

University Policy Number 200.34:

POLICY ON LEAVE SHARING PROGRAM

Responsible Administrator: Vice President for Administration

Responsible Office: Office of Human Resources

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Authority: Office of the Vice President for Administration

POLICY STATEMENT

Claflin University's Leave Sharing Program is designed to allow employees to donate accrued annual/vacation leave to employees who have exhausted all accrued leave (annual/vacation and sick leave) due to a serious personal or family illness or injury. It is the policy of Claflin University to provide leave assistance to its twelve-month salaried employees who meet the criteria for the program. When eligible employees exhaust their leave time, they may apply for leave assistance through the Leave Sharing Program. This program does not provide leave assistance to employees on short-term disability, long-term disability, or workers' compensation.

STATEMENT OF PURPOSE

This policy establishes guidelines for providing employees with compensation through the Leave Sharing Program after they have exhausted all accumulated leave.

APPLICABILITY

This policy is applicable to full-time and part-time twelve-month salaried employees.

DEFINITIONS

- 1. FMLA** is an acronym for the Family and Medical Leave Act. The Act stipulates immediate family including the employee's parent, spouse, or child. If an employee's request for leave meets the criteria of the FMLA, the Act guarantees employment for 12 weeks of paid or unpaid leave during any 12 consecutive months for certain family and medical reasons.
- 2. Short-Term Disability** is an income benefit provided in the event an employee becomes disabled due to a non-work related injury or illness for longer than 31 days. The benefit is payable for up to 22 weeks, and employees are eligible for 60% of their pre-disability earnings (not to exceed \$1,153.85 per week) if they qualify as disabled under this plan.
- 3. Donor** is an employee who voluntarily donates annual/vacation leave to assist employees who have exhausted their leave.

4. **General leave pool** consists of leave donations not identified for a specific employee.
5. **Designated leave** is identified for a specific employee.
6. **Health Insurance Portability and Accountability Act (HIPAA)** is a federal regulation designed to protect personal information, and data collected and stored in medical records.

PROCEDURES

A. Eligibility

Employees eligible for University sick leave, see Policy 200.09, may request donated annual leave as described in this policy if the employee:

1. Experiences leave without pay due to a personal illness, or injury; or
2. Experiences leave without pay due to a family member's illness or injury for which the employee is using Family and Medical Leave per Policy 200.12.

B. Procedures for Donations

A donor may authorize donations of accrued annual/vacation leave in minimum increments of 8 hours. Donors do not have to retain a minimum leave balance, nor is there a limit on the number of annual leave hours they may donate.

1. To donate leave you must complete the **Donor Form for the Leave Sharing Program** (see the attached), which is also located in the Office of Human Resources and provided in useful forms on the Office of Human Resources website page. The leave will be designated to a specific employee or to the general pool.
2. Once the leave has been donated, an employee cannot rescind the donation.

C. Requests/Approvals

A qualified employee may request donated leave by completing the **Recipient Application Leave Sharing Form** which is attached and similarly provided in the locations noted above for the donor form. If an employee is physically and mentally unable to initiate a request, a family member or the Office of Human Resources may request leave on behalf of the employee.

1. To be eligible to receive donated annual leave, the employee must provide the Office of Human Resources with a physician's certification of the medical condition including the date when the illness began and the projected duration.
2. For family illnesses or injuries, normal documentation under FMLA is required.
3. Employees may receive leave share donations only for periods of absence that are covered by personal or family FMLA medical certifications.

4. Designated leave donations will be limited to 240 hours (6 weeks) per illness.

D. Leave Without Pay Status - Compensation and Benefits

Before being eligible to receive continued pay through the Leave Sharing Program, an employee must have exhausted all leave balances. A leave share recipient will not accrue leave credits while receiving pay through leave donations.

1. Health Benefits

- While an employee is receiving leave share donations for personal illness or injury, the University will continue to pay its portion of the health care premium (subject to health insurance guidelines).
- While an employee is receiving leave share donations for absences due to FMLA family reasons, the University will continue to pay its portion of the health care premium for the period covered by FMLA.

2. Payroll Deductions

- If the employee receives income replacement enough to cover the deductions, certain payroll deductions may continue while an employee is receiving leave share donations. Among these are health care premiums and other voluntary deductions.
- If the income replacement received through leave share donations is insufficient to cover such deductions, the employee is responsible for pre-tax deductions. Post-tax deductions may be cancelled at any time.

3. **Group Life Insurance** - Employees receiving leave share donations continue to be covered under the group plan sponsored by the University.

4. **Compensation Adjustments** - Employees receiving leave share donations are not eligible for salary increases until they return to a paid status and are no longer receiving leave sharing donations.

E. Exclusions

1. For Employees

Medical conditions of employees will be excluded from eligibility for leave sharing benefits if they result from:

- Any occupational-related accident or illness for the period for which Workers' Compensation (WC) benefits have been awarded or could have been awarded, if the employee had cooperated with WC Program requirements; or
- Injuries occurring in the course of violating a law.

2. For Family Members

Medical conditions of family members will exclude employees from eligibility for leave sharing benefits if they result from:

- Injuries occurring in the course of violating a law.

F. Reimbursement Required

Recipients shall be required to reimburse the University for pay received for donated annual leave hours when either of the following situations occur:

- An employee receives compensation through the leave sharing program and subsequently, receives retroactive WC benefits for that same period of time; or
- Abuse of the program has been determined.

If recipients reimburse the University in the situations described above, leave hours will be returned to the Leave Sharing Program.

G. Penalties for Abuse

For purposes of this policy “abuse” is defined as:

- Providing false information on the Recipient Application Form.
- Failing to disclose receipt of a Workers’ Compensation award.
- Attempting to receive leave donations to which the employee otherwise would not be entitled.

If abuse is verified, the recipient will be required to repay the cost of all donated leave at the salary rate in effect at the time the employee was placed on leave without pay. Additionally, the employee may be disciplined in accordance with provisions of Policy 200.19, the Termination Policy.

DOCUMENTATION

All documentation will be handled pursuant with HIPPA guidelines. The Office of Human Resources will manage receipting and banking of the shared leave.

RELATED POLICIES

200.09 – Sick Leave

200.10 – Vacation Leave

200.12 – Family and Medical Leave

200.19 – Termination Policy

200.23 – Workers’ Compensation

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Donor Form - Leave Sharing Program

I wish to donate annual/vacation leave hours as indicated below. I understand that I cannot reclaim donated annual/vacation leave hours after receipt has been acknowledged by the Office of Human Resources.

DONOR NAME: _____

EMPLOYEE ID #: _____

ANNUAL LEAVE HOURS DONATED: _____

- 1) ___ General Leave Pool
- 2) ___ Designated (Please provide recipient's name)

RECIPIENT'S NAME: _____

DONOR'S SIGNATURE: _____ **DATE:** _____

OFFICE OF HUMAN RESOURCES USE ONLY

DATE RECEIVED: _____ **DATE PROCESSED:** _____

SIGNATURE: _____

Clafin University
Recipient Application - Leave Sharing Program

I wish to apply for leave share donated hours as indicated below.

APPLICANT NAME: _____

EMPLOYEE ID #: _____

PURPOSE OF LEAVE: _____

ESTIMATED LENGTH OF ABSENCE: _____

I understand:

- My rights as outlined in the Policy 200.31, Leave Sharing Program and agree to the procedures.
- I must submit this completed form with medical documentation to Human Resources.

APPLICANT'S SIGNATURE: _____ **DATE:** _____

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OFFICE OF HUMAN RESOURCES USE ONLY

DATE RECEIVED: _____

DATE PROCESSED: _____

SIGNATURE: _____