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8.12 Compassionate Leave Donation Program

Saint Mary's College of California

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8.12 Compassionate Leave Donation Program

The Compassionate Leave Donation Program is a voluntary plan which allows staff members to donate sick leave to a leave donation pool to assist other employees who themselves are experiencing a serious illness or who are the primary caregiver for a seriously ill family member.

8.12.1 Eligibility – Recipients

- Must be employed in full-time staff position for at least one year.
- Must have used all of their own accrued sick and vacation hours.
- Must use donated time for own serious illness or to care for seriously ill immediate family members.

Section 8 – Benefits

- Must be in good employment standing with the College as determined by the Assistant Vice President of Human Resources or her/his designee
- Must complete application form and medical certification form.
- May receive a maximum of 80 hours of donated leave per calendar year.
- Will be paid at their current pay rate.
- If receiving income from California State Disability Insurance (SDI), will have benefits coordinated to the extent allowable by law.
- May not be receiving benefits from the College’s Long-Term Disability Plan.

8.12.2 Guidelines – Donors

A staff member donating sick leave hours must adhere to the following guidelines:

- Donations are limited to a maximum of 40 hours of sick leave per calendar year.
- Donations must be in increments of 7.5 hours or 8 hours, whichever is applicable.
- Donors must maintain a minimum of 90 hours in their sick leave balance.
- Donors must complete and sign a donation form authorizing Human Resources to deduct hours from their sick leave balance and donate them to the pool.
- Donations of sick leave, if made within 30 days of an employee’s final date of employment at the College, will not be effective.

8.12.3 Procedures

A request for compassionate leave donation must be initiated by the staff member in need. The employee must submit a Request for Leave form available in Human Resources, plus a completed Certification of Health Care Provider form used for Family Medical Leave requests, which must include a statement of the employee’s inability to work due to their own serious health condition or the need to be a primary caregiver for an immediate family member, the diagnosis and prognosis, including the anticipated return date.

Donated sick leave hours not used by the recipient for his/her current need will be returned to the pool.

8.12.4 Definitions

Serious Health Condition – A physical or mental condition that requires inpatient care or continuous treatment by a health care provider.

Immediate family member – Staff member’s spouse, son, daughter or parent (as defined by Family/Medical Leave Policy), or registered domestic partner.