

Foxfire Village Voluntary Shared Leave Policy

Policy

An employee may donate leave, as outlined below, to an employee who has been approved to receive voluntary shared leave due to a medical condition of the employee.

Covered Employees

Full-time, permanent, and probationary employees are eligible for shared leave.

Intimidation or Coercion Prohibited

An employee may not intimidate, threaten, coerce, or attempt to intimidate, threaten, or coerce, any other employee for the purpose of interfering with any right which such employee may have with respect to donating, receiving, or using leave under this program. Such action shall be grounds for disciplinary action up to and including dismissal on the basis of personal conduct.

Qualifying to Receive Leave

In order to receive voluntary shared leave, an employee must:

- Have a prolonged medical condition that required the employee's absence for a prolonged period of time,
- Apply for or be nominated to become a recipient,
- Produce medical evidence to support the need for leave beyond the available accumulated leave,
- Must have exhausted all eligible leave and compensatory time,
- Must not be receiving benefits through any other vehicle or policy administered or offer through Foxfire Village,
- Must not be receiving workers' compensation, and,
- Be approved by the Village Council.

Non-qualifying Reasons

The policy will not apply to short-term or sporadic conditions or illnesses. This would include such things as sporadic, short-term recurrences of chronic allergies or conditions, short-term absences due to contagious diseases, or short-term, recurring medical or therapeutic treatments. These examples are illustrative, not all inclusive.

Application Procedure

An employee shall apply or be nominated by a fellow employee to participate in the program. An application (See Exhibit A) shall be completed by the employee and shall include a doctor's statement.

Medical information confidential, when disclosing information on an approved recipient, only a statement that the recipient has a prolonged medical condition needs to be made.

Approval Process

The Village Council shall review the merits of the request and approve or disapprove.

Timing of Shared Leave

An employee may begin using voluntary shared leave after all available sick and vacation leave has been exhausted. While using voluntary shared leave, the employee continues to earn leave, when accounting for leave, accrued time shall be used first.

Amount of Shared Leave

The amount of leave a recipient may receive is 480 hours.

Qualifying to Donate Leave

In order to donate voluntary shared leave, the employee must:

- Be an active employee,
- Be in a position that earns leave,
- The minimum amount of leave that can be donated is four hours,
- Complete the Voluntary Shared Leave Donation form (See Exhibit B)
- Have sufficient leave balances
 - May not reduce the sick leave account below 40 hours
 - May not be more than the amount of the donor's annual vacation accrual rate, and,
 - May not reduce the donor's vacation leave balance below one-half of the annual vacation leave accrual rate

Return of unused Shared Leave

Any unused donated shared leave shall be returned to the donor(s) on a prorate basis and credited to the leave account from which it was donated.

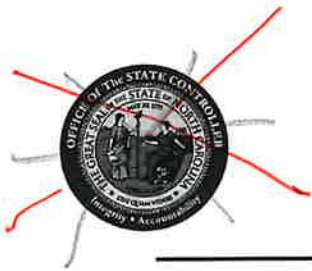
If a shared leave recipient separated due to resignation, death or retirement, the program ends and unused leave shall be returned to the donor(s) on a prorate basis and credited to the same account from which it was donated.

Leave Records and Accounting

The Village Administrator shall establish a system of leave accountability which provides a clear and accurate record for financial and management audit purposes.

Leave donated shall be kept confidential, only individual employees may reveal their donation or receipt of leave.

The Village Administrator shall annually prepare an audit report on the voluntary shared leave program. The report shall include the total number of days or hours of vacation leave and sick leave donated and used by the voluntary shared leave recipient(s).



~~NC OFFICE OF THE STATE CONTROLLER~~

VOLUNTARY SHARED LEAVE APPLICATION

Name of Recipient _____ Position/Title _____

~~Employee ID~~ _____ Supervisor _____

~~Division/Section~~ _____ Supervisor's Phone _____

Leave requested for Employee or ~~Immediate Family (state relationship)~~

General Medical Condition (Attach Physician Statement)

Vacation Leave Balance _____

Sick Leave Balance _____

Bonus Leave Balance _____

Employee's Authorization

I, _____ have requested, or have been nominated, to receive leave under the provisions of the voluntary shared leave policy of the State of North Carolina, and hereby authorize the disclosure of my need for donated leave.

Recipient's signature _____

Date: _____

For Human Resources Staff Use Only

Amount Of Leave Received:

Vacation _____ Sick _____ Bonus _____

Amount Of Leave Returned:

Vacation _____ Sick _____ Bonus _____

_____ **Approved**

_____ **Not Approved**

Signature _____

Date _____

Date Donation Period Closed _____

EXHIBIT B

Voluntary Share Leave Donation

Donor Information

Name of Donor: _____

~~Agency:~~ _____

~~Employee ID:~~ _____

~~Division/Section:~~ _____

In accordance with the Voluntary Shared Leave Policy of the State of North Carolina, I hereby authorize the transfer of:

_____ **Vacation Leave** (4 hour minimum)

480 HOUR MAX

~~Bonus Leave~~ (4 hour minimum)

_____ **Sick Leave*** (4 hour minimum - ~~40 hour maximum for non-family members/1,040 hour maximum for immediate family members~~)

Please specify the relationship to recipient if donating more than 40 hours. _____

Recipient Information

Name of Recipient: _____

~~Agency:~~ _____

~~Employee ID:~~ _____

~~Division/Section:~~ _____

Acknowledgement

*Sick Leave: When donating sick leave, donor's signature below acknowledges that donor is aware of the State retirement credit consequences. ~~Advisory note: At retirement, a member of the TSERS with an earned sick leave balance receives an additional month of service credit for each 20 days or portion thereof. The additional service credit increases the retirement benefit for the remainder of the life of the retiree.~~

Donor Signature: _____ Date: _____

For Human Resources Staff Use Only

Donor is eligible to donate in accordance with the State of North Carolina Voluntary Shared Leave Policy. _____

FOX FIRE VILLAGE ~~BOAT~~ VOLUNTARY SHARED LEAVE POLICY

Leave Administrator: _____

Email Address: _____

Phone Number: _____

Leave Returned: ____ Yes ____ No

Date: _____

Amount: _____

~~External Agency Contact:~~ _____