



Procedure 6.1: Voluntary Sick Leave Allocation Program
Volume 6.1
Managing Office: Office of Human Resources
Effective Date: September 20, 2010
Revised: February 15, 2016

I. PURPOSE

The purpose of the Voluntary Sick Leave Allocation Program (“Sick Leave Allocation Program”) is to provide eligible AAMU employees with access to sick leave hours as voluntarily donated by other eligible employees to mitigate the impact of lost wages during a time of catastrophic illness or injury. The Voluntary Sick Leave Allocation Program runs concurrently with the Family and Medical Leave Act (FMLA).

II. DEFINITIONS

1. “Catastrophic Illness or Injury” means a severe condition or combination of conditions that may be sudden and unexpected that (a) affect the physical or mental health of the employee; (b) result in a life threatening or life function altering condition; and (c) require an extended period of absence from work. Such life functions include, but are not limited to, loss of physical senses, loss of physiological processes or loss of a limb. Pregnancy is not considered a catastrophic illness. However, complications resulting from pregnancy may be considered catastrophic.
2. “Leave Recipient” means an eligible employee whose written request to participate in the Sick Leave Allocation Program is approved. A Leave Recipient must be a regular full-time employee of AAMU who is in paid duty status as of the date upon which she/he submits a *Sick Leave Allocation Program Recipient Application* to the Office of Human Resources. A Leave Recipient’s illness or injury must require the services of a licensed or Board-certified medical practitioner.
3. “Leave Donor”ⁱ means an eligible employee whose written request for transfer of leave hours via the submission of a *Sick Leave Allocation Program Donation Application* is approved. A Leave Donor must be a full-time regular employee of AAMU who is in paid duty status and actively reporting to work as of the date upon which s/he submits a *Sick Leave Allocation Program Donation Application* to the Office of Human Resources. Employees and persons who are on any form of leave (e.g., annual, sick, sabbatical, etc.) as of the date upon which they submit a *Sick Leave Allocation Program Donation Application* may not be classified as Leave Donors.

III. SICK LEAVE ALLOCATION PROGRAM PROCEDURE

1. Eligibility for Participation: Leave Donors and Leave Recipients

- a. Participation in the Voluntary Sick Leave Allocation Program is strictly voluntary. To participate in the Sick Leave Allocation Program as a Leave Recipient or a Leave Donor, an employee must:
 - i. Be a full-time regular employee for one year;
 - ii. Be eligible to accrue sick leave;
 - iii. Be eligible to receive Family Medical Leave Act (“FMLA”) leaveⁱⁱ; and
 - iv. Complete a *Voluntary Sick Leave Allocation Program Recipient or Donor Application*, as appropriate. If the employee is incapable of submitting the *Voluntary Sick Leave Allocation Program Recipient Application* on his or her behalf, a member of the employee's immediate family may make application on behalf of the incapacitated employee. Applications must be accompanied by a written statement from a licensed or Board-certified medical practitioner stating the beginning date of the condition, a description of the catastrophic illness or injury, a prognosis including any limitations and the date the employee may be able to return to work, and the Medical Information Release Form. Periodic progress reports may be required.
 - v. Complete and submit the Family and Medical Leave Act (FMLA) Employee Leave Request Form and the Certification of Physician or Practitioner Form to the Office of Human Resources.
- b. A Leave Recipient’s illness or injury must require the services of a licensed or Board-certified medical practitioner.
- c. Leave Donors may not:
 - i. Donate leave to their immediate supervisor or any employee in their direct upward supervisory chain of command; or
 - ii. Donate sick leave hours at the time of retirement, resignation, termination, or any other form of separation.
 - iii. Donate any form of leave hours that are not classified as sick leave. Annual leave, compensatory leave, and other forms of leave hours are not subject to the provisions of the Program.
- d. Participation as a Leave Recipient or Leave Donor will not affect standard, monthly sick leave hour accruals as authorized by University leave policies and procedures.

