

	<p>Town of Chapel Hill, NC</p> <p>Leave Donation Personnel Policy</p>	<p>Policy Number: PP 2-1</p> <p>Effective Date: December 1, 2012 Updated January 1, 2018</p>	<ul style="list-style-type: none"> I. POLICY II. PURPOSE III. PROCEDURE IV. FORMS/INSTRUCTIONS V. ADDITIONAL CONTACTS VI. DEFINITIONS VII. RESPONSIBILITIES VIII. APPENDICES IX. FAQ X. SCOPE XI. RELATED INFORMATION XII. POLICY HISTORY 	<p>Approved By:</p>  <p>Roger L. Stancil, Town Manager</p>
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Leave Donation Policy

I. POLICY

Employees may donate accumulated hours of their accrued annual leave to the sick leave balance of a coworker, following town policies.

[Town of Chapel Hill Code of Ordinances Section 14-71](#)

II. PURPOSE

In accordance with the Town value of **Teamwork**, employees may donate annual (vacation) leave to other employees who have exhausted their own sick and annual leave due to illness. This donated annual (vacation) leave is to be used as sick leave to compensate an employee who is out due to personal or family medical conditions.



Teamwork: We participate in a cooperative work environment in order to support each other in our service to the community. We encourage an environment that fosters innovation and creativity.

The Director of Human Resource Development is authorized to issue procedures consistent with this policy.

	Town of Chapel Hill, NC	Policy Number: PP 2-1	I. POLICY	Approved By:  Cliff Turner, Director Human Resource Development
	Leave Donation Procedures	Effective Date: December 1, 2012	II. PURPOSE III. PROCEDURE IV. FORMS/INSTRUCTIONS V. ADDITIONAL CONTACTS VI. DEFINITIONS VII. RESPONSIBILITIES VIII. APPENDICES IX. FAQ X. SCOPE XI. RELATED INFORMATION XII. POLICY HISTORY	
		Updated: xxxxx		

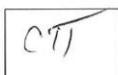
III. Leave Donation Procedures

These procedures are issued by the Director of Human Resource Development to implement the Leave Donation Policy, PP 2-1, issued by the Chapel Hill Town Manager. These procedures may be periodically updated.

All Regular full- and part-time employees are covered under this policy.

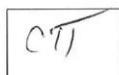
- A. Eligibility for Receiving Donated Leave: In order to be eligible to receive donated leave, an employee must satisfy all of the following conditions:
1. Serious Health Condition: The absence for which leave is donated must be due to a serious health condition of an employee or employee's [immediate family member \(Non-FMLA Definition\)](#). Employees may use donated leave for absences that meet either of the following conditions:
 - a) Absence of three or more consecutive days
 - b) Absence that is eligible for FMLA
 2. Medical Certification: An employee must provide medical documentation from a certified healthcare provider (FMLA paperwork will suffice for this requirement).
 3. Probationary Period: An employee must have successfully completed the probationary period required for their position.
 4. Maximum donated Leave: Leave equivalent to up to 30 [average workdays](#) may be received and/or used within a 12 month period. The period is calculated beginning on the first day that donated leave is used for an event.
 - a) Donated leave may not be used to extend an employee's leave status beyond the date that the employee is expected to return to work.

Approved by Cliff Turner,
Human Resource Development
Director



Leave Donation Procedures PP 2-1

- B. Requesting and Qualifying for Donated Leave: Individual employees may inform others that they are going to be absent and have exhausted all their accrued annual and sick leave. However, departments and individuals must not put pressure on employees to donate. Leave donations will be kept confidential.
1. Request Form: Employee submits a complete [FORM 2-1 A Application for Donated Leave Form](#) to the Human Resource Development (HRD) Department. Form includes:
 - a) Amount of Donated Leave Requested. Employee must request a minimum of three (3) average workdays. The total amount of leave requested by the employee shall correlate to the amount of leave that has been approved for the qualifying medical condition and the amount of leave the employee has available to them to use.
 - b) Medical Authorization: The employee must submit medical authorization from the treating healthcare provider confirming a serious health condition of an employee or employee's immediate family member. If employee already qualifies for FMLA, that qualification documentation is sufficient. If employee does not qualify for FMLA, the employee should still submit FMLA paperwork since it will be used to obtain medical authorization to qualify for and use donated leave. HRD will confirm medical documentation and make the final approval.
 2. Approval: Upon approval, HRD will notify the recipient employee and the Payroll Division of the Business Management Department.
 3. Surplus Donations: Once the amount of leave requested by the employee is donated, no further donations will be accepted or otherwise held.
 4. Additional Donations: An employee may request additional donated leave provided that the total amount does not exceed the maximum of 30 [average workdays](#) in a 12 month period.



