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Policy Alert



REQUESTING, DONATING AND RECEIVING SHARED LEAVE

POLICY-HR-3501

POLICY "REQUESTING, DONATING AND RECEIVING SHARED LEAVE" (POLICY-HR-3501 as attached is effective March 20, 2017.

This is a revised policy canceling Policy HR-3501 dated January 2, 2013. This policy applies whenever an "eligible employee" requests to donate or receive "Shared Leave."

A copy of the policy was provided to all employees. Any questions regarding this particular policy, contact *Heather Stafford Smith*.

POLICY-HR-3501

See Also: RCW 41.40; Human Resources Rules; ATU Agreement;
IAM Agreement; Family Medical Leave Act; Policy HR-3504;
Procedure HR-3501; Form HR-3501-A; Form HR-3501-B;

Approved by: 
Ann Freeman-Manzanares


Human Resources Director

Written/Revised by: Heather Stafford Smith

REQUESTING, DONATING AND RECEIVING SHARED LEAVE

Definitions:

"Eligible employee" – an employee who completed an initial introductory or probationary period. Temporary employees are NOT eligible for Shared Leave.

"Designated Other" – the same individual an employee designates, per Policy HR-3504.

"Child" – ~~natural, step, adoptive~~ family member or person for whom the employee is a custodial parent or considered in loco parentis who is nineteen (19) years of age or under younger, or any age if incapable of self-support.

"Shared Leave" – voluntarily donated vacation leave to an eligible employee unable to work due to his/her extended serious illness or injury, or due to the employee's ~~dependent's~~ spouse's, Designated Other's or child's serious illness or injury.

"Serious illness or injury" – a serious health condition as defined in the Family Medical Leave Act (FMLA) ~~and one that requires hospitalization or extensive medical care.~~

This policy applies whenever an "eligible employee" requests to donate or receive "Shared Leave."

1. Eligible Employees May Request Shared Leave Under Certain Conditions

Eligible employees may request Shared Leave when:

- They, their spouse, registered domestic partner, "Designated Other" or "child" is suffering from a "serious illness or injury," and may cause the employee to take leave without pay; and
- They exhaust all paid time off (sick leave, vacation leave, comp-time, ~~floating holidays~~ in accordance with the rules, policies, and labor agreement; and
- They provide doctor certification documents to the Employer with the request for Shared Leave; and
- They are NOT eligible to receive worker's compensation benefits, unemployment insurance benefits, Long-Term Disability Insurance Part B

POLICY-HR-3501

Optional benefits, or other disability benefits (including voluntary employee-paid disability benefits).

2. Human Resources Processes and Approves Shared Leave Requests

Employees must submit requests for Shared Leave to Human Resources. Human Resources reviews for eligibility all requests for Shared Leave. If employee meets all criteria, Human Resources will immediately announce the request for Shared Leave by email ~~and post copies on bulletin boards~~. The announcement date is the date of approval. Shared Leave donations will be accepted for two weeks after announcement date.

Employees donating vacation leave must complete ~~all paperwork and turn it in to Human Resources~~ a donation form and submit it to Payroll before the requesting employee may use the leave.

3. Employees May Voluntarily Donate Vacation Leave

All vacation leave donations are strictly voluntary.

Eligible employees may donate shared leave if:

- The employee donates hours to an approved recipient, and
- The employee accrues the donated hours prior to the time of the donation. Employee can NOT donate vacation leave in the same pay period in which employee earns it, and
- The employee will NOT donate an amount resulting in their vacation leave balance of less than forty (40) hours.

An employee gives up all benefits from vacation leave donated as Shared Leave. This includes service credit or any compensation determination pursuant to RCW 41.40 Washington Public Employees' Retirement System.

~~Employees will donate leave on an hour-for-hour basis and in one-hour increments. Intercity Transit will. NOT give consideration to the dollar value of the leave donated.~~

Donated leave will be calculated using the donating employee's hourly base pay rate.

POLICY-HR-3501

4. Parameters Applied To Shared Leave Requests and Donations

When receiving Shared Leave hours, the employee will receive pay for their regularly assigned work schedule and at their regular hourly rate of pay.

An employee receives Shared Leave in the order of receipt. If the employee no longer needs the leave, Payroll returns the leave to the donor in inverse reverse order of receipt. An employee can NOT bank donated leave for future use. Shared Leave is excluded from vacation leave payoff.

An employee may receive up to 480 hours of Shared Leave per calendar year.

Employees will NOT solicit, offer, or receive monetary or other compensation or benefits in exchange for donating vacation leave hours.

5. Restrictions Applied to the Use of Shared Leave

Employees using Shared Leave will continue their eligibility for benefits (healthcare, leave accruals) in accordance with Intercity Transit's Policies and Rules based on the number of paid leave hours. If the reason for Shared Leave qualifies under the Family Medical Leave Act (FMLA), Shared Leave will run concurrently with FMLA hours.

~~An employee receiving "Shared Leave" gives up all rights, interest or benefits, except paid time off, from the shared leave.~~

Shared Leave hours will NOT extend a medical leave of absence otherwise designated as leave without pay.

