**SICK/VACATION DONATION POLICY**

**Policy Name:** General Policy

**Policy Number**: GP010

**Policy Statement**

ICADV recognizes that employees may have a family emergency or a personal situation that causes a severe hardship to them or their immediate family resulting in a need for time off in addition to their available sick and/or vacation balance. In the spirit of giving back to others in need, ICADV employees may voluntarily donate no more than 50% of their eligible, unused sick and or vacation time or a maximum of 40 hours in an calendar year to a co-worker in accordance with the guidelines below.

**Eligibility**

Employees who wish to donate unused sick and vacation time must have at least one year of service with ICADV. Employees must also have sufficient time in their time off balance and are not required to exhaust their entire balance, due to the fact that they may experience their own personal need for time off. Employees cannot borrow against future sick and or vacation time to donate. Employees who are on an approved leave of absence may not donate sick and or vacation time. Additionally, employees on sabbatical leave are not eligible for sick or donated vacation time.

**Guidelines**

Employees who wish to request additional sick and or unused vacation time must make a formal written request to their supervisor and the Executive Director. Additionally, the employee’s personal situation must meet one of the following criteria:

* **Family Health Related Emergency**

A family health related emergency is defined as a severe or catastrophic illness or injury of the employee or an immediate family member that is life threatening and or requires inpatient or hospice health care. Immediate family members are defined as spouse, domestic partner, child, parent, sister, brother, grandmother, grandfather, legal guardian and foster children in employee’s legal custody.

* **Other Personal Crisis**

A personal crisis is defined as a severe situation that directly impacts the employee’s life. This may include a natural disaster impacting the employee’s primary residence such as a fire, tornado damage, flood or other related catastrophe.

* **Death of a Family Member**

When additional time off is needed beyond bereavement entitlement to manage personal issues associated with the death of a family member. Immediate family members are defined as spouse, domestic partner, child, parent, sister, brother, grandmother, grandfather, legal guardian and foster children in employee’s legal custody.

**Procedure**

Employees who would like to receive donated sick and or vacation time must complete a **Request for Donation of Sick and/or Vacation time** which includes the reason for the request and the amount of time requested. Employees who receive donated sick and or vacation time may receive no more than 480 hours (12 weeks) within a rolling 12 month period.

Employees who wish to donate sick and or vacation time to a co-worker in need must complete a **Request to Donate Sick and or Vacation.**

**Approval**

Requests for donations of sick and or vacation time must be reviewed by employee’s supervisor and the Executive Director for final approval.

If the employee is granted donated sick and or vacation time and has unused sick and or vacation time in their balance, this time must be used first. Donated sick and or personal time may only be used for time off related to the approved request.

**Approved:** 1/19/18

**Effective:** 1/19/18

**Request for Donation of Sick and/or Vacation time**

**General information**

|  |  |
| --- | --- |
| **Employee Name:** |  |
| **Job Title:** |  |
| **Supervisor** |  |
| **Hire Date:** |  |

**Donation Request Information**

|  |  |  |
| --- | --- | --- |
| **Today’s Date:** |  | |
| **Reason for Request:** | **\_\_\_\_\_\_\_\_\_\_Family Health Related Emergency**  **\_\_\_\_\_\_\_\_\_\_Other Personal Crisis**  **\_\_\_\_\_\_\_\_\_\_Death of a Family Member** | |
| **Sick and/or Vacation Time Requested:** |  | |
| **Justification for Request:** | **Please describe in detail your situation and reason for your request:** | |
| **Supervisor Signature:** |  | **Date:** | |
| **Executive Director:** | **\_\_\_\_\_\_\_\_\_\_ Approved**  **\_\_\_\_\_\_\_\_\_\_ Denied** | **Reason for Denial (if applicable):** | |
| **Executive Director Signature:** |  | **Date:** | |

**Request to Donate Sick and/or Vacation time**

**General information**

|  |  |
| --- | --- |
| **Employee Name:** |  |
| **Job Title:** |  |
| **Supervisor** |  |
| **Do you have at least one year of service with ICADV?**  **Hire Date:** | **\_\_\_\_\_\_\_\_\_\_ Yes**  **\_\_\_\_\_\_\_\_\_\_ No** |

**Sick and or Vacation Time Donation:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Current amount of unused sick/vacation time:** |  | | |
| **Amount of time requested to donate:** | (maximum of 40 hours in calendar year)  **Is this more than 50% of your eligible, unused sick and or vacation time balance in a calendar year?**  **\_\_\_\_\_\_\_\_\_\_ Yes**  **\_\_\_\_\_\_\_\_\_\_ No** | | |
| **Employee you would like to donate to:** |  | | |
| **Reason for Request:** |  | | |
| *Note: Employees may recommend an employee they would like to donate sick and or vacation time to. However, decisions on donations are not guaranteed and must be reviewed and approved by the Executive Director.* | | | |
| **Employee Signature:** | |  | **Date:** | |
| **Supervisor Signature:** | |  | **Date:** | |