




ADMINISTRATIVE GUIDELINE 15 SHARED LEAVE

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15.1 **PURPOSE**
 The purpose of this policy is to provide an opportunity for LOTT Alliance employees to come to the aid of fellow LOTT Alliance employees. LOTT Alliance employees want to join together to help fellow employees who suffer from, or have immediate family members suffering from, an extraordinary or severe illness, injury, impairment, or physical or mental condition which prevents the individual from working. Such circumstances cause great economic and emotional distress to the employee and his or her family. The problem may be exacerbated because the affected employee uses all his or her accrued sick leave and vacation and is forced to take leave without pay or terminate employment. Support of opportunities for employees to help co-workers in these circumstances benefits both employees and the LOTT Alliance.

15.2 **REFERENCE:** NA

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15.3 **APPLICATION**

This Administrative Guideline applies to all individuals employed by the LOTT Alliance unless shared leave provisions are established or prohibited otherwise by contract or statute (e.g., Union contract, individual employment contracts, or memorandums of understanding).

15.4 **POLICY**

It is the policy of the LOTT Alliance to provide an opportunity for LOTT Alliance employees to share leave with a fellow employee who is suffering from, or has immediate family members suffering from, an extraordinary or severe illness, injury, impairment, or physical or mental condition which prevents the individual from working and has caused or is likely to cause the employee to take leave without pay or terminate his or her employment. This policy will be administered according to the following guidelines.

15.5 **GUIDELINES**

15.5.1 **Qualifying Events to Receive Shared Leave:** The Executive Director may permit an employee to receive shared leave if:

- A. The employee suffers, or has an immediate family member (as defined herein) suffering from an illness, injury, impairment, or physical or mental condition which is of an extraordinary or severe nature and which has caused, or is likely to cause, the employee to take leave without pay or terminate his or her employment with the LOTT Alliance; and
- B. The employee has depleted or will shortly deplete his or her total of accrued vacation, sick leave, compensatory time, holiday time and/or other paid leave; and
- C. Prior to the use of shared leave, the employee has abided by the LOTT Alliance's sick leave policy; and
- D. The employee has diligently pursued and is found to be ineligible for state industrial insurance benefits or other disability benefits; and
- E. Sufficient funds exist in the Shared Leave Revolving Account; and
- F. The employee completes and submits the Certification of Health Care Provider Form (Appendix A), which provides appropriate medical justification and documentation both of the necessity for the leave and the time which the employee can reasonably be expected to be absent due to the condition.
- G. Under exceptional circumstances, as determined by the Executive Director, shared leave may be awarded to an employee who does not meet the criteria enumerated in this Section.

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15.5.2 **Application/Approval Process:** An employee must submit a request for Shared Leave through his or her immediate supervisor to the Executive Director. The supervisor should provide a letter to the Executive Director recommending approval or

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denial of the request, with factual information supporting the recommendation, as specified on the Shared Leave Request Form (Appendix B). The supervisor will then forward the information to **Payroll**, where a separate analysis of the employee's leave history will be conducted and forwarded to the Executive Director, along with the employee request and supervisor recommendation. The Executive Director will then decide whether, and to what extent, to award shared leave to the requesting employee.

- 15.5.3 **Amount of Leave Received:** The Executive Director will determine the amount of shared leave, if any, and employee may receive. The Executive Director may grant an initial shared leave of up to 320 hours. Upon expiration of the initial authorization, an employee may request additional shared leave increments of up to 160 hours. Each additional request for leave shall be subject to the same criteria as the initial grant of shared leave and the employee may be required to update the information supporting his or her request as necessary. Additional requests for shared leave will be awarded at the discretion of the Executive Director. No employee shall receive more than 1,440 hours of shared leave in any 5-year period.
- 15.5.4 **Status While on Leave:** While on shared leave an employee will continue to be classified as a LOTT Alliance employee and will receive the same treatment, with respect to salary and benefits, as the employee would otherwise receive if using his or her own leave, except the employee will not accrue or be eligible to receive paid leave such as vacation, sick leave or holiday leave. Accruals will stop the first day of a pay period an employees uses Shared Leave exclusively.
- 15.5.5 **Eligibility to Donate Leave:** In order to be eligible to donate vacation leave, an employee must have at least 80 hours of accrued vacation. Only vacation hours in excess of 80 may be donated. In order to be eligible to donate sick leave, an employee must have at least 240 hours of accrued sick leave. Only sick leave in excess of 240 hours may be donated. This policy shall not imply that sick leave that is not taken may be retained by an employee upon termination of employment.
- 15.5.6 **Donations Voluntary:** All donations of vacation leave are strictly voluntary, except in the following circumstances. Any hours of vacation that are in excess of the maximum accrued amount allowed under LOTT Alliance policy or labor agreements, and would otherwise go unused by the employee, will be automatically placed in the Shared Leave Revolving Account. Additionally, upon termination of employment from the LOTT Alliance, vacation hours in excess of the amount allowable for cash out, as well as all sick leave balances will be transferred to the Shared Leave Revolving Account.
- 15.5.7 **Immediate Family Defined:** For the purposes of this policy, immediate family is defined under FMLA guidelines. Under exceptional circumstances, the Executive Director may define "family" more broadly than FMLA guidelines for the benefit of a LOTT employee.
- 15.5.8 **Cancellation:** The Executive Director, in his or her sole discretion, may cancel this program upon 60 days' notice.

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15.6 PROCEDURES

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15.6.1 **Donation of Hours:** Employee may donate into the Shared Leave bank by requesting that **Payroll** deduct a specified amount of accrued vacation or sick leave. The employee must sign a Shared Leave Donation Form (Appendix C). Donations are allowed at any time.

15.6.2 **Shared Leave Revolving Account:** Upon the donation of hours, the funds associated with the employee's compensation, including benefits, will be transferred to a revolving account which will be maintained for the sole purpose of compensating departments for leave granted under this guideline.

15.6.3 **Aggregate Accumulation into the Shared Leave Revolving Account:** The maximum amount of accrual into the Shared Leave Revolving Account shall be equivalent to the total of 50 hours of leave, times the number of full-time LOTT employees as of January 1 of the current year. Upon reaching the maximum amount, no further sick or vacation leave, or payroll deduction contributions will be made until the Shared Leave Revolving Account is reduced to 90% of the maximum allowed, at which time contributions will resume at the same rate each employee had previously authorized. However, employees who have reached the maximum amount of individual accumulations of sick leave or vacation leave may, at their option, continue to donate their excess leave irrespective of the amount of leave accumulated into the Shared Leave Revolving Account.

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15.6.4 **Responsibility:**

- A. **Payroll, Human Resources, or others** as designated by the Executive Director, are responsible for the overall communication and administration of the Shared Leave policy.
- B. **Payroll staff**, or another person designated by the Executive Director, will direct the appropriate leave deductions from an employee's leave accruals and transfer funds to the Shared Leave Revolving Account.
- C. The Executive Director, or his or her designee if the Executive Director is unavailable, is responsible for approving the use of shared leave.


SHARED LEAVE PROGRAM
Certification of Health Care Provider

Employee Name

Patient Name (if different)

To qualify for benefits under the LOTT Alliance Shared Leave Program, a licensed health care provider must complete this form. For any questions regarding completion of medical certification, contact Human Resources at (360) 528-5720.

Please submit the completed form to Human Resources.

_____ Name of licensed health care provider	(_____) _____ Provider's telephone number	
_____ Name of medical practice or clinic		
_____ Mailing address		
(City)	(State)	(Zip)

By signing below, I indicate that the following is true of the patient named above:

The patient is suffering from an illness, injury, impairment, or physical or mental condition which is extraordinary or severe nature and which has caused, or is likely to cause the patient to be unable to work. The patient's medical condition or the necessary treatment, therapy, recuperation, or other medical intervention will require the patient to be absent from work as indicated (please select and complete one of the options listed below):

<input type="checkbox"/> This individual will be unable to work until this date: _____
<input type="checkbox"/> This individual will be able to work approximately _____ hours per week from _____ (start date) until _____ (end date)
<input type="checkbox"/> This individual will be unable to work until this date: _____ Then this individual will be able to work approximately _____ hours per week from _____ (start date) until _____ (end date)

Health Care Provider Signature

Date



SHARED LEAVE REQUEST FORM

Employee: To request receipt of donated leave from the Shared Leave Pool in accordance with LOTT Administrative Guideline #15, please complete the Employee Information section of this form and submit it to your immediate supervisor.

Employee Name	Individual with qualifying medical condition and relationship to employee
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To be eligible to receive shared leave, you must:

1. Be suffering from, or have a member of your immediate family (as defined under FMLA guidelines) suffering from an extraordinary or severe illness, injury, impairment, or physical or mental condition which prevents the individual from working.
2. Have depleted or will shortly deplete your total of accrued vacation, sick leave, compensatory time, holiday time and/or other paid leave;
3. Have abided by the LOTT Alliance's sick leave policy;
4. Have diligently pursued and found to be ineligible for state industrial insurance benefits or other disability benefits
5. Provide appropriate medical justification and documentation both of the necessity of the leave and the time which you reasonably expect to be absent due to the medical condition.

EMPLOYEE STATEMENT
I certify that I meet the requirements as stated above and that to the best of my knowledge, I am not eligible to receive time-loss benefits for work-related illness or injury. I have submitted to Human Resources a certificate from a licensed health care provider which describes the qualifying illness, injury or impairment, or physical or mental condition and anticipated duration of leave.

Employee Signature: _____ Date: _____

SUPERVISOR STATEMENT
I have reviewed the employee's request to receive shared leave.

I approve the request to receive shared leave. The employee has followed established leave policies and the use of shared leave is justified.

Supervisor Signature: _____ Date: _____

PAYROLL STATEMENT

Init. _____ Date: _____

The employee has followed established leave policies and adequate funds exist in the Shared Leave Revolving account.

Quantity of Funds in the Shared Leave Revolving Account: _____

Per hour rate for employee's leave _____ Total hours Available: _____

EXECUTIVE DIRECTOR APPROVAL

Amount of Shared Leave Granted (Initial authorization of up to 320 hours may be made) _____

Signature: _____ Date: _____

Please forward completed form to Payroll for processing.
 If you have any questions regarding the status of your request, please contact Human Resources (528-5720) or Payroll at 528-5715.



SHARED LEAVE DONATION FORM

Please read this information carefully before completing the donation form. If you have any questions, please call Human Resources at 528-5720.

Purpose:

The purpose of the LOTT Alliance Shared Leave Program is to enable employees to come to the aid of their coworkers. LOTT Alliance employees have chosen to join together to assist fellow employees who suffer from, or have immediate family members suffering from, an extraordinary or severe illness, injury, impairment, or physical or mental condition which prevents the individual from working. Such circumstances may cause great emotional and economic distress to the employee and his or her family. This may be exacerbated if the employee has used all available accrued leave and would otherwise be forced to take leave without pay or to terminate employment. Providing mechanisms for employees to help coworkers in these circumstances benefits both employees and the LOTT Alliance.

Guidelines for Donating Leave:

1. Only sick leave in excess of 240 hours may be donated to the shared leave pool.
2. Only vacation in excess of 80 hours may be donated to the shared leave pool.
3. Leave may be donated in any increment.
4. Leave may be donated by completing the form below and submitting it to Payroll (for further information contact Payroll at 528-5715).

Employee Name	Employee ID Number	Employee Telephone
<p>Please transfer my leave in the amount(s) indicated below to the shared leave account.</p> <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 45%;"> <p>Vacation _____ Hours</p> <p>Sick Leave _____ Hours</p> </div> <div style="width: 50%;"> <p style="text-align: center;">Check One Below:</p> <p>One-Time Donation <input type="checkbox"/></p> <p>Per Pay Period <input type="checkbox"/></p> </div> </div>		
<p>I voluntarily donate leave in the amount(s) indicated above. I understand that these hours will be deducted from my current leave balances and will be added to the Shared Leave Revolving Account to be administered in accordance with the LOTT Alliance Shared Leave Policy, Administrative Guideline #15.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%; border-top: 1px solid black; text-align: center;">Signature</div> <div style="width: 35%; border-top: 1px solid black; text-align: center;">Date</div> </div>		