6. Shared Leave Terminates Under Certain Circumstances

Shared Leave shall terminate if:

- The employee no longer meets the criteria for receiving Shared Leave under section 1, or
- The employee receives the maximum allowed donated hours (480 hours).

7. Leave Donations Remain Confidential

The name of the employee and the amount of leave hours donated remain confidential.

Effective: December 6, 2002

Page: 1 of 1

Cancels: New

PROCEDURE-HR-3501

See Also: Policy HR-3501; Form HR-3501-A; Form HR-3501-B

Approved by: _____

Director or Designee

Written by: Wendy Hill

APPLYING FOR SHARED LEAVE

Action By:

Action:

Employee

1. **Completes** Leave Request Form (FORM-HR-3501-A) and **forwards** the form, along with a completed Intercity Transit Certification of Health Care Provider, to Human Resources

Human
Resources

2. **Verifies** employee eligibility.
 - 2a. If request is denied, **notifies** applicant of decision.
3. **Notifies** all employees regarding the need for donated leave.



Employee Shared Leave Request Form HR-3501-A

"Refer to Policy-HR-3501"

TO BE COMPLETED BY REQUESTING EMPLOYEE

Employee Name: _____ Employee #: _____

I wish to request Shared Leave in accordance with the Intercity Transit Shared Leave Program because:

☐ I am suffering from a "serious illness or injury," which is FMLA qualifying, and it has caused me or I am likely to go into a leave without pay status.

☐ My spouse, registered domestic partner, "designated other" or "child" who is suffering from a "serious illness or injury" which is FMLA qualifying and it has caused me or I am likely to go into a leave without pay status.

Indicate Full Name Family Member: _____

Indicate Relationship to Employee: _____

Additional Questions:

Please specify the time period you will need Shared Leave:

From _____ (date) to _____ (date)

Have you submitted FMLA medical certification to the Human Resources Department? ☐ Yes ☐ No

Terms and Conditions:

- I understand that I must have depleted all vacation and sick leave balances and comp time balances in accordance with applicable labor agreement and/or agency policies in order to be eligible for Shared Leave.
- I understand that I must NOT be eligible to receive worker's compensation benefits, unemployment insurance benefits, Long-Term Disability Insurance Part B Optional benefits or other disability benefits (including voluntary employee-paid disability benefits).
- I will NOT solicit, offer, or receive monetary or other compensation or benefits in exchange for the donation of vacation leave hours.
- I understand that Shared Leave will terminate if I no longer meet the eligibility requirements for Shared Leave or I receive the maximum allowed donated hours (480 hours) in a calendar year.
- I understand that if Shared Leave is not donated to me I will be in a leave without pay status after I have exhausted all of my own accrued leave.
- I understand any Shared Leave donated and not used by me will be returned to the donating employee.

EMPLOYEE CERTIFICATION:

By my signature below, I certify the information I provided is true, accurate and complete. I also agree to comply with the Shared Leave Program rules and procedures.

Signature

Date



**Employee Shared Leave
Request Form HR-3501-A**
"Refer to Policy-HR-3501"

To be completed by HR - Shared Leave Decision Worksheet

Completed request provided (Shared Leave Request Form & FMLA Medical Certification)?

☐ Yes ☐ No

Date employee will deplete or is anticipated to deplete all vacation, sick and comp time balances:
_____ (date)

Is employee disqualified because of their current Introductory, Probationary or Temporary Status?

☐ Yes ☐ No

Shared Leave donations received in current calendar year: _____ hours.

Is employee disqualified because they are eligible for the one or more of the following Benefit Programs?

☐ Yes ☐ No

- Unemployment Insurance
- Worker's Compensation
- Optional LTD
- AFLAC Benefits
- Other Disability Benefits

Employer Certification

☐ Shared Leave is **approved** beginning _____ and ending
_____ **up to** _____ hours (480 max minus Shared Leave donations to date).

☐ Shared Leave is **denied** because:

Human Resources Signature

Date

c: Employee
Payroll



**Employee Shared Leave
Donation Form HR-3501-B**
"Refer to Policy-HR-3501"

Shared Leave Donation Form

To be completed by Employee donating hours - Route to Payroll Office

Employee Name: _____

Employee #: _____

I authorize Intercity Transit, under the outlined conditions, to transfer the portion of my vacation leave indicated below to the recipient's donated shared leave bank.

Conditions:

- *All vacation leave donations are strictly voluntary.*
- *Vacation hours donated cannot reduce an employee's vacation leave balance to less than forty (40) hours.*
- *Donated leave will be calculated using the donating employee's hourly base pay rate to determine the equivalent leave amount for the requesting employee.*
- *The hours are donated to an approved recipient.*
- *Employees will NOT solicit, offer or receive monetary, other compensation or benefits in exchange for donating vacation leave hours.*
- *An employee receives Shared Leave in the order of receipt. If the employee no longer needs the leave, Payroll returns the leave to the donor in reverse order of receipt.*

Donation To: _____
(Name of Recipient)

Number of Vacation Hours Donated: _____

Employee Signature

Date