

**VOLUNTARY SHARED LEAVE PROGRAM
DONATION INFORMATION
EAST CAROLINA UNIVERSITY**

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 SHRA employee in a permanent, probationary, trainee, or time-limited position or an EHRA employee 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. **In addition to vacation leave, sick leave can now be donated to a co-worker. No more than five (5) days of sick leave can be donated to each non-family member and an employee can only receive a total of twenty (20) sick days from a non-family member.** A non-family donor may not contribute leave to another employee at another state agency.
8. A family member who is a state employee may contribute vacation or sick leave to another immediate family member who is a state employee at ECU and any other state agency provided that agency will accept the donation. Immediate family is defined as spouse, parents, children, brother, sister, grandparents, grandchildren, great grandparents and great grandchildren. Also included are the step, half, and in-law relationships.
9. The minimum amount to be donated is **four** hours.
10. An employee donating sick leave to a qualified family member under this program may donate up to a maximum of 1,040 hours, **but may not reduce the sick leave account below 40 hours.**
11. The maximum amount of vacation leave allowed to be donated by one individual is to be no more than the amount of the individual's annual accrual rate. However, the amount donated is not to reduce the donor's vacation leave balance below one-half of the annual vacation leave accrual rate.

Years of Service

Hours Granted Per Year

May Not Reduce Below

Less than 5	112	56
5 but less than 10	136	68
10 but less than 15	160	80
15 but less than 20	184	92
20 or more	208	104

12. 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 may have it returned and converted to sick leave.
13. An application to donate shared leave should be completed (Form P-48) and submitted to the Benefits Unit. The recipient must have previously submitted a request to use shared leave or the request to use 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 Department for People Operations, Success, and Opportunity. If the request is approved, the employee and appropriate leave clerk will be notified. 01/11

East Carolina University
Department for People Operations, Success, and Opportunity**VOLUNTARY SHARED LEAVE (VSL) DONATION FORM****I. DONOR DATA**

Donor Name:		Banner ID #:	
Personal Phone:		Personal Email:	

II. DONATION DATA

Recipient Information		LEAVE CLERK to complete <u>all</u> sections below: Donor's Annual Vacation Accrual Rate		
<input type="checkbox"/> Unspecified Recipient: Give my donation to an approved applicant.		Hrs. Min per month		
<input type="checkbox"/> Specific Recipient: Give my donation to the applicant indicated:		Leave Amounts		
Recipient Name:			Current Balances	To be Donated
Is the recipient an immediate family member?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate their relationship to you:	Vacation: *Min. 4 hours		
<input type="checkbox"/> Other Agency		Bonus: *Min. 4 hours		
Other Agency Contact Name, Phone Number, and Email:		Sick: *Min 4 hours *Max 40 hours to non-family member		
*REQUIRED Signature of Leave Clerk:		Will the donation cause employee's vacation leave to drop below one-half of their accrual rate? ____ Yes ____ No Will the donation cause employee's sick leave to drop below 40 hours? ____ Yes ____ No Is the employee in a permanent, probationary or trainee leave earning position employed at least 20 hours per week? ____ Yes ____ No		
FOR Benefits USE: Banner ID: Appointment: <input type="checkbox"/> SHRA <input type="checkbox"/> EHRA <input type="checkbox"/> Faculty <input type="checkbox"/> CSS Leave Exhausted: Medical Documentation Provided: On leave 20 Consecutive workdays:		Leave donated shall be kept <u>confidential</u>. Only individual employees may reveal their donation or receipt of leave.		

III. DONATION AUTHORIZATIONS

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

Submit form via email to: leave@ecu.edu

IV. FOR USE BY OFFICE OF HUMAN RESOURCES ONLY

<input type="checkbox"/> Approved	Notes:
<input type="checkbox"/> Denied	<input type="checkbox"/> No official VSL approval for designated recipient <input type="checkbox"/> No longer accepting VSL for designated recipient <input type="checkbox"/> Designated recipient has enough accrued leave to cover the estimated leave period <input type="checkbox"/> Designated recipient has received the maximum amount of sick leave that they can receive from non-family member donors for the current calendar year (160 hours)
Signature:	Date: