

Department of Human Resources
 University of Maryland, Baltimore County
 1000 Hilltop Circle
 Administration Building, 5th Floor
 Baltimore, Maryland 21250

GENERAL INFORMATION: 410-455-2337
 FAX: 410-455-1064
 VOICE/TTY: 410-455-3233
www.umbc.edu

UMBC POLICY FOR EMPLOYEE LEAVE DONATION PROGRAM UMBC #VII-7.11.01

This policy governs the donation and use of donated leave and applies to regular exempt and eligible non exempt employees. Employees with a serious and prolonged medical condition may receive donated leave from UMBC's Employee Leave Donation Program. For the purpose of these guidelines, "serious and prolonged medical condition" means a health condition that requires continuing treatment by (or under the supervision of) a licensed health care provider for a chronic or long-term health condition.

Employees requesting leave donation must meet the following criteria:

The employee must:

1. be a regular exempt or non-exempt employee, excluded from the Collective Bargaining Unit;
2. have completed six months of continuous USM service;
3. have completed an original probation period, of applicable;
4. have exhausted all other types of accrued/earned leave (sick, annual, personal and compensatory);
5. have requested and exhausted Advanced Sick Leave; and
6. have a satisfactory record of sick leave usage and work performance.

Leave donation is **not** an entitlement. The granting of requests for leave donation shall be at the discretion of the Department of Human Resources.

Types of Leave That May be Donated

An eligible employee may donate unused annual, personal and sick leave to another employee. However, sick leave may be donated to another employee **only** if the donating employee has a sick leave balance of at least **240 hours** after the donation has been made. Donated leave may not be applied to pay off the balance of any advanced leave previously used by an employee who receives donated leave.

Donating Leave to Another Employee

A form provided by the Department of Human Resources shall be used by employees participating in the program. Upon completion of the specified form by the donating employee and the receiving employee, the form should be submitted to Department of Human Resources. The Department of Human Resources shall determine:

1. whether the donating employee has the amount of annual or personal leave the employee wishes to donate;
2. whether the donating employee will have a sick leave balance of at least 240 hours of sick leave after donation;
3. whether the receiving employee has exhausted all available annual, personal, sick, and compensatory leave;
4. whether the receiving employee has requested and exhausted advanced sick leave;
5. whether the donated leave will be used for an illness or disability of the receiving employee which is the result of a serious and prolonged medical condition that existed at the time the leave was donated;

6. whether there is sufficient medical documentation to establish that the receiving employee has a serious and prolonged medical condition;
7. whether the amount of leave being donated, when combined with all other forms of paid leave, will not be used for a continuous period that exceeds 16 months; and
8. whether the receiving employee has not, through intimidation, threat, or coercion, interfered with or attempted to interfere with the right of another employee to contribute or not contribute, receive or use donated leave, promised to confer or conferred an appointment, promotion, compensation, or other benefit, or effected or threatened to effect a reprisal, including the deprivation of an appointment, promotion, compensation, or other benefit in connection with the rights of another employee to contribute, receive, use or donate leave.

If these conditions are satisfied, the Department of Human Resources will arrange for the appropriate adjustments to be made to the donating and receiving employee's leave balances and notify each employee. If the Department of Human Resources finds that these conditions have not been satisfied, the employee shall be denied the use of the donated leave.

Policy Statement on Intimidation, Threats and Coercion

An employee may not request a leave donation from another employee when the person making the request, or on whose behalf the request is made, works in a supervisory capacity over the employee from whom the leave is being requested or is in a position to cause or directly influence the imposition of disciplinary action or some other form of reprisal to be taken against that employee. In such situations, the ability of one employee to exact punishment or a reprisal against the other employee makes the request inherently coercive, threatening or intimidating and any donation inherently suspect as involuntary.

An employee may not request a leave donation from another employee when the person making the request, or on whose behalf the request is made, has the authority to give, or directly exert influence over the giving of a promotion, appointment, or any other benefit to the employee from whom the leave is being requested.

The Department of Human Resources may post notices when USM employees would like to receive leave donations from fellow employees, as long as all eligible employees are given the opportunity to receive donated leave.

Should you have any questions concerning these guidelines, contact the Department of Human Resources at extension 5-2337.

Policy Number: VII-7.11.01

Policy Section: Human Resources

Responsible Administrator:

Responsible Office:

Approved by President:

Originally Issued:

Revision Date:

UMBC REQUEST FOR EMPLOYEE LEAVE DONATION

PART I: Employee Making the Leave Donation

Name:		Social Security No:	
Department:	Employee Signature:		Date:
TYPE OF LEAVE DONATED:			
Annual Leave Hours:	*Sick Leave Hours	Personal Leave Hours:	
*If donating sick leave, the amount endowed when deducted must result in a new balance of at least 30 days (240 hours). Staff represented by or a participant in the Collective Bargaining Unit may not donate nor receive leave donation.			
CERTIFICATION BY DIVISION HEAD OR CHAIRPERSON (Must be completed within 7 days of receipt of this form)			
I, _____, the _____ for the employee making the donation, hereby certify that the employee will have a sick leave balance of at least 240 hours after making the donation.			
Name (Please Print): _____		Signature: _____	Date: _____

PART II: Employee Receiving the Leave Donation

Name:		Social Security No:	
Department:	Employee Signature:		Date:
CERTIFICATION BY EMPLOYEE RECEIVING LEAVE DONATION (Must be completed within 14 days of receipt of this form)			
I, _____, hereby affirm that I have attached the required medical documentation (as specified in the UMBC Sick Leave Policy for Exempt and Non Exempt Employees) and am not represented by or a participant of the Collective Bargaining Unit as outlined in the University's Memorandum of Understanding (MOU) and Leave Donation Policy. I understand that I may not use the donated leave for any continuous period that when combined with all other forms of paid leave, exceeds 16 months. I also understand that I must comply with all requirements established by the Department of Human Resources for the use of earned sick leave.			
Signature: _____		Date: _____	
CERTIFICATION BY DIVISION HEAD OR CHAIRPERSON (Must be completed within 7 days of receipt of this form)			
I, _____, hereby certify that I am the _____ for _____ (name of department) and determined that the employee has satisfied the requirements for using the donated leave.			
Name (Please Print): _____		Signature: _____	Date: _____

PART III: To Be Completed by Human Resources

HR Review			
Confirmed: <input type="checkbox"/> Service Date <input type="checkbox"/> Employment Status <input type="checkbox"/> Prior leave request(s)			
Current Leave Status of Recipient: As of _____			
Annual: _____	Sick: _____	Personal: _____	Comp.: _____ Other (Please Specify): _____
Notes: _____			
Reviewer's Signature: _____		Date: _____	
<input type="checkbox"/> Approved <input type="checkbox"/> Not Approved--Give Reason _____			
Signature of Human Resources' Designee: _____		Date: _____	
Rev.05010			