

Wayne State College

Shared Leave Donation Form (effective July 1, 2011)

Name _____
(Please print)

The Shared Leave Pool is a bank of donated time off that may be used for employees who face serious medical conditions and have exhausted their sick, vacation, and compensatory time off. A committee comprised of the Director of Human Resources, the Payroll Manager, one support staff member, one tenured faculty member, and one professional staff member will determine whether or not a request for leave donations should be approved, and if so, how many days of crisis leave should be granted. The identity and condition of recipients will be confidential.

Professional staff may contribute accrued vacation or one (1) day of accrued sick leave per calendar year to benefit another employee at the same College who is suffering from a catastrophic illness.

Support staff may contribute accrued vacation leave or compensatory hours to benefit another employee at the same College who is suffering from a catastrophic illness. Vacation leave or compensatory hours may be donated in no less than one (1) day increments.

Faculty may contribute one (1) day of accrued sick leave per calendar year to benefit another employee at the same College who is suffering from a catastrophic illness.

In either case, the donation may not cause the donor's leave balance to fall below 50% of the donor's annual accrual. Donations are transferred on a day-by-day basis, regardless of differing pay rates.

Donations are reflected as a deduction from the leave balance of the donor employee when the Shared Leave Donation Form is received by Human Resources.

For Professional Staff:

I wish to contribute _____ day(s) of vacation to the Shared Leave Pool.

I wish to contribute one day of accrued sick leave to the Shared Leave Pool. _____

Signature of Donor _____ Date _____

For Support Staff:

I wish to contribute _____ day(s) of vacation to the Shared Leave Pool.

I wish to contribute _____ day(s) of compensatory hours to the Shared Leave Pool.

Signature of Donor _____ Date _____

For Faculty:

I wish to contribute one day of sick leave to the Shared Leave Pool.

Signature of Donor _____ Date _____

Once processed and transferred, donations are irrevocable. This program will be administered in accordance with the 2011-13 NAPE (Section 19.8); 2011-13 NSCPA (Section 14.5); and 2011-13 SCEA (Section 11.14) and Board Policy 5102, 5103 and 5104 . Please refer to the policy for more information.

**Please forward to the Human Resources/Payroll Office
(Any questions, call 402-375-7403)**