

## INSTITUTIONAL DIRECTIVE 6-7

November 20, 2006

PURSUANT TO SECTION 41-1-110 OF THE CODE OF LAWS OF SC, AS AMENDED, THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE COLLEGE.

### **Title: Employee Leave Transfer Program**

#### **I. Purpose**

This directive establishes the manner in which Piedmont Technical College employees may voluntarily transfer sick and/or annual leave into leave transfer pools that may be utilized by other employees for personal or family emergency circumstances as defined below.

#### **II. Policy**

Piedmont Technical College will adhere strictly to the provisions and intent of legislation authorizing the Employee Leave Transfer program, State guidelines and this directive in administering this program.

#### **III. Definitions**

- A. Emergency: A personal or family medically-related hardship situation that is likely to require an employee's absence from duty for a prolonged period of time and to result in a substantial loss of income to the employee because of the unavailability of paid leave.
- B. Leave Donor: An employee who voluntarily requests in writing and is approved to donate annual or sick leave to the leave pool account.
- C. Medically-Related Emergency (Personal or Family): Personal or family medically-related emergencies are limited to the following: catastrophic illnesses or accidents, life-threatening medical situations, and severely debilitating or complicated disabilities.

**Office of Responsibility: President**

- D. Prolonged Period: Prolonged period is generally interpreted to be a minimum of thirty (30) working days. Generally, an employee with a medical emergency situation must have been in a leave without pay status for at least thirty (30) working days or documentation must certify a medical emergency (III.C.) will result in an employee being on leave at least thirty (30) work days. However, any employee, who is within thirty (30) calendar days of eligibility for long term disability insurance or disability retirement benefits and who has exhausted a substantial balance of accrued leave or due to the prolonged medical emergency, shall be eligible for consideration when requesting approval for less than the thirty (30) work day minimum requirement for leave transfer.
- E. Transfer Pool: A pool of separate sick and annual leave transfer accounts maintained by the Human Resources Office.
- F. Recipient: An employee who has a personal or family medically-related hardship emergency and is approved to receive annual or sick leave from the transfer pool of Piedmont Technical College.

**IV. Leave Donation**

- A. An employee wishing to donate sick and/or annual leave to the transfer pool may do so prior to the end of the calendar year by completing a Donation Request Form (Attachment 1). Once leave has been donated and transferred to a pool account, it cannot be returned to the leave donor. An employee may not donate leave to a specific individual
- B. Leave Donation  
An employee may voluntarily request in writing that a specified number of hours of accrued annual leave be transferred to the annual leave pool account. Employees with more than fifteen (15) days accrued sick leave may request that a specified number of hours of accrued sick leave be transferred to the sick leave pool account, provided they maintain a minimum of fifteen (15) days sick leave balance at the time the donation is effective. An employee may donate no more than one-half of the annual or sick leave he/she earns within the calendar year to the appropriate leave account for that calendar year.

**V. Leave Withdrawals**

- A. General Information. An employee with a personal or family medically-related emergency may request sick or annual leave from the respective transfer pool account by completing a Withdrawal Request Form (Attachment 2). While there is no limit to the number of separate withdrawal requests that an employee may submit, each separate request shall be limited to no more than thirty (30) working days.
- B. Withdrawal Criteria.
  - 1. Medical Certification - A medically-related emergency must be certified by a physician including the nature of the emergency, and an estimate of the inclusive dates (as stated in Section III. Definitions).
  - 2. Substantial loss of income - To qualify as substantial income loss, the family emergency must be for a prolonged period (see Section III Definitions). If an employee has a personal or family medically- related emergency for a period of thirty (30) workdays then there is a default substantial loss of income.

