

DELAWARE COUNTY

Subject	Effective	Supersedes	This Sheet	Total
Sick Leave Donation Program	5/2007	2/26/96 5/14/2001 6/28/2004, 8/11/2005 5/22/06	1	3

1.0 Purpose

The intent of the sick leave donation policy is to allow employees to voluntarily provide assistance to their co-workers who are in critical need of leave due to the serious illness or injury of the employee or a member of the employee's immediate family.

2.0 Scope

All eligible offices and departments of Delaware County.

3.0 Distribution

To all appointing authorities, offices, and departments of Delaware County.

4.0 Definitions

Serious Health Condition – Serious Health Condition will carry the same definition as “Serious Health Condition” within the Family & Medical Leave Act (that can be found within the Delaware County Family & Medical Leave Act Policy).

Immediate family- immediate family will carry the same definition as “immediate family” in Section 4.0 of the Sick Leave Policy of the Delaware County Employee Handbook.

5.0 Policy

Leave Donation Program

Pursuant to the provisions of section 124.391 of the Ohio Revised Code and this Rule, an employee may donate accrued sick leave to a fellow employee who is otherwise eligible to accrue and use sick leave and reports to the same appointing authority or, with the consent of each applicable appointing authority, to a fellow eligible employee who reports to a different appointing authority, when the eligible employee had transferred from the donating employee's appointing authority within the previous six months prior to the need for donated time. **The intent of the leave donation program is to allow employees to voluntarily provide assistance to their co-workers who are in critical need of leave due to a serious health condition as defined by the Family and Medical Leave Act of the employee or a member of the employee's immediate family.** The employee is eligible to receive sick leave donation IF he or she is covered by the Family and Medical Leave Act or would have been covered by FMLA if eligible and the employee is on an approved leave of absence.

- (A) An employee may receive donated leave up to the number of hours the employee is scheduled to work each pay period, if the employee who is to receive donated leave:
- (1) or a member of the employee's immediate family has a serious illness or injury;
 - (2) has utilized or will utilize all accrued leave;
 - (3) has not utilized sick leave in violation of the Sick Leave Policy;
 - (4) has maintained an accumulated balance of the value of at least five (5) days of sick leave for every year of service with Delaware County (e.g. if the employee has been employed with Delaware County for two years, he/she must have a balance of value of 10 days of sick leave, etc.) or the employee has a minimum balance of 100 hours of sick leave at the time the serious illness or injury began; or if neither then the Employee has not utilized personally accrued sick leave at a rate of ten (10) days, or its equivalent ratio for part-time employees, used in the preceding 12 months unless such usage was covered under an FMLA qualified situation; Years of service and sick leave balances transferred to Delaware County from other political subdivisions within Ohio will also be considered when determining if the employee has appropriate amounts of sick leave to qualify for sick leave donation. An employee who has retired and received a payout of sick leave for that retirement will have his/her eligibility calculated based on the years of service following the retirement date.
 - (5) is on leave of absence, approved by the appointing authority or authorized designee and has exhausted or will exhaust all paid leaves (i.e.: sick, vacation and compensatory time);
 - (6) has applied for any paid leave, workers compensation, or benefits program for which the employee is eligible;
 - (7) has applied for Family and Medical Leave;
 - (8) has completed one (1) year of service with Delaware County
 - (9) has provided written verification that the serious health condition exists, and
 - (10) agrees to accept the leave under the terms of this policy and completes an "Application to Receive Donated Leave".
- (B) Employees may donate leave if the donating employee:
- (1) voluntarily elects to donate sick leave and does so with the understanding that donated leave will not be returned;
 - (2) donates a minimum of eight hours;
 - (3) retains a sick leave balance of at least one hundred twenty (120) hours. Sick leave shall be donated in the same manner in which it would otherwise be used, and
 - (4) completes an "Application to Donate Leave".
- (C) The sick leave donation program shall be administered on a pay period by pay period basis. An employee must apply to receive sick leave donation in a timely manner so that the application can be reviewed and considered for approval by the employee's director and appointing authority or designee, requests for donations from fellow employees can be advertised and received, and the processing of the donation can be submitted to the Auditor's Office by 12:00 PM (noon) the Friday before payroll is submitted to the Auditor's Office. It is recommended that employees submit applications to receive sick leave donation no later than the Friday that paychecks are distributed and that application

