

**EDGECOMBE COUNTY GOVERNMENT
VOLUNTARY SHARED LEAVE PROGRAM**

REQUEST FOR VOLUNTARY SHARED LEAVE

PURPOSE

There are occurrences brought about by prolonged medical conditions that cause employees to exhaust all available leave and therefore be placed on leave without pay. It is recognized that such employees forced to go on leave without pay could be without income at the most critical point in their work life. The intent of this policy is to allow one employee to assist another by donating leave in case of a prolonged medical condition that results in exhaustion of all earned leave.

GENERAL GUIDELINES

1. Leave shall be donated on a one-to-one personal basis. Establishment of a leave "bank" for use by unnamed employees is expressly prohibited.
2. The donation and receipt of leave shall be completely voluntary, and anyone who interferes with an employee's right to choose whether to donate or receive leave shall be subject to disciplinary action up to and including dismissal on the basis of personal conduct.
3. Individual leave records are confidential, and only individuals may reveal their donation or receipt of leave.
4. The employee donating leave cannot receive remuneration for the leave donated.
5. All voluntary shared leave donated will be credited to the recipient's sick leave account.
6. For purposes of this policy, medical condition means medical condition of an employee or their spouse, parents, guardian, children, sister, brother, grandparents, grandchildren plus the various combinations of half, step, in-law or adopted that is likely to require an employee's absence from duty for a prolonged period, **generally considered to be at least 20 consecutive workdays**. If an employee has had previous random absences for the same condition that has caused excessive absences, or if the employee has had a previous, but different, prolonged medical condition within the last twelve months, the County may make an exception to the 20-day period.
7. Nonqualifying conditions: The policy will not ordinarily apply to short-term or sporadic conditions or illnesses. This would include such things as sporadic, short-term recurrences of chronic allergies or conditions; short-term absences due to contagious diseases; or short-term, recurring medical or therapeutic treatments. These examples are illustrative, not all inclusive. Each case must be examined and decided based on its conformity to policy intent and must be handled consistently and equitably.
8. Leave transferred under this program will be available for use on a current basis or may be retroactive for up to 1 pay period to substitute for leave without pay.
9. Employee must be in a permanent, probationary or trainee status in a leave earning position and employed at least half-time or more. (The limitation and leave balance for

permanent part-time employees is prorated.) Participating in this program shall be based on the employee's past compliance with leave rules.

10. An employee on workers' compensation leave who is drawing temporary total disability compensation may be eligible to participate in this program, provided that the combination of shared leave and workers compensation payments does not exceed normal compensation.
11. Participation in this program is limited to 520 hours (3 months pay) in one calendar year (prorated for part-time employees), either continuously or, if for the same condition on a recurring basis.
12. Subject to the maximum of 520 hours, the number of hours of leave an employee can receive is equal to the projected recovery or treatment period, less the employee's combined vacation and sick leave balance as of the beginning of the recovery or treatment period. The employee must exhaust all available leave before using donated leave.
13. At the expiration of the medical condition, as determined by the County, any unused leave in the recipient's donated leave account shall be treated as follows:
 - a. The recipient's vacation and sick leave account balance shall not exceed a combined total of 40 hours (prorated for part-time employees).
 - b. Any additional unused donated leave will be returned to the donor(s) on a pro rata basis and credited to the leave account from which it was donated. Fractions of one hour shall not be returned to an individual donor.
14. If a recipient separates due to resignation, death, or retirement from County government, participation in the programs ends. Donated leave shall be returned to donor(s) on a pro rata basis.
15. The employee must submit an application to use shared leave to the Human Resources Office. Requests will be reviewed for conformity to the intent of the policy and forwarded to the Committee for approval. If approved, the employee and appropriate payroll staff will be notified.

**EDGECOMBE COUNTY VOLUNTARY SHARED LEAVE PROGRAM
REQUEST FOR LEAVE**

Name _____ SS# _____

Job Classification _____ Department _____

Home address _____

Medical Reason for Request _____
Physician's statement must be attached

Projected Duration (from physician's statement): _____

Is the request to care for an immediate family member? Yes No

If yes, give: Name _____ relationship _____

Yes No Are you a County employee in a permanent, probationary or trainee appointment status and in a leave earning position employed at least 20 hours per week?

Yes No Are you currently receiving Workers' Compensations for temporary total disability?

Yes No Do you understand that at the expiration of this request for shared leave, you can have no more than 40 hours of combined vacation and sick leave?

My signature certifies that I have read the Voluntary Shared Leave Program Guidelines. If I am approved to receive Voluntary Shared Leave, I authorize the release of the information that I have or a member of my family has a medical condition that has made me eligible to receive shared leave.

Employee Signature _____ Date _____

Do you want your request disseminated to all departments? Yes No

(if no specify which department(s) to disseminate to _____)

(TO BE COMPLETED BY DEPARTMENTAL STAFF)

Current leave balances as of (date) _____

Vacation leave _____ Sick leave _____ Compensatory leave _____

Payroll Staff Signature _____ Date _____

Department Head/Agency Director Approval _____ Date _____

(TO BE COMPLETED BY HUMAN RESOURCES MANAGER)

Approved Disapproved **Reason:** _____

Signature _____ Date _____