2. Eligibility to Receive Allocated/Donated Sick Leave Hours: Sick Leave Recipients

- a. To be eligible to receive donated sick leave hours through the Voluntary Sick Leave Allocation Program, an eligible employee must: (i) exhaust all personal accrued and unused sick, annual, compensatory, or other leave hours; (ii) apply for participation in the Program as outlined in this Procedure; (iii) personally request allocated/donated sick leave hours from colleaguesⁱⁱⁱ; and (iv) receive approval from the Office of Human Resources to participate in the Program.
- b. The Leave Recipient must be suffering from a catastrophic illness or injury which necessitates the employee's extended absence from work and for which the employee has no form of remaining paid leave available.
- c. The Leave Recipient may only receive sick leave hour allocations as designated by the Leave Donor for the Recipient on his or her [Leave Donor's] *Sick Leave Allocation Program Donation Application*. Leave Recipients may only receive allocations of sick leave hours from Leave Donors.
- d. Employees are ineligible to participate in the Voluntary Sick Leave Allocation program if they are receiving or have received any of the following benefits related to this specific catastrophic illness or injury:
 - i. Temporary disability benefits due to On-the-Job-Injury;
 - ii. Long-term Disability.
- e. Leave Recipients will immediately forfeit the privilege to receive and/or use previously allocated sick leave hours due to any one or a combination of the following:
 - i. Separation from the University for any reason (e.g., resignation, termination, retirement, death, etc.);
 - ii. Termination of the Sick Leave Allocation Program;
 - iii. Failure to provide a required physician's certification or additional medical documentation when requested;
 - iv. Abuse or misuse of personal or allocated/donated sick leave hours; and
 - v. Misrepresentation in requesting sick leave hours pursuant to the Voluntary Sick Leave Allocation Program

3. Approval and Transfer of Allocated/Donated Sick Leave Hours

- a. The Office of Human Resources will administer all aspects of review and approval of Voluntary Sick Leave Allocation Program applications.
- b. The Office of Human Resources will review all Sick Leave Allocation Program applications for completeness and accuracy. Incomplete applications will not be considered. The Office of Human Resources will notify, in writing, Leave Recipient applicants and their immediate supervisor of the approval or disapproval of their

application and the approved term of participation in the Voluntary Leave Sharing Allocation Program within in ten (10) business days of receipt of the application and all required documentation. If an application is disapproved, then a rationale will be provided.

If an employee's application is disapproved, then s/he may appeal the decision to the Vice President for Business and Finance. The decision of the Vice President is final.

- c. The Office of Human Resources will provide written notification to the Office of Business and Finance's Payroll Department including the following documents to initiate the transfer of allocated/donated leave hours for approved employees:
 - i. The Leave Recipient's approved *Sick Leave Allocation Program Recipient Application* and
 - ii. The Leave Donor's approved *Sick Leave Allocation Program Donation Application*.
- d. The Office of Human Resources will notify the Office of Business and Finance's Payroll Department when the Leave Recipient's catastrophic illness or injury leave terminates.
- e. The Office of Business and Finance's Payroll Office will, upon receipt of written notice from the Office of Human Resources regarding the number of sick leave hours to be transferred, administer all aspects of the transfer of sick leave hours between approved Leave Donors and approved Leave Recipients, including the addition of hours to the sick leave balance of Leave Recipients and the deduction of hours from the sick leave balance of Leave Donors. The Payroll Office will administer the reinstatement of unused allocated/donated sick leave hours to Leave Donors, as necessary, and recordation of all participants' sick leave balances for the duration of the leave allocation/donation period and thereafter.
- f. All budgetary matters associated with the Voluntary Sick Leave Allocation Program shall be managed by the Office of Business and Finance.

4. Use of Allocated/Donated Sick Leave Hours by Leave Recipient

- a. The maximum number of Sick Leave Allocation Program hours that may be approved is 480 hours (e.g., twelve (12) work weeks) per qualifying event and one qualifying event per rolling twelve (12) month period as consistent with the Family Medical Leave Act ("FMLA"). The twelve (12) month rolling period begins on the first day that the Leave Recipient uses leave from the Sick Leave Allocation Program.
- b. Participating employees, Leave Donors and Leave Recipients, must be qualified for Family Medical Leave Act ("FMLA") leave. The use of leave hours from the Sick Leave Allocation Program does not, however, extend the twelve (12) weeks of medical leave per year available to eligible employees under FMLA. The Sick Leave Allocation Program and FMLA run concurrently.

- c. In accordance with AAMU use of leave hours policies and procedures Leave Recipients may use allotted sick leave hours from Leave Donors in the same manner they are permitted to use personally accrued sick leave hours for sick leave taken in association with their catastrophic illness or injury.

Leave Recipients may not transfer allocated/donated sick leave hours to other employees.

- d. Unused sick leave hours allocated to Leave Recipients by Leave Donors will terminate on the date of the Leave Recipients' separation (e.g., resignation, retirement, or termination, etc.) from the University for any reason during the period of catastrophic injury or illness. Upon separation of Leave Recipient, all unused sick leave hours will be reinstated to the sick leave balance of Leave Donor who allocated leave hours to the Leave Recipient, as appropriate.

