

## Leave Donation Policy

### Policy Statement

Town of Clayton recognizes that employees may have a family medical emergency or be affected by a major disaster, resulting in a need for additional time off in excess of their available sick time. To address this need, all eligible employees will be allowed to donate accrued paid sick leave hours from their unused balance to their co-workers in need of additional paid time off, in accordance with the policy outlined below. An eligible employee will be defined as a full-time employee with a sick time accrual of at least ten (10) hours. This policy is strictly voluntary.

### Eligibility

Employees must be employed with Town of Clayton for a minimum of one year to be eligible to donate and/or receive donated sick time.

The recipient employee must be a full-time employee working over 1,250 hours annually.

The recipient employee must have exhausted all paid leave at the time of donation.

An employee who has active discipline due to attendance issues or is not meeting attendance expectations on the performance evaluation may be deemed ineligible for participation in this program.

### Guidelines

Employees who would like to make a request to receive donated sick time from their co-workers must have a situation that meets the following criteria:

***Medical emergency***, defined as a medical condition of the employee or an immediate family member that will require the prolonged/extended absence of the employee from duty and will result in a substantial loss of income to the employee due to the exhaustion of all paid leave available. An immediate family member is defined as a spouse, child or parent.

### Donation of Sick/Personal Time

- The donation of sick time is strictly voluntary.
- The donation of sick time is on an hourly basis, without regard to the dollar value of the donated or used leave.
- The minimum number of sick hours that an eligible employee may donate is 4 hours per calendar year; the maximum is 40 hours or no more than 50 percent of the employee's current balance.
- Employees cannot borrow against future sick time to donate.
- Employees who are currently on an approved leave of absence cannot donate sick time.
- Donated leave is irrevocable, meaning that once it is donated it will not be returned to the donor-employee.

## **Requesting Donated Sick/Personal Time**

Employees who would like to request donated sick/personal time are required to complete a Donation of Sick Time Request Form and submit it to human resources.

Requests for donations of sick time must be approved by the Town Board.

If the recipient employee has available sick time in his or her balance, this time will be used prior to any donated sick time. Donated sick time may only be used for time off related to the approved request.

Employees who receive donated sick time may receive no more than 480 hours (12 weeks) within a rolling 12-month period.

Recipients may not bank leave donations.

Any donated leave is taxable to the recipient. The dollar amount of any donated leave will be added to the recipient's W2 as income.

Nothing in this policy will be construed to limit or extend the maximum allowable absence under the Family and Medical Leave Act.

As of December 14, 2022 this policy replaces and supersedes any previous policies, or unwritten policies or practices covering the same subject.

This policy was approved by the Town Board at a regular board meeting on December 14, 2022.

## Sick Leave Donation Form

**INSTRUCTIONS:** This form is used by employees to donate unused sick leave hours to the sick leave pool. Human Resources are responsible for deducting the donated hours from the employee's sick leave balance.

Donating Employee Information	
First Name (Please print)	Last Name (Please print)
Total number of hours of sick leave to be donated: _____	
I, the undersigned employee, understand <ul style="list-style-type: none"><li>• my donation is strictly voluntary</li><li>• my sick leave balance will be reduced by the specified number of hours stated above</li><li>• this decision is irreversible as of the date this form has been signed by the department head or designee</li></ul>	
_____	_____
Donating Employee signature	Date
Employee's Supervisor	
I certify that this employee has available the amount accumulated sick leave to be donated as stated above. I authorize Human Resources to transfer up to the total hours above to the Recipient Employee's sick leave records.	
_____	_____
Employee Supervisor or Designee signature	Date
HUMAN RESOURCE OFFICE USE ONLY	
I certify that this employee's sick leave balance has been reduced by the above hours of _____. The employee has _____ sick leave hours remaining.	
_____	_____
Human Resources signature	Date

cc: Donating employee  
Supervisor or designee