

LOUTIT DISTRICT LIBRARY  
DONATED LEAVE POLICY

The Donated Leave Policy provides our employees the opportunity to assist another employee who will be absent from work for a prolonged period either due to a personal serious illness or injury, or due to caring for an immediate family member who has a serious illness or injury. Specifically, this policy allows multiple employees to donate a combined maximum of 26 weeks of accrued vacation and sick leave to an employee when the receiving employee needs time off that is not otherwise covered by any existing time off benefits.

If an employee is eligible for or receives worker's compensation benefits s/he are not eligible to receive donated leave time.

This policy may be used for occasions when:

- A. The receiving employee has a serious illness or injury that poses a threat to life and/or requires inpatient, hospice, or residential health care and the employee needs time off, or
- B. The employee is providing care for an immediate family member (parent, spouse, domestic partner, child, step-child, etc.) who has a serious illness or injury and the employee needs time off, and
- C. The receiving employee has exhausted all of his/her paid time off (Vacation, Personal, Sick Leave, etc.) before receiving donated vacation or sick leave time under this policy.

How it works

- A. A donating employee can donate a maximum of 40 hours to an employee in a rolling 12-month period. Donations must be made in 1 hour increments. In no case will the donating employee's accrued vacation be allowed to go below 40 hours and sick leave time bank be allowed to go below 40 hours after the donation.
- B. Only previously accrued vacation and sick leave time may be donated. Donations must be made in the form of time off from work and cannot be "cashed out" for the equivalent dollar value of that time off.
- C. Donations will not be reversed. By signing and submitting a Donated Leave Form you are approving the Business Manager to remove the time from your Vacation or Sick leave balance.
- D. The receiving employee can receive a maximum of 26 weeks of donated time off in a rolling 12-month period. The number of weeks allowed is based on the length of time the employee needs to be off of work to care for his/her serious illness/injury or his/her immediate family member's serious illness/injury.
- E. The number of hours paid per week (up to a maximum of 40) will be based on the average number of hours the receiving employee worked per week for the last 12 weeks that the employee has worked preceding the initiation of the donation request process. This calculation is primarily for part-time employees whose standard work week may be less than 40 hours.
- F. Donated vacation and sick leave time may be received from multiple donors. There is no guarantee the full request will be granted as the hours available are directly based on the number of hours donated.

- G. Donations are received on a first come, first give basis. Donations will be denied when the receiving employee reaches his/her maximum donation amount.
- H. Donated vacation and sick leave time will be transferred on an hour-to-hour calculation rather than based on dollar-to-dollar current rate of pay.
- I. Donated time off cannot be used retroactively (i.e., for pay periods prior to receiving the donation).
- J. Donated time off cannot be cashed out.

The process

1. The requesting employee, or his/her supervisor, or the Business Manager, must submit a request for donated time in writing (email is appropriate) to the Library Director.
2. The Director will review the request and communicate next steps appropriately with the employee, supervisor and Business Manager.
3. The requesting employee and employees donating time must submit a Donated Leave Form (Appendix I).
4. The need for donations can be formally communicated if the receiving employee approves it. If the receiving employee does not approve a formal communication, potential donors would need to be contacted about the opportunity to donate via “word of mouth” based on the employee’s direction. These two options are in place to protect the privacy of the employee.

Originally adopted: April 2, 2013

Revised: April 3, 2018

**Donated Leave Form**

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**PART I – to be completed by donating employee**

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Name: \_\_\_\_\_

**Donations must be made in full-hour increments. Employees donating vacation or sick time must have at least 40 hours of available leave in the corresponding category after the donation is made.**

**Please indicate the type and amount of leave to be donated:**

- I would like to donate (number) \_\_\_\_\_ hours from my Sick Leave balance.
- I would like to donate (number) \_\_\_\_\_ hours from my Vacation Leave balance.
- I would like to donate (number) \_\_\_\_\_ hours from my Bonus Leave balance.

**I understand that my donation is voluntary. I further understand that my leave balance will be decreased by the amount contributed and this donation may affect the payout of sick and/or vacation leave upon my termination of employment.**

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Employee signature

Date

**Confidentiality – Please select one:**

Please notify the receiving employee of my donation.

**OR**

Please keep my donation confidential.

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**PART II – To be completed by the Business Manager**

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Leave to be donated to: \_\_\_\_\_

**Will the donating employee’s vacation and/or sick leave balance be below 40 hours if the above-referenced number of vacation or sick leave hours are donated? Yes \_\_\_ No \_\_\_**

**The donating employee’s current salary is: \$ \_\_\_\_\_**

**Is the donating employee terminating? Yes \_\_\_\_\_ No \_\_\_\_\_**

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Business Manager Signature

Date

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**PART III – Library Director Authorization**

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The donation of leave specified in Part I above is hereby:

**Approved**

**Denied**

If denied, reason for denial: \_\_\_\_\_

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**Library Director Signature**

**Date**

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**PART IV – To be completed by Business Manager**

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Donating employee hours have been adjusted as indicated below:

<b>LEAVE HOURS DEDUCTED</b>	<b>TYPE OF HOURS (SICK/VACATION)</b>	<b>PAY PERIOD</b>

(Receiving employee) \_\_\_\_\_ has been credited with \_\_\_\_\_ total hours of leave from this employee.

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**Business Manager Signature**

**Date**

**DONATED LEAVE FORM**

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**PART V – To be completed by receiving employee**

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Name: \_\_\_\_\_

I am requesting donated leave due to a medical condition or my own for a family member that will require a prolonged absence from my employment duties.

Current leave balances: Sick \_\_\_\_\_ Vacation \_\_\_\_\_ Bonus \_\_\_\_\_

I am accepting \_\_\_\_\_ hours of donated sick, vacation, or bonus time.

**RECEIPIENT STATEMENT OF UNDERSTANDING**

I certify that I am not currently receiving any paid benefit as a result of my employment with Loutit District Library, such as Short or Long-Term Disability or Worker’s Compensation. I understand that I am not eligible to simultaneously receive Short-Term Disability, Long-Term Disability, unemployment benefits, or Worker’s Compensation while receiving pay from this donated time. I understand that donated hours paid to me will not exceed my normally scheduled work hours per pay period. Additionally, I understand that compensation I received under the Donated Leave Policy is considered taxable income and is subject to the usual withholdings.

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**Recipient Signature** **Date**

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**Witness Signature** **Date**

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**Recipient Department Head Signature** **Date**

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**Library Director Signature** **Date**