3. Family Sick Leave and Annual Leave Exhausted – All family sick leave and annual leave must be exhausted before annual leave can be transferred to an otherwise eligible employee from the transfer pool.
  4. Sick Leave and Annual Leave Exhausted-All Sick Leave and Annual Leave must be exhausted before sick leave can be transferred from the transfer pool.
  5. Employment Record- While the circumstances surrounding the emergency or hardship will be primarily used as the criteria for approval, the employee's record, including length of service, responsible use of leave, job performance, and other relevant factors, may also be used in determining approval.
- C. Withdrawal Approval/Denial
1. College Approval/Denial - Upon receiving a completed withdrawal request, the Human Resources Officer, using approved withdrawal criteria and input of the supervisor, will obtain the President's approval. A copy of all documentation associated with the approval/denial of a request will be sent to the Human Resource Office, State Board for Technical and Comprehensive Education, for information and future reference.
  2. The evaluation of transfer requests shall be conducted in such a manner as to assure consistent treatment among all similarly situated employees. Decisions shall be in keeping with State Human Resources Regulations, the criteria referenced in this procedure, and other additional guidelines promulgated by the System Office
- D. Use of Approved Leave Withdrawals
1. Upon receipt of final approval of a withdrawal request, the Human Resources Officer will transfer the appropriate number of days from the respective sick or annual leave transfer pool to the regular annual or sick leave balance of the recipient.
  2. An employee may use annual or sick leave from the respective pool in the same manner and for the same purposes as if he/she had accrued the leave in the manner provided by regular sick or annual leave regulations and procedures.
  3. Annual or sick leave transferred under this program may be substituted retroactively for periods of leave without pay or used to liquidate an indebtedness for advanced sick leave. Whether transferred leave may be applied retroactively and for what length of time will be determined on a case-by- case basis in light of the justification presented.
  4. Annual or sick leave that accrues to the account of the leave recipient must be used before using any leave from a leave transfer pool.
- E. Terminating Leave Transfer Use
1. The personal emergency affecting a leave recipient terminates when the college determines that the emergency no longer exists or the recipient's employment terminates.
  2. The leave recipient's emergency will be monitored by the Human Resources Officer and supervisor to ensure that the recipient is not permitted to use leave from the pool after the emergency ceases to exist.
  3. When the emergency affecting the leave recipient ceases, transferred leave remaining to the credit of the employee must be restored to the respective transfer pool account by completing a Leave Restoration Form.

**VI. Administrative Responsibility and Required Records**

The College shall establish two (2) separate leave transfer pool accounts, a sick leave transfer pool and an annual leave transfer pool. In the event a college determines that sufficient hours of either sick or annual leave are not available in their local pool to cover an approved request, the System Office will transfer the necessary hours to the respective college. This will assure that eligible employees are not denied leave transfer due to the lack of available sick or annual leave hours in a respective college's pool. Colleges will submit, in writing, to the System Offices' Human Resource Services, a request to have the necessary hours transferred from the System Offices' sick or annual leave transfer pools to the respective college. Along with any additional useful information, the college and the System Office must maintain the following records:

- A. Donation Request – The Donation Request shall include: the employee's name, the college name; the employee's classification title; the employee's hourly rate of pay; the number of days/hours of the leave donor's earned sick or annual leave; the number of days/hours of sick or annual leave the employee wishes to donate to the appropriate local transfer pool; the date of the donation; and the leave donor's signature.
- B. Withdrawal Request – The Withdrawal Request shall include; the employee's name; the college name; the employee's classification title; the employee's hourly rate of pay; the type of leave requested; the number of days requested; a thorough description of the nature, severity, and anticipated duration of the medical, family, or other hardship situation affecting the employee; and any additional justification for approval of the request.
- C. Restoration Document – The Leave Restoration Document shall include: the name of the leave recipient; the type of leave transferred (sick or annual); the amount of transferred leave used; the date the leave recipient's personal emergency or employment terminates; and the amount of transferred leave (sick or annual) being restored to the respective local leave transfer account.
- D. Annual Reports – Colleges shall report preceding calendar year activities (donations and/or approved requests for sick or annual leave transfer) to the System Office's Human Resource Services. Sick and annual leave transfer information will be provided to the Office of Human Resources to assist the Budget and Control Board in evaluating the leave transfer program. This information shall include but, is not limited to the following:
  - Sick Leave – Total hours and cost of
    - (1) Sick leave donated;
    - (2) Sick leave used by recipient (s);
    - (3) Sick leave restored, if any.
  - Annual Leave-Total hours and cost of
    - (1) Annual leave donated;
    - (2) Annual leave used by recipient (s);
    - (3) Annual leave restored, if any.

