

Administrative Policy

LONGVIEW HOUSING AUTHORITY **SICK LEAVE DONATION POLICY**

Approved April 25, 2005

Introduction

Under certain circumstances, a LHA employee may voluntarily donate to another LHA employee, or receive from another employee, accrued sick leave time under a sick leave donation plan as described in this policy. This policy is applicable to LHA employees who are eligible to accrue sick leave time based on their employment status.

When sick leave is donated from one employee to another, what is transferred is a *credit* for an amount of *time* that an employee may take as sick leave. When an employee uses sick leave, he or she does not receive more than his or her base pay, but some of the person's base pay for that year is in the form of paid sick time. No funds are transferred to or from the budgets of specific LHA departments when sick time is donated. Neither employee is paid more or less than his or her base pay for that year. The only difference is that less of the donating employee's base pay is available to be used as sick leave and more of the recipient's base pay is available as sick leave. However, there may be financial consequences for the recipient's department if another person must be hired temporarily to cover the recipient's job responsibilities while he or she is using the additional donated sick leave time. Therefore, the approval of the recipient's department supervisor is required, thus ensuring that he or she agrees to the monetary implications of donated sick leave. The department supervisor is under no obligation to approve the donation of sick leave.

Policy Statement

For a donation of sick leave to be approved, the following conditions must be met:

Donation of Sick Leave

1. An employee may donate any number of sick leave days as long as the donating employee maintains at least fifteen days of accrued sick leave in his or her personal account. The "fifteen days" equates to 120 hours for full-time employees and 60 hours for half-time part-time employees.
2. Sick leave time may not be donated to an employee who is in an employment category which does not accrue sick leave time (for example, temporary or special hourly).
3. If the donated sick leave days are not used during the course of the current catastrophic health event, the donated sick leave hours remaining will be restored to all donors accounts by the ratio of each employee's donation to total hours donated. Said restoration will occur upon notice from the donee employee that they do not expect to need any additional leave for the event.
4. Terminating employees (including those retiring with an excess of accrued sick leave) may not donate sick leave time.
5. For purposes of FMLA, the FMLA leave allowed will run simultaneously with any paid leave, including donated sick leave under this policy. Once paid leave is exhausted, an employee can be in a no-pay FMLA leave position if any of the allowed 12 weeks of FMLA leave is remaining.

Receipt of Donated Sick Leave

1. Donated sick leave is available to be used only for an employee's personal, spousal, or child's catastrophic illness or injury. For purposes of this policy, a "catastrophic illness or injury" is defined as a medical condition in which full recovery with ability to work is not expected within the next month and which is documented by the attending physician.
2. A LHA employee who experiences a catastrophic illness or injury is eligible to receive donated sick leave provided the employee has depleted all paid leave including sick leave, vacation time, and personal holidays. The donated sick leave may be used for the paid portion of a medical leave of absence taken for an employee health condition in the same manner as the recipient's regular sick leave is used for such a purpose.
3. Because the donated sick leave may result in additional time away from work by the recipient, the recipient's supervisor must agree to the transfer of the sick leave. Consideration should be given to whether the donated leave will make the total paid leave available more than the 12 weeks of FMLA leave required (if the employee is FMLA eligible) and what the effect of the extended leave might be on the Authority.
4. The employee receiving the sick leave donation is eligible to receive a total lifetime donation of up to a maximum of 90 sick leave days (720 hours) or the equivalent for part-time employees, if the Supervisor and Executive Director approve the extended leave. The donation may come from several different eligible employees but may not exceed 90 days total.
5. If the recipient leaves LHA due to termination, retirement, or disability, any remaining donated sick leave will be handled in the same manner as the recipient's regularly accrued sick leave.

Additional Requirements and Guidelines

The "Sick Leave Donation Request Form" attached to this policy must be completed and submitted along with medical documentation. The Executive Director and appropriate supervisor of both the donor and the recipient must approve the request in writing.

The request form signed by the employee and department supervisor must be submitted with supporting medical documentation to the Executive Director and must be approved by her prior to use of the donated sick leave time.

A copy of the fully executed (approved) "Sick Leave Donation Request Form" will be returned to the finance department for processing adjustments to the donor's and recipient's sick leave records.

Attachment

The "Sick Leave Donation Request Form" attached to this policy is a part of the policy, but the form may be revised from time to time without affecting the policy itself.

Implementation

The Executive Director is responsible for implementation of procedures to enforce this policy.

SICK LEAVE DONATION REQUEST FORM

I am requesting permission to receive donated leave (Recipient):

I am requesting permission to donate leave (Donor):

Fill out only the part applicable to your role (Donor or Recipient):

	Recipient Employee Information	Donor Employee Information
1. Employee Name		
2. Social Security Number		
3. Job Title		
4. Department		

6. (Recipient) Dates donated sick leave is projected to be used: From / / To / /

7. (Donor) Total hours being donated:

7. Certification of Recipient Employee & Physician.

Explanation of catastrophic illness/injury and expected length of absence: (Attach relevant medical documentation.)

Attending Physician's Signature _____ Date / /

I do hereby certify that I have secured permission from my department supervisor to use donated sick leave pursuant to policy. This request is due to the above-referenced catastrophic illness/injury and will be used during the dates listed above in order to continue my compensation because my other sick leave, vacation time, and personal holidays will have been exhausted prior to this request.

Have you applied for, or do you plan to apply for, Retirement Due to Disability? Yes No

Recipient Employee's Signature _____ Date / /

8. Certification of Donor Employee:

I do hereby certify in making this voluntary request that LHA has permission to transfer the above-listed hours of my sick leave to the Recipient Employee listed above. I understand that I cannot leave my sick leave balance less than 120 hours after this transfer. I also understand that my sick leave balance will be reduced by the specified number of hours. I further understand that this decision is irrevocable unless the recipient's period of catastrophic medical illness/injury is completed without using all of the leave. I understand if this happens I will only receive a prorated amount of the leave balance.

Donating Employee's Signature _____ Date / /

10. Certification of Finance Department (Enter Donor Employee's Leave Balance prior to this donation: _____ hours.)

I certify that the donating employee's information listed above is correct and that this request meets the requirements of the policy.

Director of Finance _____ Date / /

11. Approved by:

_____ Date / /

Longview Housing Authority Executive Director