



**DODGE COUNTY
SCHOOL SYSTEM
LEAVE DONATION
PROGRAM**



Outline of Leave Donation Program

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I. OVERVIEW: LEAVE DONATION PROGRAM

In coordination with the Dodge County Board of Education's existing Leave of Absence Policy, a Leave Donation Program has been established to assist employees faced with a serious medical illness or injury to themselves or an immediate family member. An immediate family member is defined as the employee's spouse, child, parent, brother, sister, and any other person who is recognized by law as a dependent of the employee. The Leave Donation Program allows employees to voluntarily transfer accrued sick and personal leave hours to a specifically designated recipient who is a qualifying employee of the Dodge County Board of Education 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. ELIGIBILITY

1. The Donated Leave Program is coordinated with the Dodge County Board of Education. Therefore, both the Dodge County Board of Education and the employees within the Dodge County School system must agree to participate in this program for leave to be donated amongst all employees in the Dodge County School System. Only employees in the Dodge County School System who are entitled to earn and use leave are covered and may donate and receive leave.
2. Donating Employee – To qualify as a donating employee, one must be an employee of the Dodge County School System who is entitled to earn and use leave, and have sufficient personal or sick leave accrued to cover donated time.
3. Receiving Employee - The receiving employee must be eligible for leave. The employee must also demonstrate a need of donated leave. The period in which an employee may receive donated leave is the period of qualified leave which would otherwise be unpaid because leave balances have been reduced to zero. Employees may not be receiving workers compensation benefits while, receiving donated leave.

B. QUALIFYING EVENT

1. To receive donated leave, an employee must apply for and receive approval for leave by a Leave Donation Committee and the Superintendent/Designee.
2. A Leave Donation Committee must be formed by the Superintendent or designee. The committee must include, at a minimum, one administrator, one certified teacher, and one support staff. Members of the Leave Donation Committee will serve on the committee for a period of not less than one and not more than two years to provide consistency within the committee and the decisions of the committee.

3. An employee may request leave for a serious health condition of themselves, employee's spouse, child, parent, brother, sister, and any other person who is recognized by law as a dependent of the employee.
4. The Leave Donation Committee will make a recommendation to the Superintendent/Designee. The Superintendent/Designee 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 Dodge 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 notice.
3. The recipient employee, while using donated leave, will continue to earn sick leave and personal leave if the employee is in a paid status. If the donated sick leave is unused when the employee returns to work, any balance remaining will be returned to the donor in the reverse order of their receipt, and the leave will be re-credited to the donor's personal/sick leave balance.
4. Employees, while using donated leave, will continue to be eligible for health benefits as long as the employee is in paid status on the first working day of the month.

D. TAX LIABILITY

The tax liability associated with donated leave will be the responsibility of the recipient, in compliance with 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 hours from his/her immediate supervisor by completing the "Request to Receive Donated Leave" form (see Appendix A). If such employee is not capable of making application on his/her own behalf, a personal representative may make written application for the employee. Before applying on behalf of an 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 employee's direct supervisor. The request for donated leave will be reviewed by a leave donation committee and the Superintendent /designee in a confidential and objective manner. All determinations regarding qualification are final.
3. Each request shall provide the following information concerning the potential leave recipient:
 - Name, Social Security Number, Work Location, Work Phone, Supervisor's Name, and Employment Status;
 - Certification from a doctor of medicine, doctor of chiropractic, doctor of Osteopathy, podiatrist, clinical psychologist, or dentist legally authorized to practice under state laws with respect to the medical emergency submitted with the application (Appendix G); and
 - Any additional information that may be required to verify the information in the leave recipient's request.
4. The recipient must have exhausted all accumulated leave including personal leave and sick leave. The recipient must not be eligible to receive workers' compensation benefits. 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 may be reduced by the leave which is paid by the employee's leave balances.
5. Before leave can be received by a qualifying employee, a solicitation notice must be approved and posted by the leave donation committee.

