

## Shared Leave Administrative Policy

### 1.0 POLICY

In the case of a prolonged medical condition of an employee or the employee's immediate family member, which causes an employee to exhaust all available leave, an employee may apply for or be nominated to receive donated leave from the annual vacation leave account of another employee or employees, or from the sick leave or annual vacation leave account of an immediate family member.

### 2.0 PURPOSE

The Town of Atlantic Beach recognizes that circumstances may occur where an employee, through no fault of his own, has an inadequate amount of sick leave to cover absences due to his own illness or injury or that of an immediate family member. This situation would typically occur with newer employees who have not worked for the Town long enough to accrue a sufficient leave balance or with a longer term employee who has an extended illness but is expected to recover and return to work. The Town understands that employees may want to support fellow employees in these situations and this policy arranges for them to do so through the provision of Shared Leave.

### 3.0 SCOPE

This policy covers all Town benefit-eligible employees.

### 4.0 DEFINITIONS

- 4.1 **Shared Leave** - Shared leave is earned vacation leave of an employee that the employee chooses to donate to another employee to provide paid leave for that employees' personal or family member's prolonged medical condition.
- 4.2 **Benefit-Eligible** - Full time and part-time employees who are eligible for coverage and participation in the Town's benefit programs in addition to legally mandated coverage.
- 4.3 **Immediate Family** - For the purpose of this policy, immediate family is defined as legal spouse, child or parent, including step relationships.
- 4.4 **Prolonged Medical Condition** – for the purpose of this policy an employee may be eligible to receive shared leave if the absence is due to a prolonged medical condition that meets the definition of a 'qualifying serious health condition' as defined by the Family and Medical Leave Act and is generally expected to require an employee's absence from work for a period of at least 20 consecutive days. The 20-day period is intended to serve as a general guideline for shared leave, rather than an absolute requirement.

### 5.0 ORGANIZATIONAL RULES

- 5.1 **General Provisions** – The Shared Leave program is not a right but a privilege offered by the Town of Atlantic Beach. Therefore, unjustified excessive use or abuse of such leave may result in requests for shared leave to be denied. It is expected that employees are good stewards of their leave and make a reasonable effort at all times to effectively and responsibly manager their accrued leave balance, so as to maintain

sufficient leave availability in the event of a prolonged absence from work. Participation in this program shall be based on the employee's past compliance with leave rules.

A. Vacation leave as detailed in this policy may be donated. Employees **may not** donate their sick leave, FLSA compensatory time, or other comp time. The only exception to this rule is if the employee receiving the donated leave and the employee donating the leave are immediate family members.

B. An employee **may not** use shared leave for an injury by accident or illness sustained while engaged in outside employment.

C. An employee **may not** use shared leave for an employee receiving Workers' Compensation.

D. Only employees who have successfully completed their initial probationary period **may donate** leave.

E. Only employees who have been employed for a period of at least 12 consecutive months **may apply for** and receive voluntary shared leave.

F. Any donation of leave must be done strictly on a voluntary basis. An employee may not or attempt to coerce, pressure, intimidate, or threaten any other employee for the purpose of requesting to donate, receive, or use leave under this program. Such action shall be grounds for disciplinary action up to and including termination of employment.

G. Individual leave records are confidential and only the individual employee may reveal their donation or receipt of leave.

H. The employee donating leave cannot receive remuneration (payment) for the leave donated.

I. The Health Insurance Portability and Privacy Act makes medical information confidential. When disclosing information on an approved recipient, only a statement that the recipient has a prolonged medical condition (or the family member) needs to be made. If the employee wishes to make the medical status public, the employee must sign a release form acknowledging the potential for their status to be made known.

J. The transfer and use of vacation and/or sick leave from one employee to another is specifically prohibited unless allowable within this policy.

K. The establishment of a leave "bank" for use by unnamed employees is expressly prohibited. Leave must be donated on a one-to-one personal basis.

L. Leave transferred under this program will be available for use on a current basis, and for current prolonged medical conditions only.

M. The town will establish internal procedures in order to facilitate the administration of this policy.

## ▪ 5.2 **Employees Donating Leave**

A. Benefit-eligible employees may voluntarily donate earned and already accrued vacation leave. The minimum amount of time that may be donated is four (4) hours per calendar year. The maximum amount of leave that can be donated is no more than the amount of the individual's annual accrual total.

B. Employees may donate leave only to those employees who have been approved to receive Donated Leave. Donations are made on an hour-for-hour basis, not dollar-for-dollar basis.