C. How to Donate Leave: Donations are voluntary and confidential. Employees may donate leave in 4 hour increments.

1. Donation Form: Employees may obtain a [FORM 2-1 B Leave Donation](#) from the Human Resource Development Department or from their Payroll and Benefits Representative.
2. Donor Leave Balance: The donor must maintain an average of 6 days of annual leave after donation.
3. Approval Process: Completed donations forms should be submitted to HRD for approval. Once approved, the information will be forwarded to the Business Management Department where it will be deducted from the donating employee's annual leave balance and applied to the sick leave balance of the recipient employee.

D. Use of Donated Leave:

1. Exhaust All Leave: An employee must exhaust all available leave before using any donated leave. All available leave includes sick leave, annual leave, banked holiday leave, and compensatory time.
2. Hours: Donated leave can be used at full time rate, part time rate, or to supplement Town – provided disability payments. Employees who wish to supplement disability payments must consult with HRD to assure that they are in compliance with the terms of their disability coverage.
3. Accrual: Employees shall accrue leave for any pay period when the use of leave is equivalent to at least fifty (50) percent of their average paid hours for that pay cycle. Standard deductions will be taken out of this pay.

E. Payroll and Accrual Procedures for Donated Leave:

1. Use of Donated Leave: Donated leave will not be applied to a recipient employee's sick leave until all other leave has been exhausted. Leave earned during the pay period by the employee receiving donated leave will be applied toward future absence in the next pay period.

2. Maximum Leave: Donated leave hours up to a total of 30 [average workdays](#) in a 12 month period are transferred to the employee receiving the donated leave.
3. Donations are Final: Once the donated leave is transferred to the receiving employee, the donation is FINAL and cannot be reversed.
4. Amount Transferred to Employee will not exceed Request: Only the amount of leave approved by HRD shall be transferred as donated leave.
5. Payroll to Track and Notify: Payroll will track the number of leave hours donated to the recipient employee and notify the employee, their supervisor, and the department head when the employee reaches the maximum of 30 average workdays in the 12 month period.
6. Deadline: Leave donations forms received in HRD by the customary weekly or biweekly payroll changes deadline will be available to the recipient for that payroll period. Forms received after the deadline will be available for the next payroll.
7. Holiday Pay: If a holiday falls within the donated leave usage, the employee will receive holiday pay instead of using donated leave hours. However, employees are not eligible for holiday compensation unless the employee is in [pay status](#) for the pay period. Employees may use donated leave to qualify for pay status. Please contact HRD for more information.

IV. FORMS/INSTRUCTIONS

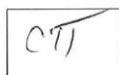
[FORM 2-1 A Application for Donated Leave](#) (used by employee requesting leave)

[FORM 2-1 B Leave Donation Form](#) (used by employee donating leave)

V. ADDITIONAL CONTACTS

Human Resource Development 919-968-2700 or HR@townofchapelhill.org

Ombuds office 919-265-0806 or Ombuds@townofchapelhill.org



VI. DEFINITIONS

- A. **Average Workday**: the average number of scheduled hours in a week divided by 5, as shown in chart below.

Weekly Scheduled Hours	Average Workday
20	4
30	6
37.5	7.5
40	8
42	8.4
56	11.2

- B. **Immediate Family Member—non-FMLA definition**: Immediate family members include parents; step-parents; parents-in-law; grandparents; children; grandchildren; step-children; domestic partners; the children of domestic partners; siblings (when employee is the sole care provider); and spouses.
- C. **Pay Status**: an employee is considered in pay status if they are paid for at least half of their base pay during a pay period.

VII. RESPONSIBILITIES

All Employees are expected to:

- a) Be aware of the Town's Civil Leave policy and procedure
- b) Provide documentation of summons, subpoena, jury duty service, or Election Day service
- c) Keep management notified about service requirements
- d) Return to work as soon as the service commitment has ended.

All Supervisors/Managers and Department Heads are expected to:

- a) Follow the Civil Leave policy
- b) Request documentation and maintain in employee file as needed.

All Human Resource Development staff members are expected to:

- a) Provide Guidance for employees and managers on civil leave policy and procedures.

