



Kent County Levy Court

555 Bay Rd
Dover, DE 19901
Personnel Office: 302-744-2310

Donated Leave Request Form

Name _____ Email _____

Department/Division _____ Phone Number _____

If on FMLA, please retain one week (40 hours) of sick leave – YES or NO

If 'yes' is circled, I understand I will not be paid unless donated or accrued leave exceeds 40 hrs.

If "no" or nothing is circled, I understand that all accrued leave will be paid out to cover absences.

IMPORTANT – Notify your payroll coordinator if you choose to retain one week of sick leave

I respectfully request the donation of sick leave as provided in the Kent County Donated Leave Policy, which I have reviewed. I hereby acknowledge and certify the following:

- 1) I or a member of my family have a Family and Medical Leave Act qualifying illness or injury;
- 2) I understand I must seek my own leave donations. (No solicitation through email)
- 3) I have or will have used all my own accrued vacation, sick leave and compensatory time.
- 4) I understand that I must use all my accrued leave/time before using any donated leave (except during FMLA leave when 40 hours of sick leave may be retained);
- 5) I understand that once FMLA is exhausted, I may be terminated (laid off) for being Absent Without Leave (AWOL) if no accrued or donated leave is available to cover all hours during a normal work week (40/35 hours);
- 6) I understand that I may not receive more than seven (7) months of donated leave per year and the value may not exceed \$20,000. Once the limit is met, I understand that I may be terminated (laid off);
- 7) I understand that I cannot return any unused donated leave, but will receive only those blocks of time needed;
- 8) I understand that I must regularly (at least every 30 days) contact my supervisor and the Personnel Office regarding my continued qualifying status and eligibility for leave;
- 9) I understand that in order for me to receive donated leave from Kent County employees it will be necessary for donors and potential donors to be informed about my personal and private reasons for requesting donated leave.

Employee Signature _____

_____ Date

Reviewed and Approved: _____

Personnel Director

_____ Date



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Policy 11

LEAVE

(Excerpt)

§ 11-2. Donated leave.

[Adopted 12-11-2001 (P-68C)]

This Policy establishes a donated leave program for County employees, whereby employees may donate vacation leave, limited sick leave or both to other specified employees eligible for leave under the Family and Medical Leave Act Policy.

- A. Any employee of Kent County government may donate equal amounts of accrued sick and vacation leave (one vacation day for each sick day donated), vacation leave only, or up to three days of sick leave per calendar year (up to a total annual maximum value of \$20,000) to other donor-designated employees eligible for leave under the Family and Medical Leave Act (FMLA) policy. The donated leave will be converted into cash value at the donor's rate of pay and reconverted to equivalent hours of leave at the recipient's rate of pay and credited to the recipient's sick leave account. Sick leave may not be donated within three months of retirement.
- B. Donated leave may be used by a recipient only for a FMLA-qualifying event, which is diagnosed and certified by a physician as rendering the employee unable to work or an eligible family member requiring the employee's personal care for a period greater than five calendar weeks. Separate periods of need resulting from the same or a related FMLA-qualifying event occurring within any 12 consecutive months shall be considered the same period of eligibility. No employee may receive more than seven months of donated leave during any twelve-month period.
- C. Before receiving donated leave time, an employee shall have:
 - (1) Been a County employee for at least six months prior to the need;
 - (2) Used all of his or her sick leave and accrued vacation time (except that one week may be retained, if the employee chooses); and
 - (3) Established FMLA-qualifying justification for such receipt, which must be reviewed every 30 days.
- D. The donated leave program shall be administered by the Personnel Director, and any disputes regarding eligibility shall be resolved by the Personnel Administration Board.