B. Donating Employee:

1. Before leave can be donated to a qualifying employee, a solicitation notice must be approved and posted by the leave donation committee.
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 leave donation.
4. Hours are donated by completing the Request to Donate Leave form as shown in Appendix B, and must be submitted to the employee's immediate supervisor.
5. Leave must be donated in increments of two hours.

III. Responsibilities

A. Leave Donation Committee Responsibility

1. Requests: The determination will be done by a leave donation committee, and the Superintendent/Designee. The leave donation committee will meet bi-monthly if needed. Notification of determination of approval or denial will be made within 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 E).
3. If the request is denied, the employee is notified of the decision by letter. (See Appendix F).
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 D) 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.
6. If the requested amount of donated leave is not received, the recipient may request that the solicitation notice be circulated one additional time during the period of absence.

B. SCHOOL RESPONSIBILITY

1. The Principals will generate the Dodge County Board of Education Leave Donation Program Notice to be posted in a designated area in each school (See Appendix C).
2. A coordinator in the school where the requesting employee works will be responsible for coordinating the donation of leave hours between donors, recipients and payroll.
3. The coordinator will receive requests, clarify any needed information, and review leave records in conjunction with Payroll.

4. Local personnel representatives will post the Solicitation of Leave Donation Announcements (Appendix D) 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.
5. 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 RESPONSIBILITY

1. Payroll reduces the donor's personal and sick leave balances according to the approved request forms submitted by the coordinator. Payroll will notify the donor of the transfer of leave. Payroll shall retain the Donation Request from each employee for an audit trail.
2. Upon notification of the donation of hours, Payroll 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 in the Payroll Department.
3. Donations will be credited to a recipient in the order in which the donations are received by the payroll department and as the recipient needs the hours. Donations received after the requested amount has been reached will not be accepted.

IV. Appendix

APPENDIX A: REQUEST TO RECEIVE DONATED LEAVE

INSTRUCTIONS: Submit the original form to the local personnel 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: Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>	Number of Hours Worked Per Week:	
Leave Balances at End of Last Pay Period:	Personal Days:	Sick Days:	
Number of Hours of Leave Without Pay Anticipated For This Medical Emergency:			

I request the solicitation of donated leave from other Dodge 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

Note: Health Care Provider must complete Certification of Health Care Provider Form

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. (See Donated Leave policy for Maximums.)
- _____ 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? _____

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 2 hour 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 two hours.

SIGNATURE OF LEAVE DONOR _____ Date: _____

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

OFFICE PERSONNEL SIGNATURE: _____ DATE: _____

COPY RETURNED TO STAFF

APPENDIX C:

Dodge 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. 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 Dodge 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 Dodge 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 2 hour increments. No employee may be coerced or compelled to contribute to the Leave Donation Program.

Thank you for your consideration.

Appendix D

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 Dodge County Board of Education.

Name: _____

Title: _____

Work Location: _____

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

In accordance with the Dodge County Board of Education's Leave Donation Policy, (name) _____ will have exhausted all of his/her available personal/sick leave on (date) _____. He/she will be unable to return to full time 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 E

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 Dodge County Board of Education..

Sincerely,

Leave Donation Committee Chairperson

Superintendent/Designee

APPENDIX F

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 Dodge 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

Appendix G

Certification of Health Care Provider

Employee's Name:	Social Security #:
Work Location:	

Employee's Personal Health Condition

Projected Absence:	Begin Date:	End Date:
Describe the health Condition, which makes the employee unable to perform the essential functions of his/her position. (Attach additional pages if necessary.)		

Health Condition of Family Member

Family Member:	Relationship:	
Date(s) employee is needed for the care of family member:	Begin Date:	End Date:
Describe the health condition of the family member, which requires the employee's presence. Attach additional pages if necessary.		

Health Care Provider's Signature: _____ Date: _____