

Donation of Sick Leave Policy

The purpose of this policy is to allow employees to donate sick leave to other employees when there is a serious health condition involving the employee or their immediate family and fellow employees wish to be of assistance.

GUIDELINES

The following guidelines are established to govern the donation of sick leave:

- 1) No other compensable benefits may be available to the receiving employee. He/she must have exhausted all sick leaves, annual leave, holiday, and compensatory time or overtime.
- 2) After donation of sick leave, the donating employee must have a sick leave balance of at least 240 hours.
- 3) The donating employee must sign a release form.
- 4) Any such donation of sick leave must be done strictly on a voluntary basis. Solicitation by department heads or supervisors is not allowed.
- 5) Any such donation of sick leave must be approved by the department head.
- 6) No more than 96 hours may be donated in one calendar year.

NOTE:

- a) This could result in possible reduction in sick days available for transfer to the retirement system at the time of the donating employees' retirement.
- b) Any donated leave may be taxable to the recipient. The dollar amount of any donated leave would be added to the recipient's W-2 as income and taxed appropriately.
- c) The definition of "serious illness" shall be the same as defined under FMLA.
- d) The definition of "immediate family" shall be the same as defined under FMLA (spouse, child, or parent).

SICK LEAVE DONATION

There are occurrences brought about by serious and prolonged medical conditions that cause employees to exhaust all available leave and therefore be placed on leave-without-pay. It is recognized that such employees forced to go on leave-without-pay could be without income at the most critical point in their work life. It is also recognized that fellow employees may wish to voluntarily donate some of their sick leave so as to provide assistance to a fellow employee.

I _____ hereby request to donate ____ sick hours to _____ . I understand this could result in possible reduction in sick days available for transfer to the retirement system at the time of my retirement. I understand I cannot donate more than 96 hours in one year and that I must have a remaining balance of 240 hours.

Signed: _____ Date:
Donating Employee

Signed: _____ Date:
Department Head