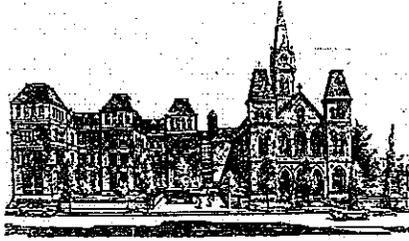


BLAIR COUNTY POLICY



TITLE: Paid Leave Donation

BLAIR COUNTY POLICY NO.: 306

POLICY APPROVAL BY:

COMMISSIONERS:	Initials	Date
Terry Tomassetti	TT	9-15-10
Diane Meling	dm	9-15-10
Donna Gority	DDG	9/14/10
HR DIRECTOR:		
Dianne Carland		

I. Purpose

The purpose of the Paid Leave Donation Policy is to permit an employee to donate paid vacation or sick leave to another employee. This policy permits such a donation to occur when an employee has a need for additional paid leave because they have exhausted all paid leave and have a catastrophic illness or injury, such as cancer, major surgery, a serious accident, heart attack, etc. that poses a threat to life and/or requires inpatient, hospice or residential health care. The need may arise from his/her own catastrophic illness or from his/her need to care for a family member, including a spouse, child, or parent, who has a serious medical hardship or catastrophic illness. This policy is not intended to cover an employee who is experiencing a normal pregnancy, has a common illness, has an illness or injury covered by worker's compensation, or has incurred injury during the course of committing a felony.

II. Eligibility to Receive Paid Leave Donation Policy Leave

To be eligible, an employee:

1. must be a regular full time employee
2. must be eligible to accrue paid vacation or sick leave
3. must have exhausted all forms of paid leave, or plans on exhausting all forms of paid leave per authorized documentation;
4. must have passed their initial probationary period; and
5. must suffer from a serious medical hardship or catastrophic illness or injury which requires inpatient, hospice or residential health care; and
6. must be or have been on an approved leave of absence.

Employees are ineligible to use this policy during any disciplinary suspensions or if they are receiving, or have applied to receive, workers' compensation benefits.

III. Contributions

Employees may request to donate paid sick or vacation leave by completing and submitting the Donation Request Form to his/her Department Head. Each employee may donate a maximum of 20 days of combined vacation and sick paid time-off time per calendar year in full day increments. The donated paid time will be calculated on the hourly rate of the employee receiving the donated time. Department Heads, in discussion with Human Resources may limit the number of donations based on business need.

Employees who donate time must have sufficient time in his/her sick or vacation balance and will not be permitted to exhaust his/her balances below 50% of its current balance.

Employees who are on an approved leave of absence cannot donate sick or vacation time.

IV. Administration

Human Resources is responsible for coordinating donations, reviewing requests and authorizing eligibility. In making decisions, Human Resources shall review the employee's request and all related documentation. The final decisions on eligibility and distribution of donated leave time rests with Human Resources and shall not be subject to any County problem-resolution or appeal procedure. Human Resources will provide payroll with necessary details and coordinate benefits with short-term and long-term disability providers, as necessary. Human Resources shall ensure that no decision will be made on an employee's race, religion, creed, color, sex, national origin, disability, age, marital status, public assistance status, or veteran.

V. Prohibition of Coercion

An employee may not directly or indirectly intimidate, threaten, coerce, attempt to intimidate, threaten or coerce any other employee for the purpose of interfering with any right such employee may have with respect to donating, receiving, or using transferred vacation or sick time.

VI. Tax Consequences of Donating Vacation or Sick Time

The amounts paid by the County to a recipient of donated vacation or sick time are includable in gross income as compensation. Any amounts are considered as wages for withholding and any other Federal, State, or local tax.

Paid Leave Donation Policy

Donation Request Form

Part One – Employee’s Statement

Name:	Today’s Date:
Job Title:	
Department:	
Location:	
Number of Hours to be donated:	Sick: Vacation: (160 hours max combined)
Employee who is to receive donation:	

I understand that my contribution is voluntary and non-refundable. I understand that my accrued balances will be decreased by the amount contributed. I understand that my contribution is confidential. I have read the appropriate policy and agree to adhere to its guidelines.

Contributing Employee’s Signature:	Date:
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Submit to Department Head.

Part Two – Supervisor’s Statement

The above named employee’s paid leave have been reduced as follows:

Sick: hours

Vacation: hours

I understand that the contribution is confidential.

Supervisor’s Signature:	Date:
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Submit to Human Resources.

Review by Human Resources:

Request Approved

Request Denied (reason) _____

Human Resources Signature: _____

Cc: Copy of Approved Request to Controller’s Office
Personnel files (Contributor and Recipient)