

	Florida Gulf Coast University Policy Manual	Policy: 3.001 <i>Approved: 05/17/2011</i>
	Title: Personal Leave Donation	Responsible Executive: Vice President for Administrative Services and Finance Responsible Office: Human Resources

I. POLICY STATEMENT

All Faculty and regular employees may donate their personal accrued leave to another employee who is experiencing, or has an eligible family member who is experiencing, a serious medical condition. Donated hours shall be credited as sick leave directly to the applicable employee's personal sick leave balance.

II. REASON FOR POLICY

This policy provides approval for an employee, or a person acting on their behalf, to request donations of leave hours on behalf of the employee when the employee, or eligible family member, has been hospitalized or undergone extended medical care as a result of a serious illness or injury and the employee does not have sufficient personal leave hours to remain in pay status during a period of leave.

III. APPLICABILITY AND/OR ACCOUNTABILITY

This policy is applicable to all full or part-time regular employees who are classified as Faculty, Administrative and Professional (A&P) or Support Personnel (SP).

IV. DEFINITION OF TERMS

Recipient – An FGCU employee who does not have accrued leave hours available to maintain their “in pay” status while they or their eligible family member is experiencing a serious health condition.

Donor - An FGCU employee who meets the criteria to donate personal accrued leave to a Recipient.

Eligible Family Member - An employee's spouse, parent, son, or daughter with a serious health condition, as defined by the Family and Medical Leave Act.

FMLA – Family and Medical Leave Act of 1993 and its implementing regulations in 29 CFR Part 825, as currently existing or hereafter amended.

V. PROCEDURES

A. General Eligibility:

1. Leave hours shall be donated to an employee who is experiencing, or has an eligible family member who is experiencing, a serious health condition.
2. Applies to employees in Faculty, A&P and SP positions.
3. Accrued leave to be donated can be annual, sick, or compensatory leave, or a combination of these three.
4. Prior to providing donations, the employee making the donation shall review his/her own financial obligations to ensure that the donation will not adversely affect the employee's need to utilize their leave accruals.
5. The donated leave hours received by a recipient shall be limited to a maximum of 480 hours in any twelve (12) month cycle.

B. Recipient Criteria:

1. A recent medical certification completed by the attending physician for the employee or eligible family member must be on file with the Human Resources Department.
2. The medical leave must have been approved pursuant to the FMLA requirements.
3. An employee drawing disability payments from a long-term disability plan or from Social Security is not eligible to receive donated leave.
4. If FMLA requirements have been exhausted or Recipient is otherwise not eligible for FMLA, the Vice President or President must approve that the Recipient may receive donated leave.
5. The Recipient must have exhausted all other personal leave accruals (for SP employees this includes compensatory leave and the Personal Holiday).
6. The Recipient must have exhausted all eligible hours from the Sick Leave Pool, if a member, prior to accepting donations from other employees.

7. Donated hours may be used intermittently for the serious health condition where such use is allowed by the FMLA and employee has no accrued leave.

Unused donated hours will be credited to the University Sick Leave Pool.

C. Donor Criteria:

1. Employees in Faculty, A&P and SP positions may donate accrued leave in increments of 8 hours.
2. Donor shall retain a minimum combined annual and sick leave balance of 80 hours following the donation of leave to be eligible to make the leave donation.
3. Donation increments and minimum leave balance requirements are pro-rated for part-time donors.
4. An employee who is separating from University employment and who has completed at least one year of employment, may donate a maximum of 80 hours of accrued leave to a recipient, provided the donation is made prior to the effective date of separation and calculation of cash-out, if any.

D. Requesting a Donation:

1. The potential Recipient, or a person acting on behalf of a potential Recipient, may request donations of potential donors.
2. Requests shall be informal and without pressure.
3. Unacceptable solicitations include:
 - a. Repeated contacts
 - b. Exerting pressure to donate, particularly with respect to subordinate employees
 - c. Playing on people's emotions
 - d. Imposing a feeling of guilt or implying a lack of compassion for not donating
4. Use of email to solicit a donation is permissible
5. Communications shall not contain the specifics regarding the medical condition of the Recipient or their eligible family member.

E. Process for Donations:

1. Potential Recipient or person acting on their behalf confirms with employee's Vice President or President that leave donation will be allowed.
2. Human Resources confirms that potential Recipient meets the Recipient Criteria.
3. In the event that, at the time of the requested donation, the Recipient has been on any form of medical leave for a period of six months or more during the previous twelve months, the approval of the President or respective Vice President also is required for receipt of leave donations.
4. In the event the Recipient Criteria is not met or the Vice President or President does not approve the receipt of leave donations and all FMLA entitlements have been exhausted, the process is ended and the employee may not receive leave donations.
5. If potential Recipient is eligible and donations are allowed, potential Recipient or person acting in their behalf may then contact potential Donors.
6. Donor completes a "Leave Donation Program" form and submits to Payroll Office.
7. Payroll Office adjusts Donor and Recipient leave records.
8. Payroll Office notifies Sick Leave Pool Administrator when unused donated hours need to be credited to the Sick Leave Pool.

VI. HISTORY

New 4/13/04; Amended 05/17/11

VII. APPENDICES

Appendix A: Personal Leave Donation Program form

APPROVED

*s\Wilson G. Bradshaw
President

May 17, 2011
Date

**Note: This policy reflects changes to the formatting only. No changes have been made to the text.*



FLORIDA GULF COAST UNIVERSITY

LEAVE DONATION PROGRAM

DONOR INFORMATION:	
Employee Name:	
University Identification Number (UID):	
Department:	
DONATION:	
Type of Leave: <input type="checkbox"/> Sick _____ hrs. <input type="checkbox"/> Annual _____ hrs. <input type="checkbox"/> Comp (SP only) _____ hrs.	Total Hours of Donation: _____ Hrs. (This is the combined sick, annual, and comp. hours donated and MUST be an increment of 8)
RECIPIENT INFORMATION:	
Name:	
Department:	

AUTHORIZATION:

- I hereby authorize Human Resources to deduct from my leave balance the above-indicated number of hours, to be used as sick leave by the recipient named above.
- I certify that this donation does not cause my personal leave to drop below a combined balance of 80 hours following this donation.
- I understand that any unused portion of the donated leave:
 - will not be retained by the Recipient,
 - will not be returned to me, and
 - will be transferred to the FGCU Sick Leave Pool account.

Donor's Signature

Date

SUBMIT COMPLETED FORM TO THE HUMAN RESOURCE DEPARTMENT
 (Retain a copy of this form for your personal record and verify the transfer of leave on Gulfline)_

For HR use only:	Date Entered: _____	Initials: _____
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