submittal will be for the following payroll (not the one for which paychecks are currently being submitted). Unless compelled by law or by appointing authority resolution, at no time will the employee be eligible to receive donated sick leave payment for a pay period that has been paid through the payroll system. Employees using donated leave shall be considered in active pay status and shall accrue leave and be entitled to any benefits to which they would otherwise be entitled. Vacation and sick leave accrued by an employee while using donated sick leave shall be used, if necessary, in the following pay period before additional donated sick leave may be received. Donated sick leave shall be considered sick leave but shall never be converted into a cash benefit. Employees not meeting the eligibility requirements as described in 5.0 (A) will be notified of the reason for ineligibility by their supervisor/director and their applications will be clearly marked "NO" for Eligibility and forwarded to the Human Resources Department for recordkeeping purposes only.

(D) Employees who wish to donate sick leave shall certify:

- (1) The name of the employee for whom the donated leave is intended;
- (2) The number of hours to be donated;
- (3) That the employee will have a minimum sick leave balance after donation of at least one hundred twenty (120) hours and
- (4) That the sick leave is donated voluntarily and the employee understands that the donated leave will not be returned.

(E) Appointing authorities shall ensure that no employees are forced to donate leave. Appointing authorities shall respect an employee's right to privacy, however appointing authorities may with the permission of the employee who is in need of leave or a member of the employee's immediate family inform employees of their co-workers critical need for leave donations from employees. The donation of sick leave shall occur on a strictly confidential and voluntary basis.

The Sick Leave Donation Program will be administered within the confines of the written policy by the Human Resources Department. Each Appointing Authority (Elected Officials or Board) or specifically authorized designee(s) shall provide the appropriate approvals/denials for applications to receive or donate leave.

I hereby formally adopt this policy and will implement and abide by its terms and provisions until such time as I submit to the Board of Commissioners or its designee written notice of my intent to terminate such adoption and participation.

Further I (we) designate the position(s) of _____ as my designee(s) to approve applications to receive or donate leave.

Signature of Appointing Authority

Date

Printed Name

Printed Name of Office

Application to Donate Leave

Donator's Name: _____ Office/Department: _____

Employee's Name to Receive Leave: _____

Receiver's Office/Department: _____

Please indicate one of the responses below:

_____ I am responding to a Notice that an employee is in critical need of leave.

_____ I am aware of this employee's need and I am making this offer.

If the second response is marked, I understand that the Receiver indicated must be contacted by his appointing authority to determine if the Receiver is eligible and willing to accept the leave. The Receiver will be required to complete and "Application to Receive Donated Leave" prior to determination of eligibility.

Hours of Sick Leave to be donated: _____

Balance of Sick Leave after donation: _____

I hereby certify that this request is made voluntarily. I was not coerced, intimidated or financially induced into donating leave. By signing, I hereby relinquish all rights to the leave shown above and the benefits accrued to or attached to the same. I understand that the donation of the leave is irrevocable and that no leave will be refunded to me in cash or kind. I certify that I will have at least one year's accrual of sick leave (120 hours) after making this donation.

Donator's Signature

Date

Notary Public:

Subscribed and duly sworn before me according to law, by the above named applicant this _____ day of _____, 20 ____ .
County of _____ and State of Ohio.

Notary's Signature

Certification:

_____ Sick Leave Balance above is certified as correct.

_____ Sick Leave Balance above is certified as not correct.

_____ Balance of Sick Leave: _____

Certified by:

Signature of Certifying Party

Date

Printed Name

Position Title

Sick Leave Donation **Approved** / **Not Approved** (CIRCLE ONE)

Signature of Appointing Authority or designee

Date

Application to Receive Donated Leave

Employee's Name: _____ Office Department: _____

Please describe the serious health condition, who is affected and how the employee is affected:

Indicate the amount of time that will be missed because of the serious health condition.

