

STANDARD PROCEDURE

CITY OF WILSON

PERSONNEL MANUAL

SUBJECT	NUMBER	EFFECTIVE DATE	SUPERSEDES	
Shared Leave Program	C-12	08/01/2024	8/2010	Page 1 of 4
Prepared By: Human Resources		Approved By: Will Aycock, Enterprise Services Director		

**1.0 Purpose**

To provide an opportunity for employees to request and receive accrued leave donations from other employees during periods of prolonged absences from work due to a non-work related personal injury or medical condition that results in the exhaustion of paid leave.

**2.0 Scope**

All permanent full-time employees are covered under this policy.

**3.0 Definitions**

- 3.1 **Permanent Full Time Employee:** An employee who has satisfactorily completed his/her initial twelve-month new hire probationary period. Note: A full twelve month period after hire is required for eligibility, even in cases where adjusted probationary periods are established at hire. Employees placed on extended probation will not be eligible until the probationary period has ended.
- 3.2 **Family and Medical Leave Act (FMLA):** A federal program that provides for unpaid time off allowances for illness and/or injury of up to twelve (12) weeks per applicable twelve-month period. (See City policy C-9: Family and Medical Leave).
- 3.3 **Extended Medical Condition:** A medical condition of an employee or an employee’s immediate family member (as defined by FMLA), which requires them to be absent from work for more than one pay period, as validated by the *FMLA Certification of Health Care Provider Form*.
- 3.4 **Non-work Related Personal Injury:** An injury sustained by an employee outside of work that renders the employee temporarily unable to perform the essential duties of his/her job and results in extended absence from work.

**4.0 Policy**

In cases of an extended medical condition or non-work related personal injury, an employee may request accrued leave donations from other City employees. Consenting employees may agree to have leave donations transferred from their accumulated sick, vacation and/or compensatory time leave balances to the sick account of the requesting employee.

**5.0 Procedures**

- 5.1 **Requesting Leave Donations**
  - 5.1.1 In order to be eligible to participate in the Shared Leave Program, the employee must first be approved for FMLA and an *FMLA Certification of Health Care Provider* form completed by a physician is required to be on file with Human Resources.
  - 5.1.2 Only permanent full-time employees may request leave from other full-time employees.
  - 5.1.3 Employees may request shared leave donations for a medical condition or non-work related personal injury resulting in absence from work that is expected to extend longer than one pay period.
  - 5.1.4 An employee must exhaust all of his/her accrued leave (sick, vacation and compensatory time) before being eligible to received leave donations from other employees.

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- 5.1.5 Employees must complete a *Shared Leave Request Form* (See Appendix A), have it approved and signed by their Department Head, and submit the completed form to Human Resources for processing.
  - 5.1.6 Upon receiving the signed Shared Leave Request Form, Human Resources will generate a shared leave email request and posting, requesting shared leave donations on behalf of the participating employee.
  - 5.1.7 Employees may not solicit leave directly from other employees under any circumstances. If such a violation occurs, the employee will no longer be eligible to receive shared leave for that incident.
  - 5.1.8 An employee may not receive more than 1,040 hours of donated time during their employment with the City of Wilson.
- 5.2 **Donating Leave**
- 5.2.1 An employee wishing to donate shared leave must complete a *Shared Leave Donation Form*. (See Appendix B attached).
  - 5.2.2 An employee donating shared leave must maintain an overall balance of 240 hours of paid leave after any donation.
  - 5.2.3 An employee donating shared leave may not receive payment for the leave that has been donated.
  - 5.2.4 Employees may only donate to specific employee(s) who have been approved to participate in the Shared Leave Program.
  - 5.2.5 Once an employee who has received donated leave returns to work full time, any unused leave will be returned to all donors on a pro-rated basis determined by Human Resources based on the number of donors and total unused time.
- 6.0 **Administrative Guidelines**
- 6.1 Human Resources staff will administrate the Shared Leave Program based on this policy, FMLA guidelines and City policy E-6: Transitional Duty Policy.
  - 6.2 Employees shall not be solicited or pressured to donate shared leave by the employee requesting leave, other employees, or supervisory personnel.
  - 6.3 The duration of participation in the Shared Leave Program for each individual occurrence will be determined by the applicable Department Head, in collaboration with Human Resources.

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Appendix A

Shared Leave Request Form

Employee Name \_\_\_\_\_ Employee ID # \_\_\_\_\_ Dept. #: \_\_\_\_\_

Shared Leave Request is for the following reason:

For my own illness \_\_\_\_\_ To care for a parent \_\_\_\_\_

To care for a spouse \_\_\_\_\_ The birth of a child \_\_\_\_\_

To care for a child \_\_\_\_\_ Adoption of a child \_\_\_\_\_

Amount of Leave Requested: \_\_\_\_\_

FMLA Forms Submitted

Medical Certification Submitted

Upon approval of the Department Head, I understand that the specific information above will not be disclosed and a general request for leave will be posted indicating a need due to “medical reasons.”

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Department Approval:

\_\_\_\_\_  
Department Head Printed Name

\_\_\_\_\_  
Department Head Signature

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Appendix B

Shared Leave Donation Form

Shared Leave Donor's Printed Name \_\_\_\_\_

Shared Leave Donor's Employee ID \_\_\_\_\_ Dept. # \_\_\_\_\_

I hereby donate a portion of my accrued leave from the following categories:

- Sick Leave \_\_\_\_\_ hours
- Vacation \_\_\_\_\_ hours
- Comp Time \_\_\_\_\_ hours

Total donated hours: \_\_\_\_\_

Donated To: \_\_\_\_\_  
(Shared Leave Participant's Printed Name)

In making this donation, I understand that:

- My donation is completely voluntary and confidential and should not be discussed with others.
- My accrued leave balance(s) will be reduced by the amount(s) contributed and once used for this employee, will not be available for payout/other use upon my voluntary separation, termination, and/or retirement.
- The combined total of my leave accruals cannot drop below 240 hours (six weeks equivalent) after the donation, or my donation will not be accepted.
- Any unused leave will be returned to me on a pro-rated basis (based on the total number of employees who donated to a particular individual) if the receiving employee returns to work without using all donations.

\_\_\_\_\_  
Donating Employee's Signature

\_\_\_\_\_  
Date

(Forward/Deliver signed form to Human Resources Only)