LEAVE DONATION FORM

NEW ENGLAND HEALTH CARE EMPLOYEES UNION
DISTRICT 1199 SEIU NP-6 & P-1
LEAVE DONATION PROGRAM

CONTACT PERSON:

_____ _____ _____

(Name of Person Initiating Donation Request) Phone Number Alternate Phone Number

I. PERSON TO RECEIVE LEAVE

_____

(Last Name) (First Name) (MI)

_____

(Employee Number)

STATE AGENCY:_____

OFFICIAL JOB TITLE: _____

DATE: _____

II. DONOR INFORMATION: (To be completed by Donor)

_____

(Last Name) (First Name) (MI)

_____

(Employee Number)

STATE AGENCY:_____

OFFICIAL JOB TITLE: _____

DATE: _____

CURRENT LEAVE BALANCES: **Vacation Hours____, Sick Leave Hours____ PL Hours _____**

TYPE OF LEAVE DONATED: **VACATION HOURS_____, SICK HOURS_____ OR PERSONAL LEAVE HOURS _____ TOTAL HOURS DONATED_____**

The minimal amount of leave donation allowable is one day (or the equivalent hours), which shall be the length of the standard work day for the leave donor (e.g. 7 hours per day). *The maximum number of days of sick leave that can be donated by an employee is five (5) days per calendar year*.

CERTIFICATION

I _____hereby certify that this request is made voluntarily. I was not coerced, intimidated into donating leave. By signing, I hereby relinquish all rights to the leave shown as donated above and the benefits accruing to or attached to the same. I understand and agree that the donated time shall not be returned to me even if the employee to whom it was donated returns to work before exhausting all donated time.

_____ _____

(Donor's Signature) (Date)

LEAVE DONATION GUIDELINES

1. To be eligible to receive leave donations, the employee must have achieved permanent status and have six (6) months of service.
2. The absent employee must have exhausted all of his/her accrued paid time and otherwise be on leave without pay status.
3. A request to donate leave time may be initiated by the Union or a group of employees; it should not be generated by an individual on his or her own behalf. The request should be directed to the agency/facility head or designee.
   A donation request can be initiated before the recipient exhausts all accruals, but should not be submitted until the pay period that the exhaustion of such leave is expected to occur.
4. Once the Leave Donation Forms are compiled, they should be submitted to the agency head or designee along with a summary denoting:
   A. the name of the employee to whom the leave time is being donated;
   B. the names of employees who are willing to donate; and
   C. the number of sick, vacation and /or personal leave days being donated by each employee.
5. Donation of leave may occur between NP-6 and P-1 bargaining unit members.
6. Donations may occur between different employing agencies for employees in the NP-6 and P-1 bargaining units.
7. Donation shall be made only in minimum units of one day (or the equivalent hours), which shall be the length of the standard work day of the **donating** employee (e.g. 7 hours or 8 hours).
8. Requests to donate leave shall be forwarded to the agency head or designee along with:
   A. the absent employee's name and official job classification;
   B. the absent employee's length of service;
   C. the absent employee's sick leave record for the current and previous year;
   D. the current medical certificate stating the nature of the illness, the prognosis and the probable date when the employee will return to work.
9. The agency head or designees shall review all requests for compliance with the collective bargaining agreement and notify the employee of approval (or denial). Requests which involve donations between agencies shall be reviewed by both agency heads (or designees).If the request to donate is leave approved, the donated days will be transferred to the sick leave account of the absent employee. The actual transfer will occur on the date upon which the absent employee exhausts all accrued leave time. If the donation is contributed into a different agency/payroll, written confirmation must be received indicating that the time has been deducted from the donating employees before the time is credited to the absent employee.
10. The absent employee may use the days in the same manner as any other sick leave, including the "pay-off" of previously advanced sick leave days (as provided in Regulation 5-247-5). The donated time will remain as accrued sick leave for the absent employee and shall not be returned to the donating employees even if the absent employee returns to work before exhausting all of the donated time.

III. VALIDATION-- To Be Completed By Recipient's PAYROLL DEPARTMENT

[All Leave Before Donation_0_ hrs] [Hours Donated _____#hrs] [New Leave Balance _____#hrs]

FOR PAYROLL PERIOD BEGINNING: _____

Reviewed By: _____
(Payroll Department Representative) (Date)

1st Agency Head or Designee_____
(Signature) (Date)

2nd Agency Head or Designee_____
(*If Required*) (Signature) (Date)

APPROVED: Yes [ ] No [ ] Date Employee Notified:_____