

SHARED LEAVE PROGRAM
(Faculty and Unclassified Employees Shared Leave Pool)

Policy and Procedures

The Southern University Board of Supervisors endorses and encourages participation by its employees in a shared leave program (shared sick leave and/or shared annual leave) that provides donated hours that can be used by eligible members of the faculty and/or unclassified employees during periods of crisis caused by their own serious illness or injury or that of an eligible family member.

Authorization

The Shared Leave Program is established and approved by the Board of Supervisors for the Southern University System in accordance with a Resolution of the Board passed on _____.

Purpose

The Shared Leave Program of the Southern University System is a means of providing paid leave to an eligible faculty member or unclassified employee who has experienced a serious illness or injury to themselves or to an eligible family member. For the purpose of this policy, the definition of serious illness or injury as outlined by the Family and Medical Leave Act (FMLA) will be used. The intent of the program is to assist employees who, through no fault of their own, have insufficient paid leave balances to cover the crisis period. Crisis leave can only be used on a continuous basis. It is not to be used on an intermittent basis.

Definitions

Shared Leave is leave hours donated by faculty and/or unclassified staff members into a shared leave pool to be used by fellow faculty and/or unclassified staff who are suffering from their own serious health condition which has caused or is likely to cause the employee to take leave without pay or to terminate employment or to attend to an eligible family member who has a documented serious health condition. Faculty and/or unclassified employees may *irrevocably* donate sick leave to the shared sick leave pool.

Serious Health Condition (Family Medical Leave Act) is an illness, impairment, physical or mental condition, or injury caused by a serious accident on or off the job, that involves:

1. Any period of incapacity or treatment in connection with or consequential to inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility;
2. Any period of incapacity requiring absence from work, school, or other regular daily activities of more than three calendar days, that also involves continuing treatment by (or under supervision of) a health care provider; or
3. Continuing treatment by (or under supervision of) a health care provider for a chronic or long-term health condition that is incurable or so serious that, if not treated, would likely result in a period of incapacity of more than three calendar days.

4. Voluntary (elective) or cosmetic treatments (such as most treatment for orthodontia or acne) that are not medically necessary are not "serious health conditions," unless inpatient hospital care is required. Restorative dental surgery after an accident, or removal of cancerous growths are serious health conditions provided any of the other conditions are met as stated in 1, 2, or 3. Treatment for allergies or documented severe stress (not routine) or for substance abuse are serious health conditions, if any of the other conditions are met as stated in 1, 2, or 3. Prenatal care is included as a serious health condition for the purposes of determining eligibility under this policy. Routine preventive physical examinations are excluded.

Leave Pool Manager - The Leave Pool Manager or his/her designee will manage and certify the leave pool balances.

Shared Leave Review Committee - A Committee shall be appointed by the Campus Chancellor (or System President, when applicable). This Committee shall consist of a person from the division of Academic Affairs, a member from the division of Finance and Administration, a member of the division of Institutional Advancement, a member of the division of Student Affairs, a member appointed by the Faculty Senate, and three ex officio members, the director of Human Resource and the Leave Pool Manager from the Comptroller's Office. Once in place, the Committee will select a Chair. The members appointed shall be eligible for participation in the program. The Chancellor shall appoint the faculty and staff members annually. The committee will serve to administer the Shared Leave Program. When not otherwise specified in written policy, the Committee may recommend operational guidelines and procedures for the Shared Leave Program. The Human Resources Director and the Leave Pool Manager shall serve in an ex-officio, non-voting capacity on the committee.

Eligibility Requirements

To be eligible to receive sick or annual leave from the shared leave pool, an employee shall meet the following requirements:

1. Be a full-time member of the faculty who has completed at least two academic years (4 regular semesters) of service, if employed on a nine (9) month basis at the University and is eligible to earn and use sick and/or annual leave or an unclassified employee who has completed at least two years (24 consecutive months) at the university, if hired on a twelve (12) month basis and is eligible to earn and use sick and/or annual leave.
2. Have used all of his/her sick, annual, and compensatory leave before requesting leave from the pool.
3. Have made a contribution of at least three (3) days (24 hours) of sick and/or annual leave to the shared leave pool within one year prior to the application as a prerequisite to applying to use sick or annual leave from the pool.
4. The employee or the employee's eligible family member must suffer from a catastrophic or serious health condition, illness or injury.
5. The employee has exhibited a good attendance record (with no history of leave abuse) and is not absent from work due to disciplinary reasons.
6. The appropriate documentation from a licensed medical service provider is submitted for the committee's review.

7. Employees receiving workers compensation or benefits from a long-term disability insurance policy are not eligible to withdraw leave from the pool.

The Shared Leave Review Committee will make the final determination of whether an applicant is an eligible employee as a part of its review of the employee's Shared Leave request.

Eligible Family Member is defined as:

- an individual living in the same household who is related to the employee by blood (kinship), adoption or marriage, or a foster child so certified by the Louisiana Office of Children's Services, who is the spouse, child, parent, brother, sister, grandchild, or parent-in-law of the employee, or
- an individual not living in the same household but who is closely related to the employee by blood (kinship), adoption or marriage, and is totally dependent upon the employee for personal care or services on a continuing basis.

The Shared Leave Review Committee shall determine if the person is an eligible family member as a part of its review of an employee's shared leave request.

Shared Leave Guidelines

The Shared Leave Review Committee shall determine the number of sick leave hours to be granted for each serious illness or injury or annual leave hours to be granted to care for a seriously ill or injured eligible relative when such leave is requested. The amount of leave granted to an employee will generally reflect the recommendations of the licensed medical service provider, subject to the following limits:

- a maximum of 176 hours (22 days) may be requested by an employee during one calendar year.
- shared leave may not be granted to any individual to extend paid leave status beyond a total time in leave status of 12 weeks.
- the value of the sick or annual leave granted as shared leave may not exceed 75% of the employee's pay received during a regular payroll cycle. The remaining 25% shall be leave without pay.
- the remainder of the shared leave will terminate on the earlier of the date of recovery from the illness or injury or the death of the terminally ill employee or family member or when the employee returns to work, even if the full allocation of shared leave hours granted has not been exhausted.
- employees who use leave from the shared leave pool shall not be expected to pay it back.
- Donations shall **only be allowed** to the Shared Leave Program pool and **not to an individual participating employee.**

Southern University limits the number of days an employee can draw from the Program to twenty-two (22) days (176 hours) per fiscal year, to a maximum of one hundred (100) days (800 hours) per an employee's total participation in the program. The intent of this policy is to assist an employee's speedy return to the workplace, and it is not designed to be a substitute for a long-term disability insurance policy.

Donation Procedures

Contributions to the Shared Leave Pool are strictly voluntary. No employee shall be coerced or pressured to donate leave. An employee donating to the pool may not designate a particular employee to receive the donated time. Donations are accumulated in the pool on a calendar year basis and leave is awarded on a first-come, first-served basis to eligible employees. Donations must be renewed annually. Donations are limited to the following terms:

- to facilitate the establishment of the approved shared leave pool for Southