

# WESTMORELAND COUNTY

## POLICY AND PROCEDURES

### Subject: Vacation Leave Donation

Policy Number: II.11

Effective Date: 8/16/2018

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#### I. POLICY

Westmoreland County employees may donate a portion of their earned vacation to another eligible employee suffering a personal catastrophic injury or illness. This policy is designed to establish a mechanism through which employees may donate earned vacation to another employee of Westmoreland County.

#### II. DEFINITIONS

**Catastrophic Illness/Injury** – A catastrophic illness or injury poses a direct threat to life or to the vital function of major bodily systems or organs and would cause the employee to take leave without pay, and/or lose health insurance creating a family hardship.

**Eligible Employee** – An employee is eligible to participate in this program provided they are eligible to earn vacation and sick leave when the illness/injury commenced.

**Vacation Day Donor** – An employee whose voluntary written authorization for a transfer of earned vacation days to be donated to an approved recipient is accepted.

**Recipient** – An employee who is receiving benefit days from eligible donors.

#### III. PROGRAM GUIDELINES

1. The earned vacation of one employee may be transferred for use to another employee who is in need of such time because of a catastrophic illness/injury.
2. An employee who has been approved to receive donated days will continue to earn benefit days (sick and vacation accruals) and paid holidays during this paid status. All insurances will continue while in paid status.
3. Donated vacation days will be converted to a monetary value by converting the donor's days to a dollar amount that is the equivalent of their hourly rate times the amount of hours donated. The entire monetary value of all donors shall be

divided by the recipient's hourly rate equivalent to the number of days to which they will be entitled. Only donations of full vacation days will be accepted. Donations of individual hours will not be accepted.

4. The donation of vacation days will be converted to sick day's and be placed in the recipient's sick day bank.
5. Recipients may receive up to sixty (60) donated days for absences due to a catastrophic illness/injury that is anticipated to last at least twenty (20) working days or more as specified by the treating physician. This will be verified by receipt of the U.S. Department of Labor Certification of Health Care Provider for Employee's Serious Health Condition (Family and Medical Leave Act) Form WH-380-E. These forms are available from the Human Resources Department.
6. The donated amounts paid to the recipient will be subject to the same deductions normally accrued sick days are subject to.
7. A deadline of two weeks from the initial request for donated days will be established. If requested and needed, a second request for donations will be announced. Under no circumstances will donated days be returned. If the employee returns to work, the days will remain in their sick day bank.
8. Recipients will not be informed of who has donated days.
9. No employee shall attempt to coerce or intimidate fellow employees into donating days.

#### **IV. ELIGIBILITY**

1. An eligible recipient is a full-time employee who is eligible to earn vacation and sick days and is beyond their probationary period.
2. Donated days may not be used for work-related injuries or illnesses, minor illnesses, minor injuries or impairments, sporadic short term occurrences of chronic non-life threatening conditions, short-time absences due to contagious diseases, or short term recurring medical or therapeutic treatments.
3. An illness or injury may be considered a serious health condition as defined by the Family and Medical Leave Act, but not be considered catastrophic or pose a direct threat of life.
4. The recipient of donated days must exhaust all of their available leave (vacation, personal days and sick leave) before utilizing donated days.

#### **V. PROCEDURE**

1. An employee or a designated representative may make a written application through their Department Head/Elected Official to the Human Resources Director.
2. Applications should contain the following information:
  - a. Employee Name, Employee Number, Job Title, Department
  - b. The name of the requestor if other than the employee

- c. Approximate number of days that the employee's treating physician is disabling them
  - d. A thoroughly completed Certification of Health Care Provider for Employee's Serious Health Condition Form signed by the treating physician.
3. Prospective recipients will provide Human Resources with written instructions as to how much information regarding their illness/injury they will allow to be released to co-workers who are being asked to donate days. These instructions will be signed and dated by the prospective recipient.

**VI. APPROVAL/DENIAL OF REQUEST**

Upon receipt of the application from the potential benefit day recipient, the Human Resources Department shall verify that all criteria have been met by the recipient. Approval or denial shall be communicated to the recipient within ten (10) days after the completed application is received by the Human Resources Department.

Westmoreland County reserves the right to rescind, change, modify, or terminate this policy at any time with or without notice.