Number of days: _____ Beginning: _____ Ending: _____

Has the Employee filed for Family Medical Leave Act? Yes No

VERIFICATION BY ATTENDING MEDICAL DOCTOR

I certify that the above named individual has experienced a serious health condition and the projected time missed is an accurate forecast of the time that is needed for the condition.

Doctor's Name: _____

Doctor's Signature: _____

Date: _____

I verify that the above information is a true and accurate report of the condition as I know today. I authorize and approve distribution of this information to other County employees to inform them of the condition and to permit other County employees to donate sick leave to me. I understand that my Appointing Authority and/or the County Commissioners will make notice of my need for leave and that I should take no other action to solicit or request donation of leave from other staff. I have read and understand the limitations of this program as outlined in the Sick Leave Donation Policy. I understand that any leave taken under this program is subject to the 12 week limits of the Family and Medical Leave Act. I understand that any employee donating leave to me will have his/her identity kept confidential from me.

Employee's Signature

Date

Notary Public:

Subscribed and duly sworn before me according to law, by the above
Named applicant this _____ day of _____, 20 ____,
County of _____ and State of Ohio.

Notary's Signature

Approval to Receive Donated Leave:

Employee meets eligibility for donation (See and complete Employee Eligibility Checklist attached) YES / NO (circle one)

Signature of Employee's Director (if applicable)

Date

This application has been reviewed and **approved** / **denied** (CIRCLE ONE).

Signature of Appointing Authority or designee

Date

Approval to Receive Donated Leave from other Appointing Authorities:

Approved / **Denied** (Circle one)

Signature of Appointing Authority

Date

Employee Eligibility Checklist

This form must be completed by the Director of the Employee and attached to the Application to Receive Sick Leave Donation

- _____ Employee or a member of the employee's immediate family has a serious illness or injury
- _____ Employee has utilized or will utilize all accrued leave
- _____ Employee has not utilized sick leave in violation of the Sick Leave Policy
- _____ Employee has maintained an accumulated sick leave balance as required, or if not has utilized less than ten (10) sick leave days for non-FMLA qualified events within the last twelve (12) months (See below calculations worksheet Eligibility Test 1a, Eligibility Test 1b, and Eligibility Test 2)
- _____ Employee is on leave of absence, approved by the appointing authority or authorized designee and has exhausted or will exhaust all paid leaves
- _____ Employee has applied for any paid leave, workers compensation, or benefits program for which the employee is eligible
- _____ Employee has applied for Family and Medical Leave
- _____ Employee has completed one (1) year of service with Delaware County
- _____ Employee has provided written verification that the serious health condition exists
- _____ Employee has completed and signed the "Application to Receive Donated Leave" and agrees to accept the leave under the terms of the Sick Leave Donation Policy

Eligibility Test 1a:

Does the employee have at least 100 hours of accumulated sick leave at the time leave first began?

If yes, then Employee meets eligibility criteria.

If no, go to Eligibility Test 1b.

Eligibility Test 1b:

Does the Employee have an accumulated balance of the value of at least five (5) days of sick leave for every year of service?

A. Years of Service _____ x 5 x regularly scheduled hours of work per day _____ = _____

B. Employee's accumulated sick leave balance as of serious illness or injury commenced: _____

If A is less than B, then Employee meets eligibility criteria

If A is greater than B, then go to Eligibility Test 2

Eligibility Test 2: Has the Employee utilized personally accrued sick leave at a rate of ten (10) days or its equivalent ratio for part-time employees within the past 12 months, unless such usage was covered under an FMLA qualified situation?

A. Hours of sick leave that the Employee utilized within the last twelve (12) months _____ ÷ hours per day that the employee is regularly scheduled per day _____ = _____

B. Hours of sick leave that the Employee utilized within the last twelve (12) months that qualified for FMLA _____
÷ hours per day that the employee is regularly scheduled per day _____ = _____

C. $A - B =$ _____

If A is less than ten (10) then Employee meets eligibility criteria

If the value C is less than ten (10), then the Employee meets eligibility criteria

Otherwise, the employee is ineligible