The amount of sick leave hours reinstated to a Leave Donor's sick leave balance must not exceed the total number of sick leave hours allocated/donated to the Leave Recipient by the Leave Donor and such hours are subject to all AAMU Use of Leave Hours policies and procedures, including the maximum leave hour carry-over standards.

5. The Office of Human Resources will notify employees of any modification to their insurance coverage and provide information regarding the options of eligibility for COBRA Insurance.

6. The University reserves the right to amend or discontinue the program at any time.

ⁱ Employees are reminded that unused sick leave may be applied toward creditable service under the Teachers' Retirement System of Alabama. A maximum of twelve (12) days for each year of credited service may be applied toward retirement credit. Employees should consider the financial impact of losing Teachers' Retirement System creditable service before donating sick leave hours pursuant to the Voluntary Sick Leave Allocation Program. Under no circumstances will leave time donated to a Leave Recipient be reinstated or transferred back to the Leave Donor for any reason, including for retirement plan purposes.

ⁱⁱ An employee is covered by the FMLA if he or she meets the following eligibility requirements:

- i. Has completed 12-months of cumulative employment (or 52 weeks if the work is intermittent); and,
- ii. Worked for AAMU at least 1,250 hours*, including overtime, in the 12 months immediately preceding the date the FMLA leave will begin. Except for military leave, paid and unpaid leave is not counted as part of the 1,250 hours*; and,
- iii. Has not already used the current calendar year's 12 week FMLA leave entitlement.

*Hours worked are not counted for Fair Labor Standards Act overtime exempt personnel. Exempt employees are automatically considered to have worked 1250 hours unless the work records clearly reflect otherwise.

ⁱⁱⁱ Employees seeking participate in the Program as Leave Recipients are responsible for personally identifying and contacting potential Leave Donors who may apply to allocate sick leave hours to the Leave Recipient. AAMU Departments, including the Office of Human Resources and Information Technology Services, are prohibited from soliciting donations of sick leave hours for Leave Recipients via mass communication (e.g., electronic mail, internet, radio, bulletin boards, etc.) or other communication methods.

**Alabama Agricultural and Mechanical University
Office of Human Resources**

**Mailing Address: Human Resources, Alabama A&M University, Normal, AL 35762
Phone: 256.372.5835 Fax: 256.372.5881**

**Voluntary Sick Leave Allocation Program
Application of Leave Recipient**

Date: _____

Name of Leave Recipient: _____
Last First M.I.

A-Number: _____

Home Address: _____

Telephone Numbers: Home _____ Cell _____ Work _____

Position Title: _____ Department: _____

Contact Person, if other than employee: _____

Relationship: _____ Telephone Number: _____

Current Sick Leave Hours Balance: _____

Requested Number of Sick Leave Hours (maximum is 480 hours per 12 month period): _____

Initial Date of Sick Leave: _____ Anticipated Final Date of Sick Leave: _____*
mm/dd/yy mm/dd/yy

*Determination of the sick leave hours granted will be based on the physician's documentation.

Reason: (Use additional sheets if necessary) _____

Is any form of disability insurance benefit covering this injury or illness? Yes _____ No _____

If yes, please provide the name of the insurance provider, type, and amount of coverage:

I, the undersigned, certify that I have read the Alabama A&M University Voluntary Sick Leave Allocation Program Procedure (No. 6.1) and that this application for participation in the Voluntary Sick Leave Allocation Program is true and accurate. I further certify that any approved sick leave hours transferred to my sick leave account through the Voluntary Sick Leave Program will be taken in accordance with AAMU policies and procedures. I understand that failure to adhere to institutional leave policies and procedures may result in discipline up to and including termination.

Employee Signature

Date

**Alabama Agricultural and Mechanical University
Office of Human Resources**

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Phone: 256.372.5835 Fax: 256.372.5881**

**Voluntary Sick Leave Allocation Program
Medical Practitioner's Statement of Illness or Injury**

Name of Employee (Patient): _____

Medical Practitioner: The individual identified above is applying for Alabama A&M University's Voluntary Sick Leave Allocation Program ("Program"). As such, the information requested herein is solely the purpose of evaluating the individual's application to participate in the Program.

