



# Shared Leave Program

## Purpose

To establish a uniform policy for provisions of a voluntary shared leave pool whereby Forsyth County employees share and/or receive leave donations during periods of prolonged absences from work due to catastrophic medical conditions resulting in exhaustion of all paid leave.

## Policy

In cases of a catastrophic medical condition, an employee may apply for leave donations from other Forsyth County employees and/or from the Shared Leave "bank" in an amount equal to or less than the number of FMLA or leave of absence hours available to the employee. Consenting employees may agree to have leave donations transferred from their accumulated sick and annual balances to the sick account of a requesting employee or to the leave "bank". Coercion and/or intimidation are prohibited and should be reported to the Human Resources Director. Administration of this program will be by the Shared Leave Committee and there is no right to appeal the decision of the committee. The Shared Leave Program is employee to employee and is in addition to the benefits provided by Forsyth County. Shared Leave is not "accrued" or "earned" under this program. The County may modify or terminate the Shared Leave Program at any time in its sole discretion. This Shared Leave program is strictly voluntary.

## Scope

All full-time and part-time employees with benefits and at least one consecutive year of employment with Forsyth County are eligible to participate in this program. Shared Leave will run concurrently with Family Medical Leave or an approved leave of absence. Please refer to the Family Medical Leave and the Leave of Absence policies.

## Definitions

Consecutive Year of Employment: One full year of employment without breaks in service.

Catastrophic Medical Condition: A non-job related severe illness or injury requiring prolonged hospitalization or recovery. It must be totally incapacitating or life-threatening and for which the employee anticipates absence from work for at least six weeks. For the purposes of this policy, examples of non-catastrophic medical conditions would include minor illnesses, knee surgery, minor surgery, hysterectomy (life threatening issue must exist to be considered catastrophic) and back pain. The list of examples is not all inclusive.

Immediate Family Member: Immediate family member includes parent, spouse and children

Shared Leave Bank: A holding account for voluntarily donated leave. Leave can be donated directly to this account by employees to unnamed recipients. Excess leave donated to individuals and unused leave is also deposited into this account. Donation drives to the Shared Leave Bank will be held periodically at the discretion of the committee.

Shared Leave Committee: A committee of 7 voting members from various County departments charged with reviewing applications for request to receive donated leave and to administer the Shared Leave Program. A Human Resources Department member will be a non-voting permanent member of the committee.

Terminating employment: End employment for any reason

Recipient: Employee approved to receive Shared Leave hours

Applicant: Employee requesting Shared Leave

### **Procedures**

1. Applicants may request Shared Leave donations for a Catastrophic Medical Condition when they anticipate being absent from work for at least six weeks. The catastrophic medical condition can be the applicant or an immediate family member.
2. Recipients must exhaust all paid leave (sick and annual) before receiving leave from direct donation or from the Shared Leave Bank. The application process may be started prior to the actual depletion of leave.
3. A Request to Receive Donated Leave form, available on FCNet must be completed. If the Applicant is unable to complete the application, their **department head** may do so upon verbal permission of the employee. The department head may verbally request Human Resources to begin the shared leave request process. Human Resources will contact the employee.
4. A Certification of Health Care Provider is available on FCNet and must accompany the Request to Receive Donated Leave form.
5. All applications to receive Shared Leave should be submitted directly to the Human Resources department.
6. A Recipient that does not receive adequate leave from direct donations may be eligible to receive previously accumulated excess leave in the Shared Leave Bank.
7. A Recipient may not receive more than 4 months donated leave per occurrence. Shared Leave approval will not exceed approved FMLA or approved leave of absence hours.
8. Upon returning to work or terminating employment, any unused leave received under this policy will be removed from the Recipient's sick leave account and placed in the Shared Leave Bank. The Recipient will retain all sick or annual leave accrued in their account while on Shared Leave. It is the recipients' responsibility to notify Human Resources upon returning to work. A fitness for duty form is required to return to work.
9. A recipient who received Shared Leave for an immediate family member may use up to (3) days of shared leave as bereavement leave in the event of that family members' death. Donated Shared Leave hours will only be available up to the date of death and for the three (3) days of bereavement following death. Any Shared Leave remaining beyond the three (3) days of bereavement will be returned to the Shared Leave bank. It is the recipient's responsibility to notify Human Resources in the event of the family members' death.

### **Donor**

1. Employees donating leave must maintain a combined balance of 12 days of annual and sick leave.
2. Sick and annual leave may be donated to a qualifying named Recipient or to the Shared Leave Bank. Leave must be donated in one-hour increments.
3. A Request to Donate Leave form, available on FCNet must be completed.
4. Direct donations in excess of requested leave will be deposited in the Shared Leave Bank.
5. Terminating employees may donate annual leave, but are not eligible to donate sick leave.