VIII. APPENDICES None

IX. FREQUENTLY ASKED QUESTIONS None

X. SCOPE This policy covers all regular full and part time employees.

XI. RELATED INFORMATION

[Town of Chapel Hill Code of Ordinances Section 14-71](#)

[PP 2-3 Holiday Pay](#)

[PP 2-6 Sick Leave Policy](#)

[PP 2-8 FMLA](#)

XII: POLICY HISTORY:

Issued June 30, 1998

Reissued December 1, 2012

Updated January 1, 2018

This policy replaces and supersedes any previous Town policies, departmental policies, handbooks, or unwritten policies or practices covering the same subject. Departmental policies in compliance with this policy are referenced in Section XI **Related Information**. In the event of any disparity between this policy and the Town's Code of Ordinances and/or applicable local, state, or federal laws, the Town's Ordinance and/or applicable laws shall prevail.



FORM 2-1 A APPLICATION FOR DONATED LEAVE

Please complete all of the information below and submit this form to the Human Resource Development Department. For assistance, contact HRD at 919-968-2700 hr@townofchapelhill.org

Employee Name _____ Date: _____

Department _____

Total Number of Vacation Leave Hours Requested _____

Medical Documentation of Serious Health Condition:

- Please use FMLA Certification
- I am supplying Medical Certification for non-FMLA request

Notification: Individual employees are free to inform others that they are going to be absent and have exhausted all leave accruals. However, departments and individuals must not put pressure on employees to donate.

1. If my Application for Donated Leave is approved, I plan to communicate my request for donated leave through:

- a personal request from me
- the following employee who I authorize to communicate on my behalf

2. If an authorized employee is communicating my request for donated leave on my behalf, I authorize the following statement to be used to describe my request:

3. If an authorized employee is communicating my request for donated leave on my behalf, I authorize them to communicate with the following employees:

- Department employees only All Town of Chapel Hill employees

Approved by Cliff Turner,
 Human Resource Development
 Director

Leave Donation Procedures PP 2-1

Amount of Requested Leave: The amount of leave requested by the employee shall correlate to the amount of leave that has been approved for the employee’s medical condition and the amount of leave the employee has available to them to use. Donated Leave equivalent to up to 30 average work days may be received and used within a 12 month period. The period is calculated beginning on the first day that donated leave is used for an event. Donated leave may not be used to extend an employee’s time in leave status beyond a date that the employee is expected to return to work.

Approved leave period _____
 Sick Leave Balance _____
 Vacation Leave Balance _____
 Comp Time Balance _____
 Leave Donation Request _____
 Leave Donation Balance _____

<p><u>HRD Evaluation of Donated Leave Request Amount:</u></p>

Employee Signature: This is to request participation in the Town of Chapel Hill’s Donated Leave program. I am requesting donated leave because either I, or an immediate family member have experienced a serious health condition that requires my absence from work.

Requesting Employee’s Signature/Date _____

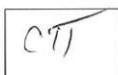
Upon approval HRD will notify the recipient employee, their immediate supervisor, the Department Head and payroll.

HRD Section

- Employee has completed 6 month probationary period Yes No
- Employee has provided medical documentation to verify medical eligibility for donated leave Yes No
- Amount of requested leave correlates to the amount of leave the employee is approved for and how much paid leave the employee currently has at their disposal to use while on approved leave. Yes No

HRD Partner Approval Signature/Date _____

Approved by Cliff Turner,
 Human Resource Development
 Director





FORM 2-1 B Leave Donation Form

Donating Employee Information

Employee # _____ Name: _____

Department: _____

Hours Donated

Please indicate the hours you wish to donate by placing circling the correct number. If you wish to donate a different amount, please write the number on the line provided. Please remember that leave must be donated in 4 hour increments.

4 8 12 16 20 24 28 32 36 40 Other: _____

Leave Donated To:

Name: _____ Department: _____

General Information

The decision to donate leave is a personal and voluntary one. An employee wishing to donate leave to another Town employee must maintain a vacation leave balance of at least six average workdays *after* the donation to be eligible to donate leave.

Donations may not cumulatively total over six workweeks (30 average workdays) for the employee being donated to.

Leave must be donated in a minimum of four-hour increments and will be transferred in its entirety to the employee receiving the leave. Once transferred to sick leave, vacation leave cannot be returned, even if it is not needed for the personal or family illness for which it was donated.

Employee Authorization and Signature

I have read and understand the above information. I am giving the Town of Chapel Hill permission to deduct and transfer the vacation hours indicated to the person listed above.

Employee Signature: _____ Date: _____

Human Resource Development Approval

Balance Before Donation: _____ Balance After Donation: _____

Approval Signature: _____

Business Management Use Only

Amount Donated: _____

Date Transferred: _____

For help, contact Human Resource Development 919-968-2700 or hr@townofchapelhill.org

Approved by Cliff Turner,
Human Resource Development
Director