REQUEST TO DONATE LEAVE

Employee's Name _____ Employee ID# _____ Department _____

I wish to donate _____ hours of my accrued sick leave.
(Note: must be in eight hour increments.)

My signature below certifies that:

1. I have read and will abide by SWOSU's Shared Leave Policy.
2. I understand that the leave I am requesting to donate will not place my accrued sick leave balance below 160 hours.
3. I am donating this leave voluntarily of my own free will.

Employee's Signature _____ Date _____

(Office use only)

Donors leave balance _____ Verified by _____
Initials

Approved ☐ Disapproved ☐

Comments:

_____

_____

_____

President's or Designee's Signature _____ Date _____

Shared Leave: The purpose of this policy is to permit SWOSU employees to donate sick leave to fellow SWOSU employees who are suffering from or have a qualifying relative suffering from an extraordinary or severe illness, injury, impairment or physical or mental condition that has caused or is likely to cause the employee to take leave without pay or terminate employment. Donations made under this policy are gifts. This policy does not create an entitlement or expectation of Shared Leave to eligible employees.

1. Definitions as used in this policy:
   a) "Employee"- regular full-time SWOSU employee with over 12 months of continuous service at SWOSU. A regular full-time employee is one who is employed to work 30 or more hours per week and maintains continuous regular employment status.
   b) "Relative of employee"- As identified in the Sick Leave Policy.
   c) "Extraordinary" or "severe" illness- serious, extreme and/or life threatening as confirmed by a licensed physician.
   d) "Sick Leave Pool"- voluntary and anonymous donations of sick leave by employees to a pool balance.

2. Eligibility: An employee of SWOSU will be considered eligible to receive Shared Leave pursuant to the following conditions:
   a) The employee has exhausted or will exhaust all accrued leave prior to the start of requested leave.
   b) The employee or a relative of the employee is suffering from an extraordinary or severe illness, injury, impairment or physical or mental condition as confirmed by a licensed physician.
   c) The President or designee determines that the employee meets the applicable criteria.

3. Donations: An employee may donate sick leave pursuant to the following conditions:
   a) Donors must complete the Request to Donate Leave Form.
   b) The employee may donate eight-hour increments of sick leave provided that the donation does not cause the sick leave balance of the donating employee to fall below 160 hours.
   c) Annual leave and compensatory time may not be donated, except as provided in the Leave policy.
   d) All donated sick leave must be given voluntarily in writing. No employee shall be coerced, threatened, intimidated or financially induced into donating.
   e) Donations are irrevocable.

4. Limitations on Leave Sharing:
   a) No employee will be granted more than 1440 hours of Shared Leave over their entire employment at SWOSU.
   b) Holiday compensation while on Shared Leave is permitted.
   c) Any donated leave may be used by the recipient only for the purposes specified in this policy.
   d) Shared Leave ends in the event of termination of the condition causing the need for leave. Shared Leave may include up to 5 days funeral leave, if applicable.
   e) Recipients do not accrue leave time while on Shared Leave.

5. Recipients:
   a) The employee (or his/her personal representative in the event the employee be incapacitated) must complete the Request for Shared Leave Form and submit a current medical statement from a licensed physician verifying the need for the leave and the expected duration of the condition. (Form found on SWOSU web site).
   b) Upon completing the Request for Shared Leave Form, the employee will forward the form to the Human Resources Office.

c) The employee and supervisor will be notified by the President or his/her designee of the outcome of their request.

6. Administration of the Policy:
   a) Receipt of leave is conditional upon the availability of donated leave.
   b) Family Medical Leave Act (FMLA) may run before approval of Shared Leave or will run concurrently with Shared Leave.
   c) If approved, the employee may receive up to 720 hours of pay within a twelve month period.
   d) Leave is granted as full work days.
   e) Completed leave share requests with proper documentation will be processed retroactively to the date received in the Human Resources Office.
   f) Leave share requests will be processed on a case-by-case basis.
   g) Donations will be transferred each pay period in amounts not to exceed the recipient employee's regular monthly hours for that pay period.
   h) Efforts will be made to process donations anonymously.
   i) Receipt or denial of leave sharing is not subject to any grievance or arbitration procedure.
   j) The employee's eligibility shall cease upon the employee's receiving income from a third party source.

7. Return to Work:
   a) Employees are expected to routinely contact the Human Resources Office during their approved leave.
   b) Employees are to contact the Human Resources Office regarding instructions for returning to work.
   c) Prior to returning to work, an employee must present a Return to Work form to the supervisor. (Provided by the Human Resources Office).
   d) Once an employee reaches the 720 hours of leave available during the 12-month rolling period and are unable to return to work with or without accommodation, employment may be terminated.