

Vacation Donation Program

The purpose of the Vacation Donation Program is to permit an employee to donate paid vacation leave to a pool for employees to request to use as sick time for an extended leave when an illness or injury occurs.

Voluntary Donation of Vacation Time

Employees may voluntarily elect to donate a minimum of 8 hours of vacation time up to a maximum of 160 hours of vacation time per fiscal year (July 1 – June 30) to the Vacation Donation Program pool. The donation of vacation time is strictly voluntary and is an irrevocable decision. To donate vacation time, an employee must submit a Vacation Donation Program Donor Authorization Form to Human Resources.

The following employees groups are eligible to participate in the Vacation Donation Program: administrators (FT), professional staff (FT), and support staff (FT).

Criteria for Donating Leave

- 1) Employees may NOT designate the recipient of their donated vacation time. All donated time will be added to the Vacation Donation Program pool and distributed via the Program's Eligibility and Request Process.
- 2) The donating employee must be currently active on Monroe County Community College's payroll and been employed by MCCC for a minimum of one year (12 months) to be eligible to donate vacation time.
- 3) Donors may donate a minimum of 8 vacation hours up to a maximum of 160 vacation hours per fiscal year to the Vacation Donation Program pool.
- 4) Employees cannot borrow against future vacation time to donate.
- 5) Employees who are on an approved leave of absence cannot donate vacation time.

Request for Use of Vacation Time Pool

In order to request time from the Vacation Donation Program pool, an employee must be on an extended absence due to illness or injury and have exhausted all paid leave available.

The employee's need must arise from their own serious health condition. The time granted will count toward fulfilling the FMLA or Medical Leave period.

An eligible employee may be granted up to 240 hours within a 12-month period upon the recommendation and approval of their Supervisor and the approval of the area Vice President and the Director of Human Resources.

Eligibility for Use of Vacation Time Pool

The employee may request a donation from the Vacation Donation Program pool, providing the employee meets all of the following criteria:

- Employee must be employed at MCCC for at least one year (12 months).
- Employees must use all of their own sick, vacation, personal, and compensatory leave first, before donations are applied to their sick bank.
- Employee must be under a physician's care. Donated time will not be granted unless medical documentation is submitted.

- An employee's use of donated time shall cease upon being placed on long term disability.
- An employee is not eligible if receiving workers' compensation.
- If an employee returns to work before exhausting all donated time, the unused time will be returned to the Vacation Donation Program pool.
- Donated time cannot be used to pay back advances for the employee's sick or vacation leave.

Donation Request Process

- It is the employees' responsibility to contact Human Resources to begin the donation request process.
- Employee must submit a Vacation Donation Program Request to Use Form to Human Resources to be granted up to 240 hours within a 12-month period from the Vacation Donation pool.
- The Director of Human Resources will verify eligibility.
- The request will be forwarded to the employee's Supervisor and the area Vice President for review, recommendation, and approval.



**Request to Use Form
Vacation Donation Program**

Name: _____ Date: _____
Position: _____ Dept.: _____

I request to use _____ SICK HOURS from the vacation donation pool.

I understand that:

- I may be granted up to 240 hours within a 12-month period.
- The time granted will count toward fulfilling the FMLA or Medical Leave period.
- The vacation time donated will be converted to sick time hours based on my base salary.
- The donated hours will be added to my sick bank per payroll period until exhausted or I return to work.
- I must be employed by MCCC for a minimum of one year (12 months) to be eligible.
- I must use all my own sick, vacation, personal, or compensatory leave first, before donations are applied to my sick bank.
- I must be under a physician's care. Sick time will not be granted unless medical documentation from my physician is submitted.
- The use of donated time shall cease upon being placed on long term disability.
- If I return to work prior my leave end date, the donated hours will be returned to the vacation time donation pool.

Staff Member Signature Date

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For Recommendation:

Supervisor Date

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For Approval:

For Approval:

Area Vice President Date

Human Resources Director Date

Submit original signed and completed form to the Human Resources Office, Warrick Student Services/Administration Building. Please contact the Human Resources Office with questions at 734-384-4245.

Staff Member copy ____ Payroll copy ____ Medical file ____



Donor Authorization Form Vacation Donation Program

Donor Information

Donating Employee: _____ Employee ID: _____
(Last Name) (First Name)

Work Phone: _____ Department: _____

Criteria for Donating Leave:

- 1) The donation of vacation time is strictly voluntary and is an irrevocable donation.
- 2) Employees may NOT designate the recipient of their donated vacation time. All donated time will be added to the Vacation Donation Program pool and distributed via the Program's Eligibility and Request Process.
- 3) The donating employee must be currently active on Monroe County Community College's payroll and been employed by MCCC for a minimum of one year (12 months) to be eligible to donate vacation time.
- 4) Donors may donate a minimum of 8 vacation hours up to a maximum of 160 vacation hours per fiscal year to the Vacation Donation Program pool.
- 5) Employees cannot borrow against future vacation time to donate.
- 6) Employees who are on an approved leave of absence cannot donate vacation time.

I wish to donate the following VACATION HOURS to the pool: _____ Hours

- I understand that my donation total cannot be less than 8 hours nor more than 160 hours per fiscal year.
- I understand that my donated hours will be converted to a value based on my hourly rate/salary and added to the Vacation Donation Program pool.
- I understand that I am donating these hours on a voluntary basis.
- I understand that my donation, once processed and transferred, is irrevocable.
- I understand that I cannot designate the recipient of my donated vacation hours and that the donated hours will be treated as leave hours for individuals approved to draw from the Vacation Donation Program pool.

(Donor Authorized Signature)

(Date)

Submit original signed and completed form to the Human Resources Office, Warrick Student Services/Administration Building. Please contact the Human Resources Office with questions at 734-384-4245.