

Human Resources Policy Bulletin

Lancaster County

Number: 2014-2

Date: April, 2014

Reference:	Title:
State of Nebraska Catastrophic Illness Donation Program	Catastrophic Illness Leave Donation Policy
City of Lincoln Personnel Policy Bulletin 2003-1	
Supercedes Personnel Policy Bulletin 2003-2	

CATASTROPHIC ILLNESS LEAVE DONATION POLICY

Introduction:

The County of Lancaster recognizes that there are instances in which an employee, or employee's spouse or child may suffer from a catastrophic illness or non-work-related injury requiring extensive medical treatment, rehabilitation, and ultimately the exhaustion of the employee's County-provided paid leaves. The County also recognizes that when these instances occur, co-workers of the employee experiencing a catastrophic illness or non-work-related injury desire to assist the employee until the employee recovers from the illness and can return to work. This policy bulletin is intended to establish guidelines for employees of Lancaster County to donate accrued vacation time and personal convenience holidays to another employee suffering from a catastrophic illness or non-work-related injury to be used as paid sick leave by the employee with the catastrophic illness or non-work-related injury.

I. POLICY

It shall be the policy of the County of Lancaster to allow employees the opportunity to donate accrued vacation leave and personal convenience holidays to the benefit of another County employee suffering from a catastrophic illness or non-work-related injury.

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II. PROCEDURE

A. Employees Covered

All classified and unclassified employees who earn leave and have been employed a minimum of twelve (12) consecutive months shall be eligible to participate in the Catastrophic Leave Donation Program.

B. Recipient Employee Eligibility

To be eligible to receive leave donated pursuant to this policy, an employee must meet the following conditions:

1. The employee, or the employee's spouse or child must be suffering from a catastrophic illness or non-work related injury which has resulted in the exhaustion of all the employee's paid leave and which extends for at least one (1) week after the exhaustion of such leave.
2. Generally, illnesses which qualify as "serious health conditions" pursuant to the Family Medical Leave Act would be considered as eligible for catastrophic illness leave donation. The illness must be that of the employee personally, except that, if

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the employee has a spouse or child who has a “serious health condition” which requires twenty-four (24) hour care and the employee must receive training to provide that care, the illness of the employee’s spouse or child will qualify for the employee to be eligible for the leave donation for the period of time that the employee is required to provide the care.

3. The employee must produce competent medical verification of the illness or non-work related injury satisfactory to the County.
4. The employee must have a minimum of one (1) year of service with the County.
5. The employee must have exhausted all paid leave, including but not limited to sick leave, family sick leave if for family member, vacation, and personal holidays.
6. The employee must not have offered anything of value to another employee in exchange for the leave donation.
7. No more than 1,040 hours per twelve (12) month period from date of catastrophic leave approval may be received by the employee.

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8. The employee must complete the Catastrophic Illness Donation Request Form and submit the form to the employee's department head, and the Human Resources Officer, who will certify that the employee is eligible to participate in the leave donation program.

C. Donor Employee Eligibility

1. The employee must have an accrued vacation leave balance of at least forty (40) hours subsequent to making a leave donation.
2. The employee must donate Personal Convenience Holidays in only eight (8) hour increments. Vacation may be donated in four (4) hour or eight (8) hour increments.
3. The employee must not have solicited nor accepted anything of value in exchange for the donation.
4. The employee must complete and have witnessed the Catastrophic Illness Donation Form.

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D. How to Apply For or Donate Leave

1. An employee who qualifies for catastrophic illness leave shall complete the Catastrophic Illness Donation Request Form and submit it to the department head who shall, in conjunction with the Human Resources Officer, review it for approval or denial.
2. Upon approval, donor employees shall complete the Catastrophic Illness Donation Form indicating a willingness to donate vacation or Personal Convenience Holiday time and the amount of said time to be donated. This form shall also be signed by a witness to the donor's signature. The completed form should then be forwarded to the payroll person in the department of the ill employee.
3. Employees donating their time are doing so strictly on a voluntary basis and will have their vacation or Personal Convenience Holiday leave balances irrevocably debited for the amount of time transferred to the recipient employee. The transferred time will be placed in the recipient employee's sick leave account.
4. The Human Resources and County Payroll Departments will monitor hours donated. The time donated will be on an "hour-for-hour" basis to the recipient employee.

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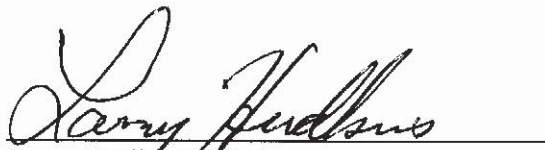
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- Vacation hours transferred are done so in four (4) hour or eight (8) hour increments. Personal Convenience Holiday hours transferred are done so in eight (8) hour increments. Any time donated which is not used by the recipient remains with the recipient.
- Subsequent to the receipt of the leave donation forms and the determination of the total hours donated, the Human Resources Department shall credit the recipient employee's sick leave balance on a biweekly payroll basis. An employee who is receiving catastrophic illness leave donated by other employees shall be allowed to accrue vacation and sick leave while in that status, however, all accrued leave shall first be used prior to the use of donated leave time.



Doug McDaniel
Human Resources Director

4-10-2014
Date



Larry Hudkins, Chair
Board of County Commissioners

4-15-2014
Date

LANCASTER COUNTY
Catastrophic Illness Donation Request Form

(To be completed by Requesting Employee)

_____, an employee in _____,
(Name) (Department)

has requested Vacation leave/Personal Convenience Holiday donations under our Catastrophic Illness Program, and meets the conditions of our Catastrophic Illness Program per the attached medical documentation. My signature hereto acknowledges that I agree to release, indemnify, and hold harmless, Lancaster County from any claim I might have relating to the release of only my name to County Departments advising them that I am eligible for Catastrophic Illness Donations.

- I am requesting Catastrophic Illness Donations for my own serious illness.
- I am requesting Catastrophic Illness Donations for:
 - Spouse Name: _____
 - Child Name: _____

Employee Signature Date

Last 4 Digits of Social Security Number: ___ XXX - XX - ___ _ _ _

APPROVED: _____
Department Head Date

APPROVED: _____
Human Resources Director Date

Employee: Forward this request form **and** medical documentation from your physician to your department head.

