

SUBJECT: LEAVE DONATION

APPROVED BY:

EFFECTIVE

DATE: 06-20-08 (replaces 07-1-96)

Executive Director

Reviewed (no changes): 09-08-09 01-19-10

POLICY

It is the policy of McIntosh Trail CSB to donate leave to or receive from other employees of this agency for absences due to the employee's personal illness, disability, medical care or the illness, accident, or death in the employee's immediate family which requires the employee to be absent from work.

General Provisions:

1. A McIntosh Trail employee (donor) may volunteer to donate accrued leave directly to another McIntosh Trail employee (recipient) in accordance with the criteria established in this policy.
2. The donation of accrued leave is strictly voluntary. No employee will be coerced to donate accrued leave.
3. Annual, sick and/or personal leave can be donated. No other kind of time or leave (i.e. accrued FLSA compensatory time, forfeited leave) can be donated.
4. A McIntosh Trail employee cannot solicit or use donations for any occupationally related injury, accident or illness which is compensable under Workers' Compensation benefits or for a disability incurred in the course of committing a felony or assault.

Definitions:

1. Eligible Recipient: An employee of McIntosh Trail CSB who meets the following criteria:
 - a. Is in a position entitled to earn and use leave.
 - b. Has been continuously employed by McIntosh Trail for at least twelve (12) months.
 - c. Has exhausted all accrued and forfeited leave and all available compensatory time.
 - d. Has been on authorized leave without pay for eighty (80) consecutive hours.
 - e. Has not been under an attendance or other corrective action plan or undergoing disciplinary action for leave abuse or misuse in the twelve (12) month period preceding the request.

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POLICY (Continued)

2. Eligible Donor: An employee of McIntosh Trail CSB who meets the following criteria:
 - a. Has been continuously employed by an agency covered by the State Merit System for at least twelve (12) months.
 - b. Has a balance of not less than sixty (60) hours of annual leave after donation, if donating annual leave.
 - c. Has a balance of not less than sixty (60) hours of sick leave after donation, if donating sick leave.
3. Leave Keeper: The person responsible for maintaining leave records for each center/program.
4. Family Member: The recipient's spouse, child, parents, brother, sister or any other person who resides in the recipient's household and is recognized by law as a dependent of the recipient.

PROCEDURE

- A. Request by Leave Recipient
 1. A written request for solicitation of donations should be submitted to either the Center Director or designee as appropriate for approval. (See attachment #1)
 2. Employees may request solicitation of donated leave up to forty (40) days prior to going into leave without pay status.
 3. The request should include the medical necessity for the leave, the amount of leave requested, the date the employee goes on leave without pay, and the dates the leave is requested to cover. If documentation from a medical provider has not previously been submitted, it should be included with the written request. (See attachment #2)
 4. The request should be forwarded to the Personnel Manager for final approval.
 5. The employee must consent to the posting of a notice describing the circumstances which support the leave donation request. (See attachment #3).

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PROCEDURE (Continued)

E. Notice of Donated Leave

1. Donations for individual recipients will be limited to the actual amount requested, but may not exceed five hundred and twenty (520) hours per year. Donations will be credited as sick leave to the recipient in the order they are received. Donations received after the maximum has been reached or after the posted deadline will not be accepted and will be returned to the appropriate donor(s). Donations credited to the recipient will not be returned to the donor(s) and will remain as sick leave credited to the recipient.
2. The recipient will be advised in writing by the Personnel Department of the amount of leave donated.
3. The Personnel Department will coordinate with the leave keeper to ensure that all leave is appropriately posted to the recipient's and the donor's leave record.

F. Return To Work

1. If the recipient is using the donated leave due to personal illness or disability, a statement from the attending health care provider will be required. This statement must show that the recipient is able to return to work and perform the essential functions of the job with or without reasonable accommodation. This statement must be submitted immediately to the recipient's supervisor upon return to work. A copy must also be sent to the Personnel Department.

G. Prohibitions

1. No employee shall threaten, coerce, or attempt to threaten or coerce another employee for the purpose of interfering with rights involving the donation, receipt, or use of leave.
2. Any employee who violates the prohibitions of G.1. above shall be subject to disciplinary action up to and including dismissal.

Attachments:

- Attachment #1 - Request to Solicit Donated Leave
- Attachment #2 - Certification of Health Care Provider
- Attachment #3 - Leave Solicitation Notice
- Attachment #4 - Leave Donation Form

References: State Personnel Board Rules 478.1.30