OhioDAS

LEAVE DONATION POLICY

POLICY NUMBER: 200-06	EFFECTIVE DATE: 1/04/2013	APPOINTING AUTHORITY APPROVAL:
REPLACES POLICY DATED: 07/21/2010	AUTHORITY: ORC 124.391; OAC 123:1-46-05; OCSEA Article 29.06	

I. PURPOSE

The purpose of the leave donation program is to allow all Department of Administrative Services (DAS) employees to voluntarily provide assistance to their co-workers or receive donated assistance if there is a critical need of leave due to a catastrophic illness or injury of the employee or a member of the employee's immediate family.

II. POLICY

A. EMPLOYEE ELIGIBILITY:

1. Employee accepting Donated Leave:

   An employee may receive donated leave up to the number of hours the employee is scheduled to work each pay period, provided the following:

   a. the employee or a member of the employee's immediate family has a catastrophic illness or injury;
   b. has no accrued leave.
   c. has not been approved to receive other state-paid benefits.
   d. has applied for any paid leave, workers' compensation, or benefits program for which the employee is eligible. An employee who has applied for these programs may use donated leave to satisfy the waiting period for such benefits, when applicable. After the waiting period, donated leave may be used up to an amount equal to the benefit for which the employee applied (e.g. seventy per cent (70%) for disability leave benefits) while the employee's application is pending approval; and
   e. has submitted the *Application To Request Donated Leave; Employee Statement and Physician or Practitioner Statement* to DAS/Office of Employee Services.

2. Employee donating Donated Leave:

   Employees may donate leave if they:

   a. Voluntarily elect to donate leave and do so with the understanding the donated leave will not be returned:
   b. Donate a minimum of eight hours;

c. Retain a combined leave balance of at least eighty hours. Leave must be donated in the same manner in which it would otherwise be used. Employees may choose to donate vacation, sick or personal leave.

B. GENERAL PROVISIONS:

1. The leave donation program will be administered on a pay period by pay period basis. Employees using donated leave will be considered in an active pay status and will accrue leave and be entitled to any benefits to which they would otherwise be entitled. In addition, the use of donated leave by an employee will be charged toward his/her annual FMLA time. Leave accrued by the employee while using donated leave will be used, if necessary, in the following pay period before additional donated leave may be received.

2. Donated leave shall not count toward the probationary period of an employee who receives donated leave during his or her probationary period. Donated leave will be considered and used as sick leave only, however, **it can never be converted to cash.**

3. It is the Appointing Authority's responsibility to ensure that:

   a. Direct solicitations of leave are prohibited.
   b. Donation of leave shall occur on a strictly voluntary basis.
   c. Employees' rights to privacy are respected.

C. DEFINITIONS:

Immediate Family: an employee's spouse or significant other ("significant other" as used in this definition means one who stands in place of a spouse and who resides with the employee), parent, children, grandparents, siblings, grandchildren, brother-in-law, sister-in-law, daughter-in-law, son-in-law, mother-in-law, father-in-law, step-parents, step-children, step-siblings or legal guardian or other person who stands in the place of a parent (in loco parentis). (as provided in rule 123:1-47-01 of the Administrative Code)

Catastrophic Illness or Injury: an illness or injury that is life threatening or requires an extensive period of recovery.

Active Pay Status: means conditions under which an employee is eligible to receive pay, and includes, but is not limited to vacation leave, sick leave, bereavement leave, administrative leave, compensatory time, holidays, and personal leave.

III. PROCEDURE

A. REQUESTING DONATED LEAVE:

1. Employee requesting donated leave for a catastrophic illness or injury for themselves or a member of their immediate family must complete the DAS *"Application To Request Donated Leave", "Employee Statement" and "Physician*

or Practitioner Statement" demonstrating how they meet the eligibility qualifications.

2. The employee shall send the completed forms to DAS/Office of Employee Services (OES).

3. Upon receiving the employee's application, DAS/OES will review the medical documentation to ensure it meets both the standard for sick leave usage and the criteria for donated leave.

4. It is the responsibility of the employee to provide sufficient documentation for certification. Leave donation requests will not be processed until all necessary documentation is provided. DAS/OES may require additional medical documentation in order to determine eligibility or to extend the duration of the leave donation usage.

5. The Office of Employee Services will inform employees of their co-worker's critical need of leave once it has been determined the request qualifies.

B. DONATION OF LEAVE:

1. Employees wishing to donate leave to a fellow employee must complete the *Leave Donation Program – Donor Form* and certify the following information:

   a. The name of the employee for whom the donated leave is intended.
   b. The type of leave and number of hours to be donated (up to the number of hours the receiving employee is scheduled to work) during the pay period.
   c. The employee donating the leave will have a minimum combined leave balance of at least 80 hours (excluding compensatory time).
   d. The leave is being donated voluntarily and the employee understands that the donated leave used will not be returned.

B. *The Leave Donation Program – Donor Form* is sent to DAS/Office of Employee Services in an envelope marked "CONFIDENTIAL".

C. AFTER DONATION AND USAGE CERTIFICATION:

1. Upon establishment of need and utilization of donated leave, DAS/OES will perform the following:

   a. Notify the donating employee of the specific pay period and the amount of leave that will be taken.
   b. Inform the requesting employee and the division Human Resources Coordinator each pay period of the amount of donated leave which will be used.
   c. DAS/OES will post the donated leave to payroll for the affected employees. DAS/OES will utilize the donated leave for an eligible employee in the order which it is received.
   d. If DAS/OES determines the leave meets the FMLA criteria, then the leave time will also be charged against the employee(s) yearly entitlement.

2. Once an employee becomes eligible for any paid leave, worker's compensation or benefits program, receipt and usage of donated leave will cease.

3. The Office of Employee Services will respect the privacy of all DAS employees and all medical conditions and information will remain confidential. The only information which will be divulged is the fact that an employee is eligible and in need of donated time.

IV. REVISION HISTORY

Date	Description of Change
10/27/2003	Original Policy Approved and Distributed
1/06/2008	New appointing authority
6/10/2010	Correction to section II-A-1-a.
7/21/2010	Revise definition of "Immediate Family" in section II-C.
1/04/2013	New appointing authority

OhioDAS

OHIO DEPARTMENT OF ADMINISTRATIVE SERVICES
APPLICATION TO REQUEST DONATED LEAVE

Employee Statement

Employee Information

Name: _____

Job Title: _____

Division/Office: _____

Location: _____

Purpose of the Request for Donated Leave _____

Estimated Duration of Need for Donated Leave _____

Employee Injury/Illness

Is inpatient hospitalization of you (employee) required now or in the future? Yes ☐ No ☐

Are you able to perform all functions of your assigned position? Yes ☐ No ☐

If no, are you able to perform modified or restricted duties of your position? Yes ☐ No ☐

Please list the type of restrictions and the duration (e.g. days, weeks, months).

_____

Immediate Family Member Illness/Injury

Patient Name and Relationship to Employee: _____

Is inpatient hospitalization of the family member (patient) required now or in the future? Yes ☐ No ☐

If yes, what time period? FROM: _____ (DATE) TO: _____ (DATE)

Does (or will) the patient require the assistance of the employee for one or more of the following: Medical, hygiene, nutritional needs, safety or transportation? Yes ☐ No ☐

If yes, please explain: _____

_____ Employee Signature

_____ Date

The Office of Employee Services Reserves the Right to Review and/or Revoke the Use of Donated Leave

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OHIO DEPARTMENT OF ADMINISTRATIVE SERVICES
APPLICATION TO REQUEST DONATED LEAVE

Physician or Practitioner Statement

PROVIDE INFORMATION APPLICABLE TO THE EMPLOYEE OR FAMILY MEMBER

Medical Certification

This information is being provided by:

a. **Physician** ☐
b. **Practitioner** ☐
c. **Other Provider of Health Services** ☐

Medical facts or other information regarding the serious illness/injury. (PLEASE BE SPECIFIC)

_____
_____
_____
_____
_____
_____

Date the illness commenced: _____

Probable duration of the illness: _____

Is this a chronic illness? **Yes** ☐ **No** ☐
Explain as necessary _____
_____

Describe the treatment schedule and anticipated completion date:

_____
_____
_____
_____

How will the employee's presence be beneficial for the care of the family member and what is the estimated time period the employee's presence is necessary: _____
_____
_____

Name of Practice: _____
Address: _____
_____
Phone: _____
Fax: _____

_____ _____
Physician or Practitioner Signature **Date**

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LEAVE DONATION PROGRAM - DONOR FORM

I. DONOR INFORMATION

For Pay Period Ending: _____/_____/_____ or, as needed_____

Donating Employee Information: _____
(Last Name) (First Name) (Middle Initial)

Department: DAS_____ Division: _____

Type of Leave Donated	Number of Hours Donated
Vacation	
Sick Leave	
Personal Leave	
TOTAL HOURS DONATED (Must equal at least 8 hours total)	

II. EMPLOYEE TO RECEIVE LEAVE

(Employee receiving leave and donating leave MUST both be employed by DAS).

Receiving Employee Information: _____
(Last Name) (First Name) (Middle Initial)

Department: _____ Division: _____

III. CERTIFICATION

I, hereby certify that this request is made voluntarily. I was not coerced, intimidated or financially induced into donating leave. By signing, I hereby relinquish all rights to the leave used by the donee and the benefits accruing to or attached to the same. I understand that the donation of leave is irrevocable and irreversible and that used leave will not be refunded to me. I certify that I will have a remaining balance of 80 hours or more of combined leave (sick, vacation and personal) after making this donation.

_____ _____
DATE **SIGNATURE OF DONATING EMPLOYEE**

IF THE EMPLOYEE DONATES MORE THAN 80 HOURS OF LEAVE, THE HOURS WILL BE UTILIZED IN 80-HOUR INCREMENTS AS NECESSARY.