

3354:1-41-02.9 Leave time donation procedure.

- (A) Leave time donation program. The College maintains a leave time donation program which allows employees to voluntarily donate sick or vacation time to a College pool. Participants may then draw from the pool in accordance with this procedure in the event of a serious illness or injury of the employee or certain family members. In each fiscal year, employees may receive up to twenty work days of donated leave per “qualifying event,” as defined by the Family and Medical Leave Act (FMLA). Only full-time employees may participate in this program.
- (B) Receiving donated leave time.
 - (1) Any full-time employee is eligible to receive donated leave time if, and only if:
 - (a) The employee donated one day of leave (sick or vacation) during the previous fiscal year.
 - (b) The employee or a spouse, domestic partner, parent, child under the age of 18, or child over the age of 18 and incapable of self-care because of a mental or physical disability (such individuals are referred to as a “family member”) has a serious illness or injury documented by a physician on the College’s certification of serious health condition form.
 - (c) The employee has no accrued sick, vacation, or personal leave.
 - (d) The employee would not otherwise be compensated for their time away from work, including without limitation any state or federal paid benefits.
 - (e) In the case of the employee’s serious illness or injury, the employee has not met the elimination period for short-term disability. (Donated leave may be used to satisfy the short-term disability elimination period if the period would otherwise be unpaid.)

- (f) In the case of a family member's serious illness or injury, the employee has not exhausted the employee's 12-week FMLA entitlement.
 - (g) There are available dollars in the College's leave donation pool for the pay period during which leave is taken.
- (2) Employees may receive donated leave up to the number of hours they are scheduled to work each pay period.
- (C) Donating leave time. Employees may donate one, and only one, day of sick or vacation time per fiscal year. Donations are voluntary, but are irrevocable and will not be returned. Employees may donate only if they retain a combined leave balance of at least 10 days (including sick leave and vacation) as of May 31 of each year.
- (D) Administering donated leave time. Unused donations will roll over into the next fiscal year's pool. Participation as a recipient in the leave donation program is evaluated (and granted or denied) separately for each pay period. Employees using donated leave shall be considered in an active pay status and shall accrue leave and benefits to which they would otherwise be entitled. However, normal leave accrued by the employee using donated leave must be used prior to using additional donated leave.
- (E) Donating leave time. Donations to the pool must be made during the leave donation open enrollment period. All donations are irrevocable and non-refundable. Employees who wish to donate leave time must:
 - (1) Complete a leave time donation form and deliver it to the benefits office.
 - (2) The benefits office shall verify that the donor has met established criteria, and if so, shall grant the donation request.
- (F) Requesting donated leave. Employees requesting donated leave must:
 - (1) Complete a donated leave request form.
 - (2) Complete a certification of serious health condition form.

- (3) Deliver the forms to the benefits office for review.
- (G) The College reserves the right to revoke this procedure and end the leave time donation program at any time and without prior notice.
- (H) The President or the President's designee shall take all steps necessary and appropriate for the effective implementation of this procedure.

Procedure amplifies: 3354:1-41-02

Effective date: May 1, 2008

Cuyahoga Community College

LEAVE TIME DONATION FORM

FOR FISCAL YEAR: _____

Donating Employee:

Name:

Last: _____ **First:** _____ **Middle:** _____
Employee ID: _____

Type of leave time donated

I elect to irrevocably donate one day of: **(Only check one)**

Vacation Leave _____

Sick leave _____

I acknowledge that in return for this donation, I will become eligible for consideration to receive donated leave time during next fiscal year, in accordance with O.A.C. 3354:1-41-02.9, the College's Leave Time Donation Procedure.

Signature of Donating Employee

Date

Return completed form to the Benefits Office in Human Resources at District.

Cuyahoga Community College

Donated Leave Time Request

Employee Information:

Name:

Last: _____ First: _____ Middle: _____

Employee ID: _____

Number of hours of donated leave requested: _____

For pay period ending: _____

Signature of Employee Requesting Donated Leave

Date

Human Resource Use Only

Verification of Eligibility

Employee donated one day of leave during current calendar year

Yes _____ No _____

Employee has exhausted accrued leave (sick, vacation, personal)

Yes _____ No _____

Employee has not met elimination period for short term disability or 12 week FMLA entitlement in case of immediate family member

Yes _____ No _____

Employee has not received 20 work days of donated leave for the “qualifying event”

Yes _____ No _____

Dollars are available in the Leave Time Donation liability account

Yes _____ No _____

Verified by

Date