary.*
- 4. Periodically review sick leave records to determine whether officers are classified as chronic sick leave users in a timely manner, and take corrective action when such classifications are unduly delayed.*
- 5. Perform a systematic review of sick leave records to determine how often officers are out sick for three or four consecutive work days, but are not required by Directive #2262R to report to HMD, because the absence is interrupted by one or more pass days. If it is found that such occurrences are frequent enough to warrant concern, develop a plan for preventing the potential abuse of sick leave in such circumstances.*

A draft copy of this report was provided to DOC officials for their review and comment. Their comments have been considered in preparing this report, and are included as Appendix A. DOC officials concurred with our recommendations indicating steps taken to implement them.

We request that within 90 days after the final release of this report, the Commissioner of the New York City Department of Correction report to the State Comptroller, advising what steps were

taken to implement the recommendations contained herein, and where recommendations were not implemented, the reasons therefor.

Major contributors to this report were Richard Sturm, Christine Chu, John Lang, Anthony Carlo, Carole Le Mieux, Jeneba Bangura, Rita Verma and Dana Newhouse.

We wish to thank the management and staff of the New York City Department of Correction for the courtesies and cooperation extended to our auditors during this audit.

Very truly yours,

William P. Challice  
Audit Director

cc: Chief Leroy Grant  
David Goodman  
Joel Lampert



NEW YORK CITY DEPARTMENT OF CORRECTION  
Martin F. Horn, Commissioner  
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September 3, 2004

**William P. Challice**  
**Audit Director**  
**Office of the State Comptroller**  
**Division State Services**  
**State Audit Bureau**  
**123 William Street – 21<sup>st</sup> Floor**  
**New York, NY 10038**

Dear Mr. Challice:

Attached is this agency's response to your Draft Audit Report on the Oversight and Control of Uniformed Officers' Sick Leave Usage at the New York City Department of Correction (2003-N-14).

In this response, we have addressed each of your recommendations. Please include our response and this cover letter in the body of the final report and as an appendix to the final report.

If you have any questions regarding this response, please contact Leroy Grant, Bureau Chief, Inspectional Services and Compliance Division at (718) 546-8155.

Sincerely,



MARTIN F. HORN

**NEW YORK CITY DEPARTMENT OF CORRECTION RESPONSE  
OVERSIGHT AND CONTROL OF UNIFORMED OFFICERS' SICK  
LEAVE USAGE**

**Recommendation # 1**

Establish specific responsibilities for performing reconciliations of the sick leave records maintained by HMD, the commands and the Payroll Management System.

**Agency Response**

The current system in the Central Sick Desk Unit at Health Management Division (HMD) provides checks and balances on all reported sick leave occasions. The process of taking a sick report from an officer commences with the officer calling HMD. Once a sick leave occasion has been recorded by HMD, the applicable command is notified by both teletype and telephone. To further ensure that all commands are notified of each sick leave episode, the Sick Desk Supervisor will review all sick reports at the end of each tour and attest by signing a verification sheet that this function has been performed. This change will take place effective immediately. The verification sheets will be filed for future reference. To ensure that the HMD database agrees with each command's database, the Assistant Chief of Administration will address this issue by assigning personnel in the commands to perform this function. Required adjustments to the payroll records resulting from this comparison will be reflected in the Payroll Management System.

**Recommendations # 2**

Take corrective action if it is determined, through the reconciliation of sick leave records or through other means, that officers have used sick leave or returned to duty from sick leave without HMD authorization.

**Agency Response**

The Assistant Chief of Administration will issue a memorandum to the commands emphasizing the importance of reconciling "First Day Sick" and "Return to Duty" teletypes with timecard entries. The memorandum will direct the Commands to resolve all discrepancies through communication with HMD. As indicated in the response to recommendation # 1 above, all required adjustments to the payroll records resulting from this reconciliation, will be reflected in the Payroll Management System.

**Recommendation # 3**

Investigate the reasons for the 19 discrepancies between officer time cards and the HMD database, and take corrective action as necessary.

**Agency Response**

Each of the 19 discrepancies between officers' time cards and the HMD database were investigated. In those cases where HMD records were incorrect, those records were amended. In cases where the auditors found timecard entries that were not consistent with HMD data, the Commands were requested to investigate the discrepancies and make the requisite payroll adjustments to reflect the correct data. This was accomplished and all necessary corrective actions were taken.

**Recommendation # 4**

Periodically review sick leave records to determine whether officers are classified as chronic sick leave users in a timely manner, and take corrective action when such classifications are unduly delayed.

**Agency Response**

In order to achieve a more timely identification of officers who may be eligible for placement in the chronic status classification, the Commanding Officer of HMD will institute a pilot program in which the Division will generate a weekly listing of such officers' names. This listing will be forwarded to each of the Commands who will be responsible for the actual placement of officers in the chronic status classification. The pilot program will be in effect for six months, at which time the program's efficacy will be evaluated.

**Recommendation # 5**

Perform a systemic review of sick leave records to determine how often officers are out sick for three or four consecutive work days, but are not required by Directive # 2262R to report to HMD, because the absence is interrupted by one or more pass days. If it is found that such occurrences are frequent enough to warrant concern, develop a plan for preventing the potential abuse of sick leave in such circumstances.

**Agency Response**

An analysis of the 39,000 sick occasions for calendar year 2003, performed by the Health Management Division's Facility Information System Unit, disclosed that there were a total of 305 sick occasions in which officers called prior to and subsequent to their pass days. When these 305 sick occasions were further analyzed, it was determined that 86% reported sick for one occasion only. The remaining 14% included a large number of "Code 17" (pregnancy). These statistics support our contention that the numbers of officers that are affected by this issue are not sufficient enough to warrant a change in the current provisions of Directive # 2262R at this time.