

TITLE: LEAVE DONATION POLICY

Employees [donor employees] are authorized to transfer accrued personal leave days to designated employees [recipient employees] under the following conditions:

1. A donor employee may transfer an unlimited number of accrued personal leave days to a spouse.
2. A donor employee may transfer up to ___ days of accumulated personal leave days per year to a recipient employee who is not the spouse of the donor employee.
3. All decisions to transfer accrued personal leave must be voluntary.
4. A donor employee must designate the recipient employee.
5. The recipient employee must be currently experiencing a “catastrophic medical emergency” [medical condition that incapacitates an employee or a member of the employee’s immediate family for whom the employee will provide care, which medical condition is likely to require the prolonged absence of the employee from duty and which will result in a substantial loss of income to the employee because the employee has exhausted all accrued personal leave, including leave awarded by a leave bank, or who has exhausted all accrued personal leave and who is ineligible for an award of additional leave from a leave bank]. The Superintendent, or the Superintendent’s designee, shall be the sole judge upon the question of whether an employee is experiencing a “catastrophic medical emergency.”
6. The recipient employee must require additional personal leave as a result of a catastrophic medical emergency.
7. Donated leave may not be used to qualify for or add to service for any retirement system administered by the state or to extend health insurance coverage provided by PEIA.
8. Donated leave shall be deducted from a donor employee’s accrued personal leave but shall not be deducted from personal leave available for use without cause if sufficient general personal leave days are available for donation.
9. Donated leave transferred to a recipient employee shall be credited on a day-for-day basis without regard to the hourly wage value of the leave.
10. Donated leave transferred to a recipient employee that is unused following the end of a catastrophic medical emergency (the end of a catastrophic medical emergency may be occasioned by the death of a recipient employee) shall be returned to the donor employee. The Superintendent, or the Superintendent’s designee, shall be the sole judge upon the

question of whether a catastrophic medical emergency has ended. In the event the donor employee is no longer employed upon a determination that a catastrophic medical emergency has ended, any unused donated leave shall be deducted from the recipient employee's accumulated personal leave.

11. An employee may not be coerced or compelled to contribute accumulated personal leave under the terms of this program.

12. A recipient employee is not eligible to receive donations of personal leave from other donor employee until the exhaustion of all donated personal leave.

13. A request to donate leave under this program must be submitted by completion of a form published for this purpose.

Review Schedule. This policy shall be reviewed in accordance with the policy review schedule published by the Superintendent.

Legal Authority: West Virginia Code §18A-4-10f

Board Adoption: July 21, 2014

REQUEST TO DONATE ACCUMULATED PERSONAL LEAVE

Name: _____

Recipient Employee: _____

Is the Recipient Employee Your Spouse? Yes No

Number of Days _____ [No more than ____ days per year may be donated to recipient employee who is not a spouse]

A letter from a physician licensed to practice in the state of West Virginia must accompany this request. The letter must provide sufficient information to make a determination as to whether an employee is incapacitated within the meaning of "catastrophic medical emergency" [medical condition that incapacitates an employee or a member of the employee's immediate family for whom the employee will provide care, which medical condition is likely to require the prolonged absence of the employee from duty].

Employee

Date: _____

OFFICE USE

Donor employee total accumulated days of personal leave as of date of request: _____

Donor employee total accumulated days of personal leave that may be used without cause:

Recipient employee accumulated days of personal leave [if any]: _____

Is recipient employee a member of leave bank? Yes No

If so, has the employee made application for an award of leave bank days? Yes No

Number of days transferred to recipient employee: _____