- C. A donor may not donate leave during a resignation or retirement notice period.
- D. All leave donated will be immediately removed from the donor's leave account and become immediately available to the recipient to utilize.
- E. The written record authorizing the donation of leave time will be made a permanent part of the donating employee's personnel file.
- F. Each employee donating leave shall carefully read and execute a disclosure form confirming that he understands the following: the cash value of the donation; the potential for financial risk should the donor employee experience a future health problem or other possible threat to his income; the possible future situation when the employee making the donation would later need a donation but donations would not occur; and confirmation that he was not coerced, either directly or indirectly.

- **5.3 Employees Receiving Donated Leave**

- A. Any benefit-eligible employee who has served the Town for at least 12 consecutive months is eligible to participate in the shared leave program. This leave is intended for use in situations where an employee, or an employee's immediate family member has a prolonged medical condition.
- B. The employee receiving the shared leave must meet the following basic requirements in order for approval of this leave to occur.
  1. He must, at minimum, have used all available sick leave
  2. He must have used all vacation leave and compensatory time.
  3. He must have a reasonable leave record.
- C. The maximum number of hours of leave an employee can receive is equal to the projected recovery or treatment period, less the employee's combined vacation and sick leave balance as of the beginning of the recovery period.
- D. An employee can only be the recipient of donated leave for the duration of one prolonged medical condition during the entire tenure of employment.

## **6.0 PROCEDURES**

- **6.1 Employee's Personal Illness**

- A. An employee is expected to notify his supervisor when he will be out of work for an extended period of time due to a serious illness or injury.
- B. An employee may make application for voluntary shared leave by letter to his supervisor at such time as medical evidence is available to support the need for leave beyond the employee's available accumulated leave. A statement from a qualified health care professional must be attached.
- C. If the employee has met the basic qualifying requirements as outlined in 5.3 of this policy, the supervisor should forward a recommendation to request Shared Leave to his Department Director.
- D. If the supervisor is unsure of the employee's eligibility for Donated Leave, he should discuss this with Human Resources Department.
- E. The Department Director will review the recommendation of the supervisor, the employee's leave record, information concerning expected return to work, and if

appropriate will recommend, in writing, to the Town Manager that Shared Leave be requested for the employee.

F. Upon approval of the employee's application for shared leave by the Town Manager, the Human Resource Department will send out an email or memo advising that an employee of the Town is eligible to receive donated leave and provide the leave donation form. Those who wish to donate leave will complete and submit a Request to Donate Leave form to Human Resources. Human Resources will be responsible for the compilation and calculation of donated leave. **THE DONORS OF VOLUNTARY SHARED LEAVE SHALL REMAIN CONFIDENTIAL.** The employee and his immediate supervisor will be advised of the total amount of leave donated but not advised of who donated leave to the employee.

G. The Human Resources Department will monitor the Shared Leave balance. The supervisor will complete and submit a Leave Request Form on behalf of the employee each payroll period. Leave Request Forms will be sent to the Human Resources Department for entry into the payroll-personnel system.

H. If at any time during the employee's illness, it becomes known that the employee will not be able to return to work, the department must immediately contact the Human Resources Department to begin planning for a disability retirement if the employee is eligible or to determine other courses of action.

I. At the expiration of the prolonged medical condition, any unused leave in the recipient's donated leave account shall be treated as follows:

1. The vacation and sick leave balance shall not exceed a combined total of 40 hours (pro-rated for part-time employees).
2. Any additional unused donated leave will be returned to the donor(s) on a pro rata basis and credited to the leave account from which it was donated. Fractions of one hour shall not be returned to an individual donor.

▪ **6.2 Serious Illness or Injury of Immediate Family Member**

If the employee needs to be absent from work due to the serious, extended illness or injury of an immediate family member, the employee and/or the supervisor should contact the Human Resources Department for information.

Several different policies must be considered and more complex approvals are necessary, including approvals to use certain accrued benefits. However, it is the intent of this policy to allow for donation of leave to assist employee's affected by prolonged medical conditions that cause the employee to exhaust all available leave and go on leave-without-pay resulting in possible loss of income during a most critical time.

## **7.0 APPENDIX, APPENDICES**

- Request for Donated Leave

# Leave Donation Form

I, \_\_\_\_\_, voluntarily choose to donate \_\_\_\_\_ hours of **accrued vacation leave** to \_\_\_\_\_ under the Town's Donated Leave Policy.

Further;

I understand that the leave I am donating has cash value to it. I understand that there is a potential for my own financial risk should I donate this leave and then experience a future health event, which may potentially pose a threat to my income.

I acknowledge that should a possible situation occur in the future where I need Donated Leave, there is no guarantee that leave would be donated to me.

I affirm that I am donating leave voluntarily, and I was not coerced, either directly or indirectly, into donating leave under this policy.

I understand that my donation of leave is Confidential and will not be disclosed to any party, including the employee receiving my donated leave.

I acknowledge a copy of this Leave Donation form will be made a part of my Personnel file.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date