

Voluntary Shared Leave

1.0 Purpose The shared leave program is designed to provide employees the opportunity to assist and receive assistance from other employees during periods of prolonged absences from work due to personal or family catastrophic medical conditions by donation of leave. The program is not designed to apply to an employee's incidental, normal, short-term medical conditions.

2.0 Applicability To all regular full time Bladen County employees

3.0 Definitions Prolonged medical condition is generally one that is expected to require an employee's absence from work for a period of at least 20 consecutive days. The 20-day period is intended to serve as a general guideline for shared leave, rather than an absolute requirement.

If an employee has had prior random absences from work related to the same condition, or for another condition requiring prolonged absence from work within the last twelve months, an exception to the 20-day period may be made.

4.0 Policy

In case of a prolonged medical condition (of an employee or an immediate family member) which causes an employee to exhaust all available leave, an employee may apply for or be nominated to receive shared leave from the annual leave account of another employee or employees, or from the sick leave or annual leave accounts of an immediate family member (spouse, parents, children-including step relationships) in any department of Bladen County government. A doctor's note must accompany the request and include length of absence.

An employee may donate leave, as outlined below, to an employee who has been approved to receive voluntary shared leave because of a medical condition of the employee or of a member of the employee's immediate family (spouse, child or parent) that will require the employee's absence for a prolonged period of time.

4.1 Eligibility

To be eligible, an employee must apply or be nominated to receive voluntary shared leave, supplying medical evidence to support the need for leave beyond the employee's available accumulated leave. The employee must have exhausted all annual and sick leave.

Because of Privacy Act confidentiality requirements, prior to making the employee's status as a potential recipient of donated leave public, a written application and release form (exhibit A) must be signed by the employee to permit the status to be made known.

5.0 Approvals

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The department head in which the prospective recipient works shall be responsible for reviewing the merits of requests for participation in the shared leave program and making a recommendation for or against it to the Human Resources Director. The county may also establish a specific period within which leave may be donated to the affected employee on a case by case basis.

- 5.1 Included with the request should be a doctor's note as to the need for sick leave that will extend beyond the 20-day period referenced in section 3.0 of this policy or will extend beyond the original doctor's note. Verification that paid time has been used (copy of last time record) should also accompany the request.

6.0 Audit of Leave Accounts

A system of leave accountability must be maintained by the Finance Officer, which will accurately record the donation and recipient use of shared leave. The system established must afford a clear and accurate record for financial and management audit purposes.

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 leave accrual rate.

Example: Employee with 5 but less than 10 years of creditable service earns 15 vacation days annually. The employee may contribute a maximum of 15 days but may not reduce vacation leave balance below 7.5 days.

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**Shared Leave Donation
Bladen County Human Resources**

Employee Name: _____ Department: _____

Position: _____ Employee Number: _____

Requirements for Donating Shared Leave:

1. I am in a permanent status with Bladen County.
2. My donation does not reduce me below one-half my annual accrual rate for the current year.
3. I am donating a minimum of two (2) hours.
4. I understand any of the total amount of leave donated for this person that is not used will not be deducted from the donor.
5. I understand I may donate annual leave to another employee. I may donate annual or sick leave to an employee of Bladen County who is a family member as stated in the policy.

Current leave balance (hours) as of: _____

Annual: _____

Sick: _____

Name of Recipient: _____

Leave to be transferred: (Employees may donate allowable annual leave before donating sick leave)

Hours of Annual Leave: _____

Hours of Sick Leave _____

I authorize the transfer of leave as indicated above in accordance with the Voluntary Shared Leave Policy. I understand that any leave transferred and used cannot be returned to my individual account.

Employee Signature

Date

Department Head: Approved _____

Disapproved _____

Signature
Human Resources Director: Approved _____

Date
Disapproved _____

Signature

Date

Voluntary Shared Leave

**Request for Shared Leave
Bladen County Human Resources**

Employee Name: _____ Department: _____
Position: _____ Employee Number: _____

Is the request for shared leave due to a medical condition in the employee's immediate family?
Yes _____ No _____

If yes, give name and relationship of family member.

Name: _____
Relationship: _____

Nature of medical condition. (Attach relevant medical information from attending doctors)

Estimated dates of medical condition: From _____ to _____

Number of hours requested: _____

Current leave balance (hours) as of _____

Vacation (hours): _____

Sick (hours): _____

Comp. Time (hours): _____

If anticipated donation is from an employee family member indicate:

Name: _____

Relationship: _____

Agency: _____

My signature on this application certifies that I have read and understand the Voluntary Shared Leave Policy, and that I hereby agree to make my medical status known for the purpose of receiving shared leave.

Employee Signature

Date

Department Head: Approved _____

Disapproved _____

Signature

Date

Human Resources Director: Approved _____

Disapproved _____

Signature

Date