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.

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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 Section in Human Resources. 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 of Human Resources. If the request is approved, the employee and appropriate leave clerk will be notified. 01/11
EAST CAROLINA UNIVERSITY VOLUNTARY SHARED LEAVE PROGRAM
REQUEST TO DONATE LEAVE

Name_____________________________ Banner ID#____________________
Department________________________ Campus Phone__________
Campus Address_______________________ Mail Stop ___________

Name of Recipient to Receive Shared Leave ____________________________

Is the recipient an immediate family member? Yes No

If yes, give: Relationship_________________ & Agency_____________________

Donate _______ hours of vacation (Minimum donation: 4 hours)

Donate _______ hours of bonus leave (Minimum donation: 4 hours)

Donate _______ hours of sick leave. Sick leave can be donated to an immediate family member and co-workers.
No more than five (5) days of sick 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.
(Minimum donation: 4 hours)

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

Employee Signature________________________ Date____________________

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(TO BE COMPLETED BY DEPARTMENTAL LEAVE CLERK) Please return to: Human Resources (Benefits)

☐Yes ☐No Is the employee in a SHRA permanent, probationary or trainee position or an EHRA employee in a leave earning position employed at least 20 hours per week?

☐Yes ☐No Will the donation cause the employee’s vacation leave balance to drop below one-half of his/her annual accrual rate?

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☐Yes ☐No Will the donation cause the employee’s sick leave balance to drop below 40 hours?

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__________

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(TO BE COMPLETED BY BENEFITS COUNSELOR) □Approved □Disapproved_______________

Signature________________________________________ Date____________________