The Program is available to eligible employees experiencing a "Catastrophic Illness or Injury". A Catastrophic Illness or Injury means a severe condition or combination of conditions that may be sudden and unexpected that (a) affect the physical or mental health of the employee; (b) result in a life-threatening or life function altering condition; and (c) require an extended period of absence from work. Such life functions include, but are not limited to, loss of physical senses, loss of physiological processes or loss of a limb. Pregnancy is not considered a catastrophic illness. However, complications resulting from pregnancy may be considered catastrophic.

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you do not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproduction services.

Practitioner's Statement (Please type and use additional sheets if necessary)

Practitioner's Name: _____

Practitioner's Specialty: _____

Mailing Address: _____

Telephone number: _____ Fax Number: _____

Is the above mentioned patient experiencing a catastrophic illness or injury as defined above?

Yes _____ No _____

Nature of illness or injury (layperson's terms): _____

Date upon which you first examined the patient for this condition: _____

Anticipated date upon which the patient will be fit to return to work:

Limited Duty: _____ Full Duty: _____

Practitioner's Signature Date

Voluntary Leave Allocation Program Application of Leave Recipient revised September 4, 2015 (Page 2 of 3)

**Alabama Agricultural and Mechanical University
Office of Human Resources**

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**Voluntary Leave Allocation Program
Release of Medical Information Form**

Medical/Health Information

The undersigned hereby grants permission to Alabama A&M University, having its principal place of business at 4900 Meridian Street Normal, Alabama 35762, to discuss any and all medical/health related information with any medical practitioner, hospital, facility, or any other agency that has medical records or knowledge of the medical records of the undersigned for the purpose of evaluating the undersigned's request to participate in the Alabama A&M University Voluntary Sick Leave Allocation Program during the application review process and duration of the his/her participation, if approved.

Medical/Health Records

The undersigned hereby authorizes any medical practitioner, hospital, facility, or any other person or entity that has medical records or knowledge of the medical records of the undersigned to release such information upon request to Alabama A&M University, having its principal place of business at 4900 Meridian Street Normal, Alabama 35762, for purpose of evaluating the undersigned's request to participate in the Alabama A&M University Voluntary Sick Leave Allocation Program during the application review process and duration of his/her participate, if approved.

Employee's (Patient) Printed Name: _____

Title/Position: _____ Department: _____

Employee's (Patient) Date of Birth: _____

Employee's (Patient) Signature: _____

Date: _____

ALL APPLICATIONS ARE SUBJECT TO APPROVAL OF THE OFFICE OF HUMAN RESOURCES

Complete and return the application with required signatures to the Alabama A&M University
Office of Human Resources via U.S. Mail, Facsimile, or hand-delivery at 4101 Meridian Street.

Voluntary Leave Allocation Program Application of Leave Recipient revised September 4, 2015 (Page 3 of 3)

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Office of Human Resources**

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Phone: 256.372.5835 Fax: 256.372.5881

**Voluntary Sick Leave Allocation Program
Application of Leave Donor**

Date: _____

Name of Leave Donor: _____

Last

First

M.I.

A-Number: _____

Telephone Numbers: _____

Home/Cell

Work

Position Title: _____ Department: _____

Allocation/Donation of Sick Leave Hours:

1. Leave Donors may only allocate sick leave hours to the Leave Recipient designated herein.
2. Leave Donors may not allocate sick leave hours to their immediate supervisors or any personnel in their direct upward supervisory chain of command.
3. Leave Donors may not allocate leave hours at the time of retirement, resignation, termination, or any other form of separation.
4. Leave Donors will receive written notification of the number of hours allocated to the designated Leave Recipient upon final approval of the allocation/donation. Sick leave hours that are not used by the Leave Recipient and restored to the Leave Donor will be subject to the maximum sick leave carry-over rule during the current leave year in which the leave hours are restored.

Designated Leave Recipient: _____

Current Sick Leave Hours of the Donor: _____

Allocated/ Donated Number of Sick Leave Hours: _____

I, the undersigned, certify that I have read the Alabama A&M University Voluntary Sick Leave Allocation Program Procedure (No. 6.1) and that this application for participation in the Voluntary Sick Leave Allocation Program is true and accurate. I further certify that any approved sick leave hours transferred from my sick leave account to the Leave Recipient designated herein pursuant to the Voluntary Sick Leave Program have been earned in accordance with AAMU policies and procedures. I understand that failure to adhere to institutional leave policies and procedures, including the allocation/donation of sick leave hours that I did not accrue in accordance with AAMU policy may result in discipline up to and including termination.

Employee Signature

Date

Voluntary Leave Allocation Program Application of Leave Donor (Page 1 of 1)