

SICK LEAVE DONATION POLICY

1. PURPOSE.

This policy establishes a college-wide policy permitting employees to voluntarily donate portions of their accumulated sick leave to other employees who have exhausted all of their own earned leave and are suffering from a catastrophic illness or injury, which necessitates their prolonged absence from work.

2. ELIGIBILITY FOR RECEIVING DONATED LEAVE.

- A. The recipient must have completed at least one year of continuous service to the College immediately preceding the commencement of a donated sick leave authorized absence. "Continuous service" does not include periods in which an employee has been in a "no-pay" status.
- B. The recipient must be suffering from a catastrophic illness or injury that necessitates the employee's prolonged absence from work. A "catastrophic illness or injury" is one that is unpredictable, chronic, and either life threatening or so severe that the employee will be unable to return to work for an uninterrupted period of at least one month.
- C. The recipient must have exhausted all accrued leave time including compensatory time off, sick leave, sick bank claims, personal leave, floating holidays, and vacation leave.
- D. The recipient may not receive temporary disability benefits for the same period he/she is paid wages from donated leave.
- E. The recipient may not receive or have received in the aggregate more than 90 donated sick leave days during his/her lifetime of employment at Mercer County Community College.
- F. The recipient has submitted a written application and produced acceptable medical documentation from a physician that substantiates the grounds for the request.

3. ELIGIBILITY FOR DONATING LEAVE.

- A. A donor may donate up to five (5) days of sick leave to any one eligible recipient. Only whole days may be donated.
- B. An aggregate donation of five (5) sick leave days is the maximum that a donor may give to any one employee during the donor's lifetime.

- C. A donor cannot donate sick leave that would result in the donor having fewer than 20 days of accrued sick leave.
- D. The donor may not solicit or accept anything of value in exchange for the donation.
- E. After providing notice of resignation and 60 days prior thereto, a donor is not eligible to donate sick leave to another employee. Leave donated and unused in the 60 day period prior to notice of resignation will be rescinded by the College.

4. PROCEDURE.

- A. The recipient must request and complete a “Donated Sick Leave Request” form, which must be approved by the President. The completed form along with all necessary medical documentation to substantiate the request must be returned to the Office of Human Resources.
- B. The Office of Human Resources will review the request and supporting medical documentation to determine eligibility.
 - (1) If the requestor is eligible, the Office will notify the requestor in writing.
 - (2) If the requestor is not eligible, the Office of Human Resources will notify the requestor in writing with reasons why the request was not approved. The requestor may provide additional information to support his/her request.
- C. When a request has been reviewed by the Office of Human Resources and the recipient has been determined to be eligible, the request will be forwarded to the vice president having authority over the recipient for approval.
- D. Employees who choose to donate sick leave must complete an “Offer of Donated Sick Leave” form and return the form to the Office of Human Resources. A donor may not revoke a sick leave donation once it has been offered.
- E. The Office of Human Resources will review the donor’s sick leave balance to ensure that the minimum required balances will exist after the donation and, if those minimums are met, effectuate the donation and adjust both the recipient’s and the donor’s time records accordingly. Donations may not be used retroactively.

5. ADDITIONAL CONDITIONS.

- A. After the recipient of donated leave returns to work or otherwise terminates the use of donated leave, any donated leave remaining will not be returned to the donor(s).
- B. The recipient of donated leave, while using donated leave, will continue to earn sick and vacation leave. All such earned time shall be retained by the recipient employee and credited to the employee's accrued leave time.
- C. A recipient employee who retires will not be granted supplemental compensation on retirement for any outstanding donated sick days that he or she has received.

Board of Trustees
April 19, 2018

**Mercer County Community College
Office of Human Resources
Offer of Donated Sick Leave**

I hereby request the Office of Human Resources to transfer my sick leave credit as indicated below.

I (Donor's Name) _____, wish to donate to _____ (Recipient's Name) _____ of my accumulated sick days.

I understand that:

- This donation will be void if it will reduce my earned sick leave balance below 20 accrued sick days;
- I am not permitted to donate more than 5 sick leave days to the above named employee during my lifetime.
- I have not and will not solicit or accept anything of value in exchange for this donation of sick time; and
- This offer, once received by the Office of Human Resources, is irrevocable.

Signature: _____ Date: _____

Department: _____ Telephone Extension: _____

**Mercer County Community College
Office of Human Resources
Donated Sick Leave Request**

I, (Requestor's Name) _____, have read the policy and procedures regarding sick leave donations and I consent to participate in this program.

I have completed one year of continuous service at Mercer County Community College and have exhausted all of my accrued leave time including compensatory time off, sick leave, personal leave, floating holidays, birthdays, vacation leave and administrative leave. I am requesting donated sick leave for the following reason:

_____ I am suffering from a catastrophic illness or injury that necessitates my being absent from work for a prolonged period of time.

_____ An immediate family member is suffering from a catastrophic illness or injury that requires my being present to provide care to this family member for a prolonged period of time.

Documentation from a physician supporting this request is attached. I

certify that:

- I have not and will not offer anything of value to any employee in exchange for the donation of sick leave to me;
- I have not and will not directly or indirectly intimidate, threaten or coerce, or attempt to intimidate, threaten or coerce any employee for the purpose of obtaining a donation of sick leave.
- I understand that I may not receive temporary disability benefits for the same period of time in which I receive wages/salary from donated leave.

Signature: _____ Date: _____

Department: _____ Telephone Extension: _____