

## Donation of Leave Time

### Policy

In order to assist colleagues in a time of need, employees may donate sick leave or vacation leave to another employee whose serious health condition, or other approved serious circumstance, has depleted his/her own sick leave and vacation leave balances. Donation of time must be made in full days. **For every sick day donated, you must donate a matching vacation day.** Please note that donated leave time will not increase the maximum time allowed under the Family and Medical Leave Act (FMLA), which is 12 weeks, including vacation and sick leave time.

A Donation of Leave Time Authorization Form must be completed by the donor. It will then be reviewed for approval by the Director of Human Resources. The approved donation of leave will be deducted from the donor's leave balance and the time will be credited to the identified recipient. All donations are confidential between the donor and Director of Human Resources.

Employees may donate **vacation time only** to another employee who is experiencing an approved leave without pay due to caring for the employee's spouse/approved domestic partner, child or parent who has a serious health condition for which the employee is using FMLA.

An employee will not be eligible for donated time after the expiration of 12 weeks of his/her FMLA leave. An employee requesting donation of leave time will be required to furnish documentation demonstrating a serious health condition or other serious circumstance and must have exhausted all sick and vacation balances.

Note the following restrictions:

- Sick Time - The donor must maintain a minimum balance of twelve (12) days sick leave.
- Vacation Time - There are no restrictions regarding the donation of vacation leave.

### Donation of Leave Time Authorization Form

I would like to participate in the Leave Donation program. I am aware that the designated time will be deducted from my total sick or vacation accrual as noted.

Name: \_\_\_\_\_

Department: \_\_\_\_\_

Donation of Sick Leave: \_\_\_\_\_ days

Donation of Vacation Leave\*: \_\_\_\_\_ days

***\*Please remember the following: For every sick day you donate, you must also donate a vacation day. If you are donating to an employee who is out due to a family member's illness, you may only donate vacation time.***

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director of Human Resources or Designee

\_\_\_\_\_  
Date