

KENNESAW STATE UNIVERSITY

FACULTY AND STAFF

DONATED SICK LEAVE PROGRAM

The purpose of the Donated Leave Program is to provide a means for Kennesaw State University faculty and staff to donate sick leave to a shared leave pool to be used by fellow University employees who are eligible for and require leave while they are experiencing a life-threatening or emergency medical condition as defined, and which has caused, or is likely to cause, the employee to take leave without pay.

Applicability

This program applies to all employees who earn or accrue sick leave as a benefit of their employment with Kennesaw State University.

Definitions

Employee means any employee of the University who earns or accrues sick leave including part-time employees, whose leave amounts will be pro-rated based on their percent time worked at Kennesaw State University during the past twelve months. Employee must be actively employed and not on leave at time of enrollment in the program.

Leave donor means an employee making a voluntary written request for irrevocable transfer of sick leave to the shared leave pool. Once leave has been transferred to the leave pool, it may not be used by the donor for any other purpose.

Leave recipient means a current employee who has completed the employment provisional period, donated to the leave pool, and for whom the HR Leave Administrator has approved an application to receive leave from the shared leave pool. The recipient may use donated leave for their own life-threatening or emergency medical condition as authorized under the Board of Regents Policy Manual Section 802.0802 policy and Kennesaw's leave policy which meets the definition of life-threatening or emergency medical condition.

Life-threatening or emergency medical condition means a health condition involving a serious, extreme, or life-threatening illness, injury, impairment, or condition that is likely to require an employee's absence from work for a period longer than the amount of sick and annual leave available to the employee. Some examples of such conditions include: rapidly growing cancers, acute life-threatening illnesses, chronic life-threatening conditions in need of immediate care, life-threatening infections, severe injuries arising from accidents and severe

or life-threatening conditions involving failure of bodily organs or systems (e.g., heart attack). The absence may be continuous, as in hospitalization following surgery or an accident, or intermittent, as in periodic absences for chemotherapy or other procedures. The uncomplicated delivery of a child at the conclusion of a pregnancy is not considered to be a catastrophic illness or injury.

Leave pool means accumulated sick leave donated by employees to be used in accordance with this program. A minimum donation of 8 hours' leave every two years is required to become a member of the leave pool. Contributions to the leave pool are voluntary and are irrevocable.

Should the donated leave pool reserve drop to less than 120 hours, the pool will be considered depleted. Donors will, in this situation only, and upon notification of the depleted status of the pool, automatically be charged 8 hours per donor, unless the donor wishes to withdraw in writing from the program within ten days of such notification. Leave requests will be honored in the order in which they were placed when the pool is replenished. The request to replenish the pool may occur only once per calendar year. Should the pool be depleted a second time in a given calendar year, no further requests for donated leave will occur until the next scheduled open fall enrollment. If membership in the program drops below fifty employees, the program shall become inactive until the next open enrollment.

Donation of Leave

Employees will be given the opportunity to donate up to half of their sick leave (in 8 hour increments/pro-rated for PT employees) from their sick leave accounts to the shared leave pool during the annual open enrollment period for other benefits by completing a Donor Leave Transfer form. The donated leave will be transferred to the shared leave pool at the same time other benefit elections are effective (normally January 1). An employee who donates leave must retain at least 40 hours of leave in his/her own sick leave account (pro-rated for part-time employees).

Eligibility for Benefits

In order to be eligible to receive donated leave, the employee must:

- be a member of the shared leave pool, and
- have completed the initial provisional period of employment, and
- provide certification from a licensed physician/practitioner of a life-threatening or emergency medical condition, that is not work-related and covered by Workers Compensation Insurance, and
- not in lieu of SSI, short term or long term disability, retirement benefits, etc., and

- exhausted all sick and annual leave (or provide credible medical evidence that he or she will have exhausted all sick and annual leave before the medical condition is resolved).
- not be on leave prior to the beginning of the plan year.

Application for Benefits

An eligible employee may request donated leave by completing the attached forms and submitting it to Human Resources. The University reserves the right to require additional information from the employee's medical providers or providers of its choice. If the employee is not capable of making application on his or her own behalf, a personal representative, having documented power of attorney for the employee, may make written application on behalf of the employee.

A potential leave recipient may request up to 160 hours (4 weeks) of donated leave at one time, and may make additional requests for donated leave for a maximum total of 320 hours (8 weeks) within a two year period.

Confidentiality

Medical information provided to the University will remain confidential and will not be shared except on a need-to-know basis unless the employee provides a written authorization to release such information.

Approval Process

Each request will be reviewed by the HR Leave Administrator or his or her designee and if the request is approved, HR will notify the applicant (or the personal representative who applied on behalf of the employee) within 7 calendar days after the date the completed request for donated leave is received by HR that:

- the request has been approved; and
- the employee may begin drawing leave from the pool, and
- if the employee has entered the status of leave without pay, the approved donated leave may be substituted retroactively to cover the period of leave without pay.

Or

- the request has been denied; and
- the reason for the denial.

Appeal

Requests which have been denied may be appealed in writing to the Assistant Vice President of Human Resources and must be received within 7 calendar days from the date of notification.

Administration of Policy

Human Resources is responsible for interpreting policy designing and implementing a records management system, maintaining sick leave pool records, ensuring that contributions and withdrawals are conducted according to program guidelines, approving withdrawals from the pool, and communicating policy and procedures of the Donated Leave Program.

Hours paid from the Donated Leave Program will be calculated at the employee's regular full time equivalency. An employee may not receive donated sick pool pay in an amount greater than his or her regular base rate. Employees on donated leave continue to accrue regular earned sick leave and vacation. Regular earned leave must be exhausted before qualifying for additional donated leave time. The estate of a deceased employee is not entitled to payment for unused leave acquired by that employee from the donated leave pool.

DONATED SICK LEAVE PROGRAM
Program Information
For
Faculty and Staff

WHAT WOULD YOU DO?

What would you do if you became catastrophically injured or ill and had to use all of your paid leave? If you participated in Kennesaw State University's donated sick leave program, you could have access to additional sick leave!

Kennesaw's shared sick leave program allows participating faculty and staff to combine a portion of their individually accrued sick leave for collective use.

As a member of the sick leave pool, you would be able to request donated leave in instances where you used all of your paid leave hours because of personal (not family) catastrophic injury or illness.

What is catastrophic injury or illness?

Catastrophic injury or illness is defined as a severe condition or combination of conditions affecting the mental or physical health of the employee which has resulted in a life-threatening condition and/or has had a major impact on life-functions.

All requests for sick hours from the shared pool are evaluated on a case-by-case basis and require medical certification.

Are you eligible to participate?

You are eligible to become a member of the donated leave program if:

- You have completed six months of employment and have a minimum of 48 hours of sick leave on balance for full-time benefited employees (pro rated for part time employees)

How much sick leave does any employee earn?

Full-time benefits-eligible employees earn 8 hours of sick leave per month of employment. Faculty employed during the summer earn sick leave based upon the contracted workload.

How much sick leave can an employee accumulate?

Earned sick leave hours accrue indefinitely; there is no maximum accrual amount.

Will I be paid for my accrued sick leave upon separation from the university?

No.

Can unused sick leave be credited toward my Teacher's Retirement (TRS)?

Yes. If an employee has accrued at least 60 days of unused sick leave. In most cases some sick leave is forfeited due to TRS rules and this is leave that could have been donated.

How do you apply for membership?

If you wish to participate in the program, please complete the enclosed Application for Membership and return it to Human Resources before the end of open enrollment.

**KENNESAW STATE UNIVERSITY
Donated Sick Leave Program**

APPLICATION FOR MEMBERSHIP

I am formally requesting membership in the Kennesaw State University's Donated Sick Leave Program under the terms specified in the University's program description.

1. I wish to donate _____ hours of sick leave (up to half of your sick leave/8 hour min and must retain 40 hrs of sick time in your personal account/pro-rated for pt employees) to be used as part of the Donated Sick Leave Program. Upon acceptance for initial membership, the donated hours of leave will be deducted from my sick leave balance. I may be asked to deduct another eight hours of leave if the donated pool balance ever is reduced to 120 hours. Further, I understand this additional deduction will occur unless I inform Human Resources, in writing; within ten workdays of the date I am notified of the need for additional deduction of my wish to discontinue membership.
2. My request to use donated sick pool hours must be made, in writing, to Human Resources by my representative or myself. I understand that I may request one day from the donated sick leave pool for each day of personal sick leave that I have available at the time of my illness or injury up to a maximum of 320 hours.
3. Donated leave payments will be coordinated with disability insurance benefits I may have available, and I will not receive more than my current salary after all benefits from applicable programs are applied.
4. I must provide proper verification as required by Human Resources before I will be granted sick leave benefits.
5. My participation in the pool is at all times voluntary, and I may request in writing, at any time, that my membership be canceled. I understand that any hours I have contributed will remain in the pool upon cancellation of membership or termination of employment.
6. I acknowledge the granting of donated hours in no way limits the University's rights to proceed with any employment action. Should I transfer, retire, resign or be terminated from Kennesaw State University employment, I understand I will be terminated from the sick leave pool on the date of the personnel action, and any unused hours will be returned to the pool, and that I will not receive any payment for unused hours.
7. Should enrollment drop below 50 employees, the pool shall become inactive until the next open enrollment period.

Please complete the following—please print

Last Name:	First: M.I.
Employee ID:	Faculty or Staff:
Home Phone:	Work Phone:
Employee Signature:	Date:

HR use only

___ Transfer Approved

___ Transfer Not Approved

Reason not approved: _____