

## VOLUNTARY SICK LEAVE DONATION PROCEDURES

The Voluntary Sick Leave Donation Program allows for the transfer of unused accrued sick leave from one employee to another employee who needs such leave because of a qualifying health condition affecting the employee or a family member. Voluntary Sick Leave Donation regulations, procedures and related forms are posted on the Intranet Human Resources Page.

A qualifying health condition is

- any period of incapacity or treatment in connection with or consequent to inpatient care in a hospital, hospice or residential, medical care facility;
- any period of incapacity requiring absence from work, school or other regular daily activities, for more than five consecutive work days, that also involves continuing treatment by, or under the supervision of, a health care provider; or
- continuing treatment by, or under the supervision of, a health care provider for a chronic or long-term health condition that is incurable or so serious that, if not treated, would likely result in a period of incapacity of more than five consecutive work days, (maternity leave is not covered).

### Leave Recipient Application

Any employee, eligible to accrue sick leave, may make written application to Human Resources to become a leave recipient. If an employee is not capable of making application on his or her own behalf, a legally authorized personal representative may make written application for the employee.

1. Applicants must submit a complete Leave Recipient Application Packet.
2. Human Resources will review Leave Recipient Applications for the purpose of determining
  - that a health condition exists and
  - that the documentation indicates that the subsequent absence from duty, without available paid leave, will last at least five consecutive work days.
3. Human Resources will notify the leave recipient (or the legally authorized personal representative) of the disposition of the application within ten (10) business days after the date Human Resources receives the completed application packet, unless additional information is requested. The burden is on the employee to provide a complete application packet and any other information requested. Human Resources will not review an application packet until it is complete.
4. Upon approval,
  - Human Resources will notify the leave recipient that other ACPS employees may request to donate sick leave to the leave recipient's account and list monthly the names of leave recipients on the Human Resources Board Report.
  - The leave recipient's name and location will be posted via email and on school bulletin boards for the purpose of soliciting leave donors.
5. Leave recipients will not be given the names of leave donors.

6. If the application is denied, Human Resources will notify the applicant of the reasons for denial. Within five days of notification, the applicant may appeal, in writing, to the Superintendent or Superintendent's designee for an executive review of the disapproved application. The decision of the Superintendent or Superintendent's designee is final.
7. Donated sick leave may be substituted retroactively for periods of leave without pay (LWOP) or used to liquidate an indebtedness for advanced sick leave for the same condition granted on or after the date the completed Leave Recipient Application Packet is received in Human Resources.
8. Leave recipients may receive a maximum of one hundred and twenty (120) days, or six calendar months of donated sick leave per approved application.
9. During each pay period that a health condition exists, leave recipients must use accrued sick leave before using donated sick leave.
10. Employees on intermittent or reduced schedule leave are required to schedule leave as to not disrupt the operations of the school division.

### **Leave Donor Application**

Any employee, eligible to accrue sick leave, may donate leave to a leave recipient.

1. Employees interested in donating leave must submit a Request to Donate Leave Form to Human Resources. The request form will include the specific number of days of accrued sick leave the leave donor wants to transfer from the leave donor's sick leave account to the sick leave account of a specified leave recipient.
2. Leave recipients will not be provided the names of leave donors.
3. Leave donors may donate a maximum of one-half of annually allotted sick leave per school year, regardless of the number of leave recipients.
4. Leave donors may donate a minimum of one day per leave recipient with the opportunity to increase the donation should the recipient require additional days.

### **Duration and Scheduling of Leave**

In order to avoid unnecessary disruption to the school system, ACPS may require adjustments in the scheduling of leave taken by employees under this policy. Such adjustments may include, but are not limited to, the transfer or return to an alternative position with equivalent pay and benefits if the employee is qualified for the position.

### **Termination of Health Condition**

1. Human Resources may require leave recipients to report periodically on his or her status and intention to return to work. Additional documentation/certification may be requested as deemed appropriate.
2. Human Resources will discontinue use of donated leave when the qualifying health condition terminates. The qualifying health condition ceases:
  - When the leave recipient leaves ACPS employment;

- At the end of the pay period in which Human Resources determines that the leave recipient is no longer affected by the health condition; or,
  - At the end of the pay period in which Human Resources receives written notice from the leave recipient or a legally authorized personal representative that the leave recipient is no longer affected by the qualifying health condition.
3. Leave recipients will not retain unused donated leave after the qualifying health condition terminates.

