

**EDGECOMBE COUNTY GOVERNMENT
VOLUNTARY SHARED LEAVE PROGRAM**

REQUEST TO DONATE 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. Must be a County employee in a permanent, probationary or trainee status in a leave earning position and working at least 20 hours per week.
2. Leave shall be donated on a one-to-one personal basis. Establishment of a leave "bank" for use by unnamed employees is expressly prohibited.
3. 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.
4. Individual leave records are confidential, and only individuals may reveal their donation or receipt of leave.
5. The employee donating leave cannot receive remuneration for the leave donated.
6. All voluntary shared leave donated will be credited to the recipient's sick leave account.
7. The amount to be donated should not be less than **four hours** and may not reduce the donors combined accrued leave balance below **360 hours** (2 months pay).
8. Each approved medical condition shall stand alone and donated leave not used for each approved incident shall be returned to the donor(s). Returned leave shall be credited to the same account from which it originally came. Employees who donate "excess" vacation leave (any amount above the 240 maximum allowable carryover) at the end of December will have it returned and converted to sick leave.
9. An application to donate shared leave should be completed and submitted to the Human Resources office. The recipient must have previously submitted a request for shared leave or the request for shared leave and the donor's application can be submitted at the same time. Requests will be reviewed to insure that the proper guidelines are being followed by the Human Resources Office. If the request is approved, the employee and appropriate payroll staff will be notified.

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REQUEST TO DONATE LEAVE

Name _____ SS# _____

Department _____

Name of Recipient to Receive Shared Leave _____

Is the recipient an immediate family member? Yes No

If yes, give: Relationship _____ Department _____

Donate _____ hours of vacation (Minimum donation: 4 hours)

Donate _____ hours of sick leave. (Minimum donation: 4 hours)

My signature authorizes the transfer of leave as indicated above in accordance with the Voluntary Share Leave Policy. I understand that any leave donated and used cannot be returned to my individual account.

Employee Signature _____ Date _____

(TO BE COMPLETED BY DEPARTMENTAL PAYROLL STAFF) Please return to: Human Resources

Yes No Is the employee in a permanent, probationary or trainee position and in a leave earning position employed at least 20 hours per week?

Yes No Will the donation cause the employee's combined leave balance to drop below 360 hours?

Current leave balances as of (date) _____ Vacation _____ Sick _____ Monthly vacation accrual rate _____

Payroll Signature _____ Date _____

(TO BE COMPLETED BY HUMAN RESOURCES MANAGER)

Approved Disapproved (Reason _____)

Signature _____ Date _____