



Clinton County

Clinton County Leave Donation Policy

PURPOSE

Clinton County recognizes that employees may have a family medical emergency but not enough leave time to be paid during their FML (Family Medical Leave). To address this need, all eligible employees will be allowed to donate accrued vacation, comp-time, wellness, or personal day leave hours from their unused balance to their co-workers in need of additional paid time off, in accordance with the policy outlined below. This policy is strictly voluntary.

DEFINITION

- A. “Employee” means a full-time or regular part-time employee as defined in the Clinton County Employee Handbook. Employee must be eligible and approved for FML.
- B. “Recipient” means an employee who is receiving donated leave
- C. “Donor” means an employee who is donating leave to a Recipient.
- D. “Immediate family member” means the employee’s child, parent, or spouse as defined by the Family and Medical Leave Act.
- E. “Medical emergency” as defined by IRS “a medical emergency is one that requires an employee’s prolonged absence from work resulting in a substantial loss of income because the employee has exhausted all of his/her available paid leave.
 - An illness requiring prolonged hospitalization or recovery, but does not include chronic conditions requiring intermittent leave, nor does it include baby bonding.
- F. “Donated leave” means a Donor’s vacation, compensatory time, wellness, or personal day leave donated to a Recipient. Donated leave will be monetary benefit only. Recipient will not accrue vacation or sick leave benefits based on donated leave hours.

ELIGIBILITY

- A. Employees must be employed with Clinton County for a minimum of one year to be eligible to donate and/or receive donated leave time.
- B. Those receiving donated leave time must be on an approved FML and fulfill the IRS regulation of a medical emergency.
- C. The Recipient must have exhausted or will exhaust within two weeks all his /her leave time including sick leave, vacation, personal leave, wellness, and compensatory time.
- D. The Recipient has not exhausted all of their 480 FML hours. Donations cannot be used to extend past 480 hours of FML leave.
- E. Has submitted a completed *Request Donation Leave Time Form* from their Department Head to the HR Director.
- F. All departments who adhere to the Clinton County Handbook may donate to each other. The Sheriff union staff, due to contractual agreements, cannot take part in this policy at this time. (Their contract would need to reflect this agreement and as of 9/2021 it does not).

PROGRAM REQUIREMENTS AND PROCEDURE

- A. Employees who would like to request donated leave time are required to complete a *Request for Donation of Leave Time Form* and submit it to their Department Head/Elected official for notification and to HR for approval.
 - If an employee would like to nominate someone to receive donations they may submit the *Leave Donation Nomination Form* to either the Department Head or Elected Official or the HR department.
 - That Department Head/Elected official will submit to HR Director for approval and verification of active status of FML and verify with Payroll the amount of leave remaining in the Requester's leave banks.
- B. If approved, the HR Director will send an email to all staff a Notice of Opportunity to Donate Leave for Catastrophic Illness that includes Recipient's name, Department, and the estimated amount of leave time needed to cover the remainder of approved FML.
 - Requests to Receive Donated leave necessitate the release of a limited amount of personal information. Employees requesting to receive donated leave shall waive any and all privacy rights or interests necessary to disseminate a Notice of Request to Receive Donated Leave to Clinton County employees setting forth the name of the person requesting to receive donated leave, the county department in which they work, and the amount of donated leave anticipated to be needed.
 - Donated leave is not to be used to extend approved FML past 480 hours.
- C. Donated hours are strictly voluntary. The Recipient, coworkers, or Department Head/Elected Official may NOT solicit donation hours from others as this may cause an uncomfortable work environment.
 - If solicitation for donated hours occurs, that person may be disciplined up to and including termination.
 - If solicitation occurs from the requester, the right to receive donated time will be terminated.

- D. Donors may donate in increments of 4 hours not to exceed 40 hours and 50% of their leave banks (vacation, personal, wellness, compensatory time).
- E. Donors must submit a *Leave Waiver and Donation Authorization Form* indicating amount of leave time they wish to donate and submit to the Auditor's office (Payroll)
- F. Donations shall be used in the order they were donated according to the date and time the *Leave Waiver and Donation Authorization Form* was submitted to the Auditor's office.
- G. Donations may only be used for current pay periods (no reimbursements for past pay periods will be allowed)
- H. A donation of leave may not be revoked once the Recipient accepts the donation and it is credited to the Recipient.
- I. The Recipient shall receive a straight exchange of leave hours for every leave hour donated. The Recipient will be compensated at their current rate of pay, not that of the Donor's.
- J. In the event of a resignation, death, reaching maximum FML hours, or termination of the Recipient, all unused donated leave will be returned to the Donor as long as the leave has not been expired by the passing of the Donor's hire date or vacation application date of January 1 (depending upon office/department of Donor). In the case that the donated leave was not used and cannot be returned to the Donor due to expiration of date, the leave will be forfeited.
- K. Confidentiality of each Donor will be maintained by HR and Payroll except to administer the donation or as required by law.
- L. After Donor leave has been utilized, payroll will complete the payroll portion of the *Leave Waiver and Donation Authorization Form* and send a copy to the Donor and a copy to HR to be added to the Donor's employee file.

Employee's signature: _____