

**PULASKI COUNTY
SCHOOL SYSTEM
LEAVE DONATION
PROGRAM**

Pulaski County Board of Education Leave Donation Program

In our school system we have had a few occasions when staff members have had to be out of work for extended periods of time for unexpected illnesses or injuries. At times these staff members have not had sufficient leave to cover their absence from work. This has placed some very heavy financial burdens on their families.

The Pulaski County Board of Education has created a Leave Donation Program to help our fellow employees who may need our assistance for a short period of time during unexpected long-term illnesses.

If you would like to donate or receive leave through the Pulaski County Board of Education Leave Donation Program, you must make a request to your school's leave coordinator to obtain a Request to Donate Leave form or a Request to Receive Donated Leave form. Upon approval, you may donate or receive leave in 4 hour increments. No employee may be coerced or compelled to contribute to the Leave Donation Program.

Thank you for your consideration.

Pulaski County Board of Education

Outline of Leave Donation Program

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I. OVERVIEW: LEAVE DONATION PROGRAM

A Leave Donation Program (the “Program”) has been established in the Pulaski County School District to assist employees faced with a serious medical illness or injury to themselves or an immediate family member. The Program allows employees to voluntarily transfer accrued sick and personal leave hours to a specifically designated recipient who is a qualifying employee of the District who has exhausted all other paid leave due to a serious health condition. Donated leave may not be used following the routine birth of a child or adoption. No employee will threaten, coerce or attempt to threaten or coerce another employee for the purpose of interfering with the rights involving the donation or receipt of use of leave.

A. DEFINITIONS

1. Immediate Family Member – The employee’s spouse, child, parent, brother, sister, and any other person who is recognized by law as a dependent of the employee.
2. Donating Employee – An employee of the District who is entitled to earn and use leave, and has sufficient personal or sick leave accrued to cover donated time.
3. Receiving Employee – An employee of the District who demonstrates a need for donated sick leave to cover a period of qualifying illness or injury which would be unpaid because leave balances have been reduced to zero. Employees who are receiving workers’ compensation benefits are not eligible to receive donated leave. Employees who have short term and/or long term disability insurance are not eligible to receive donated leave.
4. Leave Donation Committee – A committee consisting of one administrator, three certificated teachers, and one classified employee appointed by the Superintendent. Employees serve on the committee at the pleasure of the Superintendent. A chairperson will be appointed by the Superintendent.

B. QUALIFYING EVENT

1. An employee may request leave for a serious health condition of the employee or an Immediate Family Member.
2. To receive donated leave, an employee must apply for and receive approval for leave by the Leave Donation Committee and the Superintendent.
3. The Leave Donation Committee will make a recommendation to the Superintendent, who will give final approval in order for an employee to receive donated leave.

C. SERVICE ACCRUALS AND OTHER BENEFITS

1. Donating employees may donate accrued sick or personal leave. Donated leave will be converted on a straight hour-for-hour basis to a specifically designated recipient who is a qualifying employee of the Pulaski County Board of Education.
2. Donated leave will be credited to the recipient as sick leave and may be used only for the purpose identified in the Solicitation of Leave Donation Announcement (See Appendix C).
3. If the donated sick leave is unused when the employee returns to work, any balance remaining will be returned to the donors in the reverse order of their donations and credited to the donor's personal/sick leave balance.

D. TAX LIABILITY

The tax liability associated with donated leave will be the responsibility of the recipient, in compliance with the IRS. Paid time will be subject to all tax liability associated with regular pay, including Federal, State, and FICA withholding.

II. PROCEDURES

A. REQUESTING EMPLOYEE

1. Any eligible employee may request a donation of days by completing the "Request to Receive Donated Leave" form (See Appendix A). A personal representative may make written application for the employee. Before applying on behalf of any employee, every effort must be made to obtain consent from the employee, or in situations where this is not possible, the recipient's guardian.
2. Requests for leave donation must be submitted to the Superintendent. The request for donated leave will be reviewed by the Leave Donation Committee and the Superintendent in a confidential and objective manner. All determinations regarding qualification are final.
3. Each Request to Receive Donated leave form shall be completed in full and contain all of the information sought on the form.
4. The recipient must have exhausted all accumulated leave, including personal leave and sick leave. The recipient must not be eligible to receive worker's compensation benefits. The recipient must not have short term or long term disability insurance. The recipient must show a need of more than five days to apply for donated leave. The recipient employee may receive a maximum of 480 hours, or twelve week full-time equivalent, donated leave per contract year. The maximum eligible hours will be reduced by the leave which is paid by the employee's leave balances.

