

Section 6: Leave

Policy #3: Voluntary Shared Leave

Effective Date: July 1, 2011

I. Purpose

The purpose of this policy is to allow an employee to assist another employee who has a prolonged medical condition and has exhausted all available paid leave that would otherwise force the employee to be placed on Family or Medical Leave without pay, resulting in a loss of income.

II. Scope

This policy shall apply to all persons holding a regular full-time or regular part-time paid position as an employee of the Town, except the Town Manager, Town Attorney, a member of any appointed or volunteer board or committee, or any others that may be hired or appointed by the Town Board. For this purpose, and subject to the exceptions set out herein, Town employees shall be defined as those employees in departments and offices for which the Town Board serves as the final budget authority.

III. Background

None

IV. Definitions

Immediate Family – an employee’s spouse, child, parent and any other dependents residing in the employee’s household.

Prolonged Absence – Twenty (20) consecutive workdays.

V. Legislation

None

VI. Policy

An eligible employee may donate vacation leave, as outlined below, to an employee who has been approved to receive voluntary shared leave because of a medical condition of the employee or of a member of the employee’s immediate family that will require the employee’s absence for a prolonged period of time.

VII. Provisions

A. Eligibility

i. To Receive

Only regular full-time and regular part-time employees who have less than ten days of sick and vacation leave combined are eligible to receive donated leave.

ii. To Donate

Only regular full-time and regular part-time employees are eligible to donate leave.

B. Qualifying Conditions

i. Prolonged Medical Condition: A prolonged medical condition is one that requires an employee's absence from duty for a prolonged period (at least 20 consecutive work days).

The 20-day requirement may be satisfied if the employee has had previous absences for the same condition as that for which Shared Leave is currently being requested; or if the employee has had a different but prolonged medical condition within the past 12 months.

In either case, a "Certification of Health Care Provider Form" completed and signed by a health care provider, listing the condition, prognosis, and the estimated time for treatment or recovery is required as part of the application process. Previously approved FMLA paperwork may be used to satisfy this requirement.

ii. Birth of a Child: The period of actual physical disability as a result of pregnancy and childbirth, as certified by a physician, is a condition covered by this policy. Eligibility also may be extended for complications related to the pregnancy and delivery. Both parents are eligible for Shared Leave for the period of disability of the mother, and the physician's statement must specify the anticipated period of disability.

NOTE: Although an employee may receive up to 12 weeks of Family & Medical Leave for birth, adoption or foster care placement, only the period of actual physical disability as a result of pregnancy or childbirth is covered under the Voluntary Shared Leave Policy. The additional "bonding time" allowed under FMLA is not eligible for Shared Leave coverage.

C. Non-Qualifying Conditions

Shared Leave will not ordinarily apply to short-term or sporadic conditions or illnesses. Each case must be examined and decided based on its conformity to policy intent, and must be handled consistently and fairly. Examples of non-qualifying conditions include, but are not limited to, conditions such as:

- short-term or sporadic occurrence of allergies
- short-term or sporadic absences due to contagious disease
- short-term or sporadic medical or therapeutic treatments
- an occupational illness or injury covered by the North Carolina Workers' Compensation Act.

D. Approval

Employees who desire to use shared leave must apply to the Town Manager via the Department of Human Resources by submitting an Application for Participation. Application may also be made by a third person acting on the employee's behalf. Employees who desire to donate leave must fill out a Donation of Leave Form. The Town Manager will approve or disapprove all requests and donations.

E. Departmental Responsibilities

During and after the Shared Leave period each department is responsible for initiating personnel actions when a Shared Leave recipient exhausts all leave.

F. Restrictions

- i. All leave donations must be made to a designated employee approved by the Town Manager for receipt of donated leave and may not be made to a pool or bank.
- ii. All donations shall be in writing and signed by the employee. The employee to receive the donations of leave shall be named and the amount of donated leave shall be specified.
- iii. A donating employee may not reduce his or her vacation leave balance below 10 days.
- iv. Leave transferred under this program is available for use on a current basis, or may be retroactive for up to 30 calendar days from the date the recipient's application is approved by the Town Manager. The leave is always applied to the first available unpaid day.
- v. The employee must exhaust all accrued compensatory time, holiday, vacation, and sick leave balances before using any donated Shared Leave.

- vi. The donating employee may not receive compensation in any form for the donation of leave. Acceptance of remuneration for donated leave may result in dismissal.
- vii. Donations will be made at the sole discretion of the employee. The Department of Human Resources will notify Town employees about the need for shared leave upon approval of the person requesting leave. No donations will be solicited or coerced by another employee. Solicitation or coercion for leave may result in dismissal.
- viii. This policy does not apply to incidental and/or short-term medical conditions. In addition, the policy is not intended to circumvent the requirement of management to have duties performed, or limit management's right to deny a request for leave without pay.
- ix. Donated leave cannot replace leave already used by the employee.

G. Use of Leave

- i. An employee may normally receive no more than 60 days of donated leave in a 12 month period, either continuously or for the same condition on a recurring basis. After the 60 work days have been exhausted, the Town Manager may extend the limit on a month-to-month basis for up to 12 months.
- ii. All donated leave must be used in half day or full-day increments. Leave will not be used on an intermittent basis.
- iii. Employees will be considered to be in a paid status during use of donated leave. Because an employee remains in pay status while on Shared Leave, he/she continues to accrue vacation and sick leave provided she/he remains in a paid status. This leave must be exhausted as it is earned.

VIII. Authorization

Approved by:

Erskine Smith
Town Manager

July 1, 2011
Date

TOWN OF MOORESVILLE VOLUNTARY SHARED LEAVE APPLICATION FOR PARTICIPATION

Employee's Name: _____ Employee #: _____

Job Title: _____ Department: _____

Circumstances Requiring the Need for Additional Leave:

Estimated Amount of Time Needed in Hours: _____

Have You Applied for FMLA? _____ If yes, when? _____

I authorize the Town of Mooresville's Human Resources Department to make known my need for additional leave. Only general information about my condition is to be released.

Signature

Date

NOTE: Medical certification must be received by the Department of Human Resources prior to the approval of shared leave.

APPROVAL:

Town Manager's Signature

Date

TOWN OF MOORESVILLE VOLUNTARY SHARED LEAVE DONATION OF LEAVE FORM

Employee's Name: _____ Employee #: _____

Job Title: _____ Department: _____

Number of Vacation Leave Hours Being Donated: _____

Number of Vacation Leave Hours Left in Leave Account After Donation: _____

Recipient's Name: _____ Department: _____

I authorize the Town of Mooresville to deduct the number of vacation leave hours specified above from my leave account balance and to apply them to the above named recipient's account.

Signature

Date

APPROVAL:

Town Manager's Signature

Date