### **Return To Work**

1. An employee on shared leave shall provide the division with notification of the intent to return to work at least ten (10) work days prior to return. Prior to returning to work, the employee must supply certification by the treating health care provider that the employee is able to return to work.
2. The employee shall be returned to the position he/she held prior to shared leave or to an alternative position for which he/she is qualified with equivalent benefits, and other terms and conditions of employment; unless the division shows that the employee would not otherwise have been employed at the time reinstatement is requested.
3. Leave recipients have no greater right to reinstatement or to other benefits and conditions of employment than if the employee had been continuously employed during the leave donation period.
4. If an employee advises the school division that he/she does not intend to return to work, the employment relationship shall be deemed terminated and the employee's entitlement to reinstatement, continued leave and health benefits ceases.
5. If the employee continues to be unable to return to work after the conclusion of the FMLA period and all shared leave has been exhausted, the employee may apply for leave without pay status in accordance with appropriate regulations or may be terminated.

### **PROHIBITION OF COERCION**

An employee may not directly or indirectly intimidate, threaten, coerce, or attempt to intimidate, threaten, or coerce, any other employee for the purpose of either

- interfering with any employee's decision to donate, use or receive sick leave, or
- influencing any employees decision not to donate, use or receive sick leave under this regulation or other ACPS policies or regulations.

**ALEXANDRIA CITY PUBLIC SCHOOLS  
LEAVE RECIPIENT APPLICATION**

Anyone interested in qualifying as a "Leave Recipient", must forward the following information with documentation to Human Resources. Incomplete applications will not be considered.

<b>Employee ID#</b>	<b>Name</b>	
<b>Hire Date</b>	<b>Job Title</b>	
<b>Current Location</b>	<b>Current Assignment</b>	<b>Salary</b>
<b>Home Address</b>		
<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Home Phone</b>	<b>Email Address</b>	<b>@acps.k12.va.us</b>

<b>If applicable, please provide the name of your legally authorized personal representative.</b>		
Authorized Personal Representative		
Home Address		
City	State	Zip
Home Phone	Email Address	

**A complete Leave Recipient Application Packet includes:**

- a statement of the reasons donated leave is needed;
- a brief description of the nature and severity of the health condition;
- the anticipated duration of the condition, and if it is a recurring one, the approximate frequency of occurrence; and
- medical certification from a health care provider of your health condition and the need for leave with respect to the health condition.

**I certify that all statements and data provided are true and correct to the best of my knowledge. I release Human Resources to publish basic personal information as necessary to solicit leave donors. I have read the Voluntary Leave Donation Program regulations and understand and accept the conditions therein. I acknowledge that the Leave Donation Program is provided as a benefit to eligible employees and that participation in the program either as a leave recipient or leave donor is strictly voluntary. I understand that acceptance of donated leave signifies agreement to the terms and conditions of this policy and its accompanying regulations including, but not limited to, submission of requested medical documents and required monitoring activities.**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**ALEXANDRIA CITY PUBLIC SCHOOLS  
REQUEST TO DONATE LEAVE FORM**

Anyone interested in donating sick leave to an approved leave recipient, must complete this application and forward it to Human Resources. A separate form must be completed for each Leave Recipient. Incomplete applications will not be considered.

<b>LEAVE RECIPIENT</b>
<b>Name</b> (Please Print)
<b>Leave Donor Number</b>

<b>LEAVE DONOR INFORMATION</b>			
<b>Employee ID #</b>	<b>Name</b>		
<b>Hire Date</b>	<b>Job Title</b>		
<b>Current Location</b>	<b>Current Assignment</b>	<b>Salary</b>	
<b>Home Address</b>			
<b>City</b>	<b>State</b>	<b>Zip</b>	
<b>Home Phone</b>	<b>Email Address</b>	<b>@acps.k12.va.us</b>	

**I wish to donate \_\_\_\_\_ day(s) of accrued sick leave to the leave recipient specified above.**

I understand that

- I may donate a maximum of one-half of my annually allotted sick leave, and
- all of the leave specified will be transferred at one time to the leave recipient's account and will not be returned once donated.

**I release ACPS to donate accrued sick leave from my sick leave account to the leave recipient specified above. I have read and understand the Leave Donation regulations and accept the conditions therein. I certify that I have not been directly or indirectly intimidated, threatened, or coerced with respect to donating sick leave to this employee.**

Print Name \_\_\_\_\_  
Date \_\_\_\_\_  
Signature \_\_\_\_\_