Leave Donation Policy

### Policy Statement

SWAN recognizes that employees may have a family medical emergency or be affected by a major disaster, resulting in a need for additional time off in excess of their available sick time. To address this need, all eligible employees will be allowed to donate accrued paid sick hours from their unused balance to their co-workers in need of additional paid time off, in accordance with the policy outlined below. This policy is strictly voluntary.

### Eligibility

Employees must be employed with SWAN for a minimum of one year to be eligible to donate and/or receive donated sick time.

### Guidelines

Employees who would like to make a request to receive donated sick time from their co-workers must have a situation that meets the following criteria:

***Medical emergency,*** defined as a medical condition of the employee or an immediate family member that will require the prolonged/extended absence of the employee from duty and will result in a substantial loss of income to the employee due to the exhaustion of all paid leave available. An immediate family member is defined as a spouse, child, or parent.

***Major disaster,*** defined as a disaster declared by the president under §401 of the Robert T. Stafford Disaster Relief and Emergency Assistance Act (the Stafford Act), or as a major disaster or emergency declared by the president pursuant to 5 U.S.C. §6391 for federal government agencies. An employee is considered to be adversely affected by a major disaster if the disaster has caused severe hardship to the employee or to a family member of the employee that requires the employee to be absent from work.

### Donation of Sick Time

* The donation of sick time is strictly voluntary.
* Donated sick time will go into a leave bank for use by eligible recipients.
* Recipient identity will not be disclosed to donating employees.
* The donation of sick time is on an hourly basis, without regard to the dollar value of the donated or used leave.
* The minimum number of sick hours that an eligible employee may donate is 4 hours per calendar year; the maximum is 40 hours. An employee may not donate more than 50 percent of the employee’s current balance.
* Employees cannot borrow against future sick time to donate.
* Employees will be given the opportunity to donate sick time annually during benefits open enrollment. The donated sick time will be transferred from the donor to the leave pool at end of enrollment period. This donation is a permanent donation to the bank.
* Employees who are currently on an approved leave of absence cannot donate sick time.

### Requesting Donated Sick Time

Employees who would like to request donated sick time are required to complete a Donation of Sick Leave Request Form and submit it to human resources.

Requests for donations of sick time must be approved by the SWAN Personnel Committee.

If the recipient employee has available sick time in his or her balance, this time will be used prior to any donated sick time. Donated sick time may only be used for time off related to the approved request.

Full-time employees who receive donated sick time may receive no more than 450 hours (12 weeks) within a rolling 12-month period. Part-time employees may receive a prorated amount according to their number of regularly scheduled hours per week.

Distribution of donated sick time cannot exceed the bank balance.

# Leave Donation Procedures

[Procedures outlined here are for board information and could be amended by SWAN administration at a later date without SWAN Board approval.]

1. All employees who completed one year of employment with the organization shall be eligible to voluntarily participate in a Sick Leave Bank. Those eligible shall submit written notice to the SWAN Executive Director to participate during annual enrollment for the Sick Leave Bank. Participating members shall have deducted from their accumulated sick leave the allotment designed, between 4 and 40 hours.
2. The SWAN Personnel Committee referred to herein shall be composed of two (2) participating members appointed by the SWAN Board, plus the SWAN Executive Director.
3. A member is eligible for withdrawal of days from the Sick Leave Bank only after the member has depleted all accumulated sick leave and paid time off.
4. Authorized withdrawals from the Sick Leave Bank by participating members shall be made only upon approval of a majority vote of the Personnel Committee.
5. The following factors will be taken into consideration by the Committee in their deliberations:
   1. Attendance history of the applicant
   2. Previous requests and awards from the Sick Leave Bank
   3. Adherence to Leave Donation Policy Guidelines
   4. Any other meaningful factor for the Committee to make a determination
6. A request for each withdrawal from the Sick Leave Bank shall be made by submitting the following:
   1. A letter from the applicant requesting withdrawal, and
   2. A doctor’s statement on physician’s letterhead verifying applicant’s name, reason for absence, stating the reason for total disability, estimated length of absence/return to work (additional medical documentation may be required).
   3. The Committee reserves the right to request additional information at any time.
7. Distribution of Sick Leave Bank hours is managed by SWAN Administration.
8. The Committee shall have the right to refuse leaves.
   1. Within ten (10) days of denial, a member of denied Sick Leave may appeal to the Personnel Committee with any additional or clarifying information related to their initial request for Sick Leave Bank days.
   2. The decision of the Personnel Committee shall be final.
9. SWAN Executive Director shall prepare an annual Sick Leave Bank audit statement by no later than October 30th of the new year and submit to the SWAN Board for their information:
   1. Number of days in the Sick Leave Bank.
   2. Number of leave days granted the preceding year.
   3. Number of staff granted leave and number of days granted.

## Authorization for Sick Leave Bank Contribution

In fulfillment of the membership requirements therein, I hereby authorize the Business Manager of SWAN to assign in my name the allotment of sick leave hours submitted as my contribution to the voluntary Sick Leave Bank established for employees of SWAN. Annually, employees will be given an opportunity to donate their requested allotment to the Sick Leave Bank.

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| --- | --- |
| Full Name (below) | Signature (below) |
|  |  |
| **Date:** | **Hours to Donate:** |