- E. All records and documentation are subject to audit by the System Office's Human Resource Services and/or the Budget and Control Board's Office of Human Resources

Original on File                      11/20/06  
Approved for Publication                      Date

**PIEDMONT TECHNICAL COLLEGE  
LEAVE TRANSFER PROGRAM  
DONATION REQUEST FORM**

**SECTION I: EMPLOYEE COMPLETES THIS SECTION**

Employee Name: \_\_\_\_\_

Social Security Number \_\_\_\_\_

Position Title \_\_\_\_\_ Division \_\_\_\_\_

Donation Type: [ ] Sick [ ] Annual Number of Days/Hours Donated: \_\_\_\_\_ / \_\_\_\_\_  
Days Hours

***I understand that the leave donated through this request cannot be returned to my personal leave balance at a later date.***

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**SECTION II: FOR PERSONNEL USE ONLY**

Class Code \_\_\_\_\_ Slot Number \_\_\_\_\_

Effective Date of Balance \_\_\_\_\_

Sick Leave Balance at Effective Date \_\_\_\_\_

Annual Leave Balance at Effective Date \_\_\_\_\_

Employee Hourly Rate: \$ \_\_\_\_\_ Number of Hours Donated \_\_\_\_\_ = \$ \_\_\_\_\_

Approved [ ] Disapproved [ ] \_\_\_\_\_  
Human Resource Manager Date

*Piedmont Technical College  
 Leave Transfer Program  
 Withdrawal Request Form*

*Employee Name* \_\_\_\_\_ *Social Security Number* \_\_\_\_\_

*Position Title* \_\_\_\_\_ *Class Code* \_\_\_\_\_ *Slot Number* \_\_\_\_\_ *Position Number* \_\_\_\_\_

*Requested Leave Type* \_\_\_\_\_ *Annual* \_\_\_\_\_ *Sick Leave* \_\_\_\_\_ *Number Of Days Requested* \_\_\_\_\_

*Leave Used for Current Disability* \_\_\_\_\_ *Annual* \_\_\_\_\_ *Sick* \_\_\_\_\_ *Number of Hours Used* \_\_\_\_\_

*Date All Paid Leave Was Exhausted* \_\_\_\_\_ *First Day Of Leave Without Pay* \_\_\_\_\_

*Describe The Nature of The Emergency* \_\_\_\_\_

*Inclusive Dates of Disability: From:* \_\_\_\_\_ *To:* \_\_\_\_\_

*Inclusive Dates of Leave Request: From* \_\_\_\_\_ *To:* \_\_\_\_\_

*Leave request minus holidays = 30 working days: Yes* \_\_\_\_\_ *No* \_\_\_\_\_

*Physician Verification attached: Yes* \_\_\_\_\_ *No* \_\_\_\_\_  
 (Hospitalization? What ADL Restrictions? How catastrophic/severely debilitating?)

*Are there any other paid leave benefits for which the employee is eligible? Yes* \_\_\_\_\_ *No* \_\_\_\_\_

*If yes, which of the following? Worker's Compensation: Eligibility Date* \_\_\_\_\_

*Long Term Disability: Eligibility Date* \_\_\_\_\_ *Other: Eligibility Date* \_\_\_\_\_

*Employee Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*V. P./Department Head Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

*College Official Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

STATE BOARD FOR TECHNICAL AND COMPRESIVE EDUCATION	
APPROVAL: YES: _____ NO: _____	
Signature _____	Date _____