B. DONATING EMPLOYEE

1. Before leave can be donated to a qualifying employee, a Solicitation of Leave Donation Announcement must be approved and posted by the Superintendent's Office.
2. Leave donation will be strictly voluntary. The identity of donors will be confidential and will not be provided to the recipient or to any other individual, unless necessary to administer the donation or required by law.
3. The donor must have a remaining balance of 10 days of accrued sick and/or personal leave after making the donation. Employees donating leave to their spouses may not donate more than ten days of leave.
4. Days are donated by completing the Request to Donate Leave form (Appendix B), and submitting the form to the Superintendent's Office.
5. Leave must be donated in increments of no less than ½ day.

III. RESPONSIBILITIES

A. LEAVE DONATION COMMITTEE

1. Request to Receive Donated Leave forms will be reviewed by the Committee and the Superintendent. The Committee will meet bi-monthly if needed. Notification of determination of approval or denial will be made within ten (10) calendar days of the leave donation committee meeting.
2. If the request is approved, the employee will be notified of the decision, the maximum amount of donated leave time the employee may receive, and the effective date. (See Appendix D)
3. If the request is denied, the employee is notified of the decision by letter. (See Appendix E)
4. The request is filed in the employee's benefits file with the final decision and all supporting documentation.
5. Upon approval of the request to receive donated leave, a designated staff member appointed by the Superintendent/designee will prepare a Solicitation of Donated Leave Announcement (Appendix C) that will be circulated throughout the school system via email. The email will encourage staff to share the solicitation with co-workers who do not have access to email.

B. SCHOOL RESPONSIBILITY

1. The Principals will generate the Pulaski County Board of Education Leave Donation Program Notice to be posted in a designated area in each school.

2. A school coordinator will receive requests, clarify any needed information, and review leave records in conjunction with Payroll.
3. Local personnel representatives will post the Solicitation of Leave Donation Announcements (Appendix C) on the official bulletin board for not fewer than 10 working days. Leave donations, however, will be accepted until the requested leave has been reached or until the recipient returns to work and is no longer eligible for leave donations.
4. Once recipient has returned to work, the local personnel representative will notify the payroll department regarding the amount of leave that was used by the recipient.

C. PAYROLL/CENTRAL OFFICE LEAVE COORDINATOR RESPONSIBILITY

1. Payroll/CO Leave Coordinator reduces the donor's personal and sick leave balances according to the approved request forms submitted by the coordinator. Payroll/CO Leave Coordinator will notify the donor of the transfer of leave. Payroll/CO Leave Coordinator shall retain the Donation Request form each employee for an audit trail.
2. Upon notification of the donation of hours, Payroll/CO Leave Coordinator will credit the receiving employee's record with the authorized hours. The hours shall be credited as sick leave. A copy of the approved leave report shall be retained by the Central Office Leave Coordinator.
3. Donations will be credited to a recipient in the order in which the donations are received by the Central Office, and as the recipient needs the hours. Donations received after the requested amount has been reached will not be accepted.

**APPENDIX A:
REQUEST TO RECEIVE DONATED LEAVE**

INSTRUCTIONS: Submit the original form to the school level representative. Keep a copy for your records. The local personnel representative will forward the form to the Central Office. Please type or print. This form is to be completed by applicant or personal representative of applicant.

Name (Last, First, MI):		Social Security #:
Work Location:	Work Phone:	Home Phone:
Employee Status:		Number of Hours Worked Per Week:
Leave Balances at End of Last Pay Period:	Personal Days:	Sick Days:
Number of Days of Leave Without Pay Anticipated For This Medical Emergency:		

I request the solicitation of donated leave from other Pulaski County Board Of Education employees for my use as sick leave for the following reasons:

- My personal illness, disability, dental or medical
- Care of a member of my immediate family due to illness, disability, dental, or medical care.

Family Member's name: _____

Relationship:

- Spouse
- Child
- Parent
- Brother or Sister
- Other Legal Dependent

I understand and agree to the following terms: (please initial each term)

- _____ I must have used all person/sick leave before being eligible to use Donated Leave.
- _____ I may use donations only for the purpose identified in the solicitation notice.
- _____ I may use only as many hours as have been donated by my fellow employees
- _____ While using Donated Leave, I will accrue Annual and Sick Leave. This newly accrued leave will be used prior to continuing to use Donated Leave.

RECEIVING EMPLOYEE'S SIGNATURE _____ **DATE:** _____

BUILDING LEVEL APPROVAL _____ **DATE:** _____

CENTRAL OFFICE APPROVAL _____ **DATE:** _____

SUPERINTENDENT'S/DESIGNEE'S APPROVAL _____ **DATE:** _____

FOR USE BY LEAVE DONATION COMMITTEE/SUPERINTENDENT/DESIGNEE: Date & Initial each blank

Medical Documentation Received _____ Request for Donated Leave Received _____ Accrued Leave Verified _____

Date Paid Leave Exhausted _____ Payroll notified _____ Notice Sent To Employee _____

Workers' Comp. Eligibility _____

PAYROLL INFORMATION SECTION

This Request is: Approved _____ Denied _____ Date _____

*Maximum Amount of Donated Leave Eligible for Transfer: _____

**APPENDIX B:
REQUEST TO DONATE LEAVE**

PLEASE TYPE OR PRINT. TO BE COMPLETED BY LEAVE DONOR

Name (Last, First, MI):	Social Security #:
Work Location:	Work Phone:
Amount of Leave to be transferred (in ½ day increments):	

I request that leave be transferred to: _____ from my personal/sick leave account. I have sufficient leave in my account to cover this amount. After donation of this amount I will still have a balance of at least ten days in my personal/sick leave account. I understand that my decision to transfer leave is irrevocable and that such leave may only be donated in increments of ½ day.

SIGNATURE OF LEAVE DONOR _____ Date: _____

TO BE FILLED OUT BY OFFICE PERSONNEL	
<input type="checkbox"/> Your leave donation has been accepted.	<input type="checkbox"/> Your leave donation has been denied.
<p>The following leave will be deducted from your leave balance and will be donated to:</p> <p>_____</p> <p>Leave Balance Verified and Meets Requirements: Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Amount of Leave to be Transferred:</p> <p>_____</p>	<p>Your leave donation form is being returned because:</p> <p><input type="checkbox"/> It is incomplete.</p> <p><input type="checkbox"/> It does not designate a specific recipient.</p> <p><input type="checkbox"/> There has been no official solicitation by this office of donated leave for your designated recipient.</p> <p><input type="checkbox"/> We are no longer soliciting donated leave for your designated recipient.</p> <p><input type="checkbox"/> You would not have the required amount of leave after donation.</p>

OFFICE PERSONNEL SIGNATURE: _____ DATE: _____

COPY RETURNED TO STAFF

Appendix C:

SOLICITATION OF LEAVE DONATION ANNOUNCEMENT

This is to notify you that the following employee has requested solicitation and use of donated leave from other employees of the Pulaski County Board of Education.

Name: _____

Title: _____

Work Location: _____

This employee has requested donated leave for the following purpose(s):

In accordance with the Pulaski County Board of Education's Leave Donation Program, (name) _____ will have exhausted all of his/her available personal/sick leave on (date) _____. He/she will be unable to return to work before (date) _____. If you wish to donate leave to (name) _____, please complete a Leave Donation form and return it to your immediate supervisor as soon as possible.

POSTING DATE: _____

POST UNTIL: _____

APPENDIX D:

TO: (EMPLOYEE)
(SCHOOL)

FROM: Leave Donation Committee
Superintendent/Designee

DATE: (CURRENT DATE)

SUBJECT: REQUEST TO RECEIVE DONATED LEAVE

We are pleased to inform you that your Request to Receive Donated Leave has been approved. The maximum amount of donated leave you may receive is:_____

You may begin using donated leave on:_____

We hope you are feeling better soon and can return to your job and friends at the Pulaski County Board of Education.

Sincerely,

Leave Donation Committee Chairperson

Superintendent/Designee

APPENDIX E:

TO: (EMPLOYEE)
(SCHOOL)

FROM: Leave Donation Committee
Superintendent/Designee

DATE: (CURRENT DATE)

SUBJECT: REQUEST TO RECEIVE DONATED LEAVE

We regret to inform you that your request to receive donated leave has not been approved since it does not meet the eligibility requirements with respect to:

- Your illness or injury does not qualify under the policies of the Pulaski County Board of Education's Leave Donation Program.
- Your illness or injury is job- related and therefore you are eligible to receive Workman's Compensation.
- The length of anticipated absence from the job is not more than five days which is less than the minimum amount of leave required by the Leave Donation Policy.
- Insufficient information from your doctor to make a determination as to whether the illness/injury is seriously incapacitating.
- Other: _____

Sincerely,

Leave Donation Committee Chairperson

Superintendent/Designee

