

**VOLUNTARY SHARED LEAVE PROGRAM
REQUEST TO USE VOLUNTARY SHARED LEAVE
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. 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, children, or other dependents (including step and in-law relationships) 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 agency 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 60 calendar days to substitute for leave without pay or advanced vacation or sick leave already granted to the leave recipient.
9. Employee must be in a SHRA permanent, probationary, trainee or time-limited appointment status or an EHRA 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 who has a medical condition and who receives benefits from the Disability Income Plan of North Carolina is not eligible to participate in the shared leave program. Shared leave, however, may be used during the required 60-day waiting period.
11. An employee on workers' compensation leave who is drawing temporary total disability compensation may be eligible to participate in this program. Use of donated leave under the workers' compensation program would be limited to use with the supplemental leave schedule published by the Office of State Personnel.
12. Participation in this program is limited to 1,040 hours (prorated for part-time employees), either continuously or, if for the same condition on a recurring basis. However, a continuation may be granted month by month for a maximum of 2,080 hours, if management would have otherwise granted leave without pay.
13. Subject to the maximum of 1,040 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.
14. At the expiration of the medical condition, as determined by the agency, 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.
15. If a recipient separates due to resignation, death, or retirement from State government, participation in the programs ends. Donated leave shall be returned to donor(s) on a pro rata basis.
16. The employee must submit an application to use shared leave (Form P-49) to the Benefits Section. Requests will be reviewed for conformity to the intent of the policy by the Department for People Operations, Success, and Opportunity. If approved, the employee and appropriate leave clerk will be notified.

**EAST CAROLINA UNIVERSITY VOLUNTARY SHARED LEAVE PROGRAM
REQUEST TO USE LEAVE**

Name _____ Banner ID _____

Job Classification _____

Department _____

Home address _____

Medical Reason for Request _____

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

If yes, give: Name _____ & Relationship _____

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

Yes No Are you currently receiving benefits from the Disability Income Plan of NC?

Yes No Do you understand that if approved to receive benefits from the Disability Income Plan of NC, voluntary shared leave can only be used during the 60-day waiting period?

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 Policy and Guidelines. I hereby agree to make my, or my family member's, medical status known for the purpose of receiving shared leave.

Employee Signature _____

Date _____

Do you want your request announced on the e-mail system at East Carolina University. Yes No

(TO BE COMPLETED BY DEPARTMENTAL LEAVE CLERK)

****Please email this form to: bakertr@ecu.edu(Benefits Unit)****

Current leave balances as of (date) _____
Vacation _____ Sick _____ Bonus Leave _____ Monthly Vacation Accrual
rate _____

Leave Clerk Signature _____ Date _____

Campus Address _____ Mailstop _____

Campus Phone _____ Campus Fax _____

(TO BE COMPLETED BY BENEFITS COUNSELOR) *Approved* *Disapproved*

Reason _____

Signature _____ Date _____