

# Employee Sick Leave Transfer Program Procedures

## Purpose

The purpose of the Employee Sick Leave Transfer Program (ESLTP) is to establish a means by which all full-time district employees may donate sick leave time to, or accept sick leave time from, other full-time district employees, regardless of their familial or marital relationship.

## Eligibility for Membership

All full-time employees who have completed one (1) employment or contract year without a break in service with the DeSoto County School Board (DCSB) are eligible to receive sick leave time through the ESLTP if they are on continuous leave via the Family Medical Leave Act (FMLA) and have no time remaining (exclusions apply – see *Conditions for Receiving Donated Sick Leave Time*). There are two qualifying exceptions to the provisions above, and they are as follows:

- If an employee is on FMLA due to childbirth [they may only receive up to fifteen (15) days of donated sick time].
- Excluded from the ESLTP are absences from the workplace due to elective and/or cosmetic surgery.

## Conditions for Donating Sick Leave Time

- The donor employee must designate the recipient employee and the number of sick leave days to be donated to the recipient employee. This will be documented by the employee donor completing and submitting the ESLTP *Sick Leave Transfer Authorization Form*.
- The donor employee must maintain a balance of sick leave time equivalent to 10 days (usually 75/80 hours) for his/her own use.
- The donor employee must reclaim any unused sick leave time given to another employee in the ESLTP. Reclaimed sick leave time will retain its terminal value for the donor employee.

## Conditions for Receiving Donated Sick Leave Time

- The recipient employee must have used all accrued sick and annual leave time.
- The recipient employee must not be collecting workers compensation.
- The recipient employee must not have used more than 60 days (usually 450/480 hours) of transferred sick leave time in the preceding twelve-month period.
- The recipient employee must have personally suffered an illness or accident which requires absence from the workplace. Such illness or accident must be documented by the Florida-licensed treating physician.
- The recipient employee will not accrue additional sick leave or vacation leave (when applicable) while out of work on the Employee Sick Leave Transfer Program.
- Sick leave time transferred to a recipient employee has no terminal value for that employee.
- The sick time donated first will be utilized first by the receiving employee.
- If the recipient employee does not utilize the donated days, the donations will be returned to the donating employee.

## The Donating/Receiving Process

- It will be the responsibility of the recipient employee to provide physician documentation to the Benefits, Leave & Retirement Specialist in the Department of Human Resources. This documentation must certify that the employee personally qualifies for continuous leave under FMLA.
- The employee seeking donated sick leave time must complete the *Request for Sick Leave Transfer Form* and approve the release of any information distributed to employees for the purpose of requesting donations of sick leave time. If the employee is unable to complete the Request Form, the bookkeeper at his/her worksite may complete and submit the form upon request.
- The request for donations of sick leave time will be distributed by the Director of Human Resources to all employees at the recipient employee's work site or, if requested, among all district employees.
- Employees wishing to donate sick leave time must contact the Benefits, Leave & Retirement Specialist in HR and complete the Sick Leave Transfer Authorization form in a timely manner.
- The Sick Leave Transfer Authorization form must be approved by the Director of Human Resources and forwarded to the appropriate personnel for implementation.
- No more than 60 days (450/480 hours) of sick leave time may be transferred to any one individual within a 12-month period.
- If more sick leave time is donated than is needed by the employee, donors will be selected chronologically by date and time of donation. If multiple donors submit forms as a group at the same time, the needed donors will be selected at random from the group. Donors of all remaining, unused donated sick time will be notified by Human Resources that their donated sick leave time was not used.

**Forms**

**EMPLOYEE SICK LEAVE TRANSFER PROGRAM (ESLTP)**

*Request for Sick Leave Transfer*

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Full-Time Employee: \_\_\_\_\_ YES \_\_\_\_\_ NO

Work Site: \_\_\_\_\_

Number of Days Requested: \_\_\_\_\_ (EE must be out 5 days minimum; 60 days maximum use of this program)

Dates of Sick Leave: \_\_\_\_\_ thru \_\_\_\_\_

Physician Documentation: \_\_\_\_\_ YES \_\_\_\_\_ NO

Information to be posted or distributed to employees:

\_\_\_\_\_ MEDICAL NECESSITY \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location of Posting: \_\_\_\_\_ Work site only \_\_\_\_\_ District-wide

Employee Signature: \_\_\_\_\_

Benefits Specialist Verification: \_\_\_\_\_

Human Resources Approval: \_\_\_\_\_

**EMPLOYEE SICK LEAVE TRANSFER PROGRAM (ESLTP)**

**Sick Leave Transfer Authorization**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Full Time Employee:  Yes  No

Work Site: \_\_\_\_\_

Number of Days Transferred: \_\_\_\_\_ (donor must maintain 10-day balance)

Name of Recipient: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

Payroll Verification: \_\_\_\_\_

Human Resources Approval: \_\_\_\_\_