

## **PAID LEAVE DONATION PROGRAM REQUIREMENTS/PROCEDURES**

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### **REQUIREMENTS:**

1. Eligible donor employees:
  - a) Donate a minimum of eight (8) hours for full-time employees, prorated for part-time employees.
  - b) Maintain a sick leave balance of greater than thirty (30) days (two hundred forty (240) hours).
  - c) Maintain a vacation leave balance of at least one-year accrual.
  - d) Designate the number of hours and type of leave (sick or vacation) to be donated.
  - e) Donated leave will be anonymous and voluntary.
  
2. Eligible recipient employees:
  - a) Employee must apply for any paid leave program for which he/she qualifies.
  - b) Employee must have a serious medical hardship, catastrophic illness, or injury that meets the eligibility for the Family Medical Leave Act (FMLA), verified by medical documentation. Such medical documentation must include a prognosis with an estimated return to work date. The College reserves the right to seek a second opinion if deemed necessary. Conditions that are short-term in nature such as colds, flu or minor injuries are not generally considered as a serious medical hardship, catastrophic illness, or injury.
  - c) The paid leave donation program shall not be used for the care of a new born or adopted child unless there is a need that qualifies under 2.b.
  - d) Employee needs additional time off for bereavement in the event of the death of a child, step-child, spouse or parent.
  - e) Employee who wishes to receive donated leave must have at least one year of service and not have any form of accrued sick, vacation, or personal leave.
  - f) Employee may receive a maximum of thirty (30) days (two hundred forty hours (240) hours) of donated leave within a 12-month period.
  - g) Employee must have no prior record of disciplinary action related to the abuse of leave time or absenteeism on record prior to the need for donated leave.
  - h) Employee may only receive donated leave up to the number of hours that he/she was scheduled to work in that pay period excluding any overtime, overload contract or any other form of additional hour/contract.
  - i) Employee receiving donated leave will be considered in a pay status and shall accrue all benefits for which they normally would be eligible. Newly accrued leave must be used prior to continuing to use donated leave.
  - j) Employee must cease to receive or use donated leave once he/she becomes eligible for a paid leave/retirement program such as Long-Term Disability (LTD), Workers Compensation, or disability retirement under the retirement system (State Teachers Retirement System or Ohio Public Employees Retirement System).
  - k) All information related to the use of the paid leave donation program will remain confidential.

## **PROCEDURE:**

Solicitation for donations of leave:

1. The Human Resources Department will initiate all solicitation for donations of leave during the month of June each year and/or when the leave bank reaches a critical level.
2. Due to the right of privacy, employees may not solicit other employees for the purpose of donating leave.

An eligible employee who wishes to voluntarily donate leave:

1. Must complete and submit to the Executive Director of Human Resources a Paid Leave Donation Request Form and acknowledge that the donation is voluntary.
2. Must designate the number of hours and type of leave they wish to donate.
3. May contribute a maximum of eighty (80) of their accrued sick leave hours above two hundred forty (240) hours in any twelve month academic year.
4. May contribute a maximum of eighty (80) hours of earned vacation leave per a twelve (12) month academic year above one-year of accrual.
5. Total combined donated vacation and sick leave may not exceed eighty (80) hours per a twelve (12) month academic year.
6. All donated leave will convert to sick leave.
7. The donated leave will be deducted from the employee's sick and/or vacation leave balance in July of each year and will not be returned.

An eligible employee who wishes to receive donated leave:

1. Must complete and submit to the Executive Director of Human Resources a Paid Leave Withdrawal Request Form.
2. Must meet all the requirements of the policy and procedure.
3. Shall receive pay from donated leave at their individual current rate of pay no matter what rate of pay of the donor.
4. All donated leave will be treated and paid as sick leave and will qualify for FMLA or bereavement.
5. Donated leave shall not be paid out in any form upon separation from employment including retirement.

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## **RELATED DOCUMENTS**

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1. Leave Donation Request Form
2. Leave Withdrawal Request Form

# EDISON STATE COMMUNITY COLLEGE

## Paid Leave Donation Request Form

Donating Employee	
Employee ID #	
Department	
Number of Donated Hours	
Type of Donated Leave	

I hereby authorize the transfer of my accrued vacation and/or sick leave hours in the amount indicated below. My signature below certifies my understanding of the following:

- Donate a minimum of eight (8) hours for full-time employees, prorated for part-time employees.
- Maintain a sick leave balance of greater than thirty (30) days (two hundred forty (240) hours).
- Maintain a vacation leave balance of at least one-year accrual.
- Designate the number of hours and type of leave (sick or vacation) to be donated.
- Donated leave will not be returned to donor.
- Donated leave will be anonymous and voluntary.

My signature below certifies that this donation is made voluntarily without coercion or intimidation and without expectation of any benefit in exchange for this donation. I understand that my accrued sick and/or vacation balance will be reduced accordingly, and that any unused donated sick and /or vacation will not be returned to me.

### Signatures Required:

Donating Employee \_\_\_\_\_ Date \_\_\_\_\_

#### HR Use Only

Authorized to donate vacation leave? ( ) Yes ( ) No Number of vacation hours donated \_\_\_\_\_

Authorized to donate sick leave? ( ) Yes ( ) No Number of sick leave hours donated \_\_\_\_\_

Donor employee's remaining vacation balance \_\_\_\_\_

Donor employee's remaining sick leave balance \_\_\_\_\_

Executive Director of Human Resources Signature \_\_\_\_\_

Date \_\_\_\_\_

#### Payroll Use Only

Sick Leave Hours Debited \_\_\_\_\_ Vacation Leave Hours Debited \_\_\_\_\_

Distribution of copies: \_\_\_\_\_ Employee \_\_\_\_\_ Personnel File \_\_\_\_\_ Human Resources

# EDISON STATE COMMUNITY COLLEGE

## Paid Leave Withdrawal Request Form

Employee:	
Employee ID #:	
Department:	
Date:	

The Paid Leave Donation Program's intent is to allow part-time and full-time permanent benefit eligible employees who experiences a medical hardship, catastrophic illness or injury and does not have any form of accrued sick or vacation leave the option of withdrawing from the leave pool. Withdrawals from the pool can only be made after exhaustion of the employee's sick and vacation leave balances. All information related to the use of the leave pool is confidential.

Amount of hours from the leave pool requested: \_\_\_\_\_

Anticipated period of use from \_\_\_\_\_ to \_\_\_\_\_  
Date Date

\_\_\_\_\_  
Employee's Signature Date

\_\_\_\_\_  
Executive Director of Human Resources Signature Date

### **HR Use Only**

Pool Balance as of date requested: \_\_\_\_\_

Pool withdrawals received:

Date	Amount	Date	Amount	Date	Amount
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Distribution of copies: \_\_\_\_\_ Employee \_\_\_\_\_ Personnel File \_\_\_\_\_ Human Resources