

Donated

Leave

Policy

**Roane County Commission
Roane County Wage and Benefits Review Board
Effective: July 1, 2008**

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Roane County Commission
200 Main Street, Spencer, WV 25276

Donated Leave Policy

A. GENERAL

In accordance with the provisions of WV Code §29-6-27, the Donated Leave Policy will hereby become a part of the Roane County Personnel Manual. As created by the Roane County Wage and Benefits Review Board on April 2, 2008, the permanent, full-time employees who have completed a minimum of six months of full-time employment, excluding elected officials, are eligible to apply for donated vacation and/or sick leave from other employees, only in the instance of a catastrophic illness or medical emergency of a permanent employee or immediate family member. This policy is in addition to the provisions of the Family Medical Leave Act as set forth beginning on Page 66 of the Roane County Personnel Manual as well as the Leave of Absence as set forth on Page 48. These occurrences may relate to the employee themselves or to the immediate family of the employee as defined in Section C, Page 46, of the Roane County Personnel Manual.

Donations of leave time will be reflected as a day-for-day usage deduction from the sick leave or vacation leave balance of the donating employee. Donation of leave time is strictly voluntary and no employee shall be compelled to donate sick leave or vacation leave.

Use of the donated leave may not exceed a maximum of six (6) continuous calendar months for any one catastrophic illness or medical emergency. The total amount of sick leave donated may not exceed an amount sufficient to insure the continuance of regular compensation for the recipient.

B. ELIGIBILITY

For purposes of this program, a medical emergency or catastrophic illness is a medical condition of a permanent, full-time employee or an immediate family member of the employee that requires at least a five (5) day absence of the employee from duty after the employee has exhausted all available paid leave as the absence would otherwise result in a substantial loss of income to the employee.

B. SUPERVISORY TITLES

The managers or department heads referenced in this policy refer to the elected county official or immediate supervisor in charge of the employee.

C. GRIEVANCES

This subject is covered definitively in the Roane County Personnel Manual on Page 51 and shall be adopted verbatim into the Donated Leave Policy.

D. DEFINITIONS OF LEAVE DONATION TERMS

Donor: An employee who voluntarily donates accrued annual leave and/or sick leave to a recipient

Immediate Family: As defined in the Roane County Personnel Manual, Page 46, Section C, Paragraph #1.

Medical Emergency/Catastrophic Illness: A medical condition of a permanent, full-time employee or immediate family member that is likely to require the prolonged absence of the employee from duty, resulting in a substantial loss of income to the permanent, full-time employee because of the unavailability of paid leave.

Recipient: A permanent, full-time employee who receives annual leave and/or sick leave donations from other employees.

Applicant: A permanent, full-time employee who makes and files application for donated leave time with the Wage and Benefits Review Board.

E. APPLICANTS

1. The employee/applicant must be a permanent, full-time employee of the Roane County Government entity (all employees of elected officials, all employees of the county commission and all employees of the Roane County Office of Emergency Services/9-1-1 Center)
2. The employee requesting donated leave time must exhaust all accrued vacation leave, personal leave, sick leave, compensatory time and any other accrued paid leave to which the employee is entitled before applicant is eligible to receive donated leave time.
3. The employee requesting donated leave time must not be receiving or be eligible to receive compensation for his or her absence from work from the Workers' Compensation Fund.
4. The employee requesting donated leave time must first complete an application for such and it must be submitted to and approved by the Wage and Benefits Review Board for a decision.
5. The employee/applicant must provide written verification by a physician sufficient to reasonably establish that the medical condition of the employee or employee's family member will require the absence of the employee from work after the exhaustion of employee's leave referred to in Provision #1 of this policy. Physician's statement must be attached to the employee's application for donated leave time.
6. The employee must apply for donated leave time if the illness is personal or involves an immediate family member. If an employee is unable to apply, a member of the immediate family or the employee's immediate supervisor may apply for the employee.
7. The employee must complete an ***Application for Leave Donation*** and submit it to the county commission office. A meeting of the Wage and Benefit Review Board will then be scheduled as soon thereafter as possible whereby approval or denial of the application will be made and subsequent action will be taken.

F. RECIPIENTS

1. The full-time, permanent employee/recipient receiving donated leave does not:
 - a. accrue annual or sick leave, nor earn years of service credit for accrual purposes;
 - b. earn service credit for retirement.
2. The employee/recipient's eligibility to have the employer share of insurance premiums paid will continue provided adequate donated leave time is received to cover the entirety of the employee's absence. Otherwise, both employee and employer premiums will be paid by the employee for health/life insurance coverage continuation.
3. The earliest date a recipient is eligible to receive leave donations is either the date the application is received by the Wage and Benefits Review Board or the date all leave available to the recipient employee is exhausted, whichever is later.
4. A recipient's use of donated leave ceases when, for any reason, the recipient returns to work; he or she ceases employment with the county; or he or she voluntarily requests termination of the use of donated leave.

G. DONORS

1. The donor must complete an ***Application to Donate Leave*** form that will contain a statement advising them that their unused accrued sick leave time could be utilized for calculation of their retirement benefits. The completed form is to be submitted to the Office of the County Commission.
2. Donors will donate sick leave and/or vacation leave time only in the form of whole hours (employees who are paid on an hourly basis) and whole days (employees who are paid on a salaried basis).
3. In order to relieve the possibility of excessive donated leave time, it will be distributed only as needed according to the order of donor leave forms received in the office of the county commission. Donated leave time unused will result in the donated leave form being returned, unused, to the donor.
4. Donors should consider the donated hours spent at the time a leave donation is made; however, their leave time will not be reduced until it is needed for use by the recipient. At that time a leave form will be completed by the county commission office and submitted to the clerk to be attached to employee's monthly time sheet.
5. A donor must have sufficient accrued leave so as to have a remaining balance of at least two hundred forty (240) hours (hourly wage employees) or thirty (30) days (salaried employees) of accrued sick leave and a remaining balance of at least forty (40) hours (hourly wage employees) or five (5) days (salaried employees) of vacation leave after making the vacation/sick leave donation.
6. Donors must apply and specifically designate the name of the employee-recipient or the leave donation.
7. In order to relieve the possibility of excessive donated leave time, specified donated leave time from multiple donors will be pro-rated and any unused donated leave time will be returned to the respective donors.

H. WAGE AND BENEFITS REVIEW BOARD

1. The Wage and Benefit Review Board will review the application of the employee making the request for donated leave and:

- a. Review the application and determine whether the employee is eligible based upon the information contained in the application and the attached physician's statement;
- b. Request a verification of accrued leave time from the Office of the County Clerk based upon monthly time sheets submitted with continuing tabulation of leave totals completed;
- c. If further information or more detailed information is needed or if the application is incomplete, it will be returned to the applicant for further action;
- d. If the applicant is not eligible, return a copy of the application to the employee with letter of explanation citing policy regulations that prohibit eligibility;
- e. If the applicant is eligible, provide written notification to the employee that they are eligible to receive leave donations.
- f. If the applicant is eligible, distribute a **Notice of Leave Donation Request** to all county employees for solicitation of donated leave time.
- g. In order to relieve the possibility of excessive donated leave time, specified donated leave time from multiple donors will be pro-rated and any unused donated leave time will be returned to the respective donors;
- h. Retain a copy of the application and employee's eligibility letter in the employee's personnel file in the Office of the County Clerk with the original application and all donor leave forms being maintained in the Office of the County Commission in a file designated for only the Wage and Benefit Review Board.
- i. In the event the response for donated leave time is insufficient and the employee's donations will be exhausted before the recipient can return to work, a second request for donations will be made to all county employees.
- j. If the applicant is a PEIA participant, health care coverage will continue uninterrupted with health care premiums being paid as long as employee continues to use donated leave.
- k. In the event a second request fails to provide sufficient donated time before the employee can return to work, the employee may utilize the provisions of the Roane County Personnel Manual and make application for the Family Medical Leave Act as set forth on Pages 66 and 67 or apply for a Leave of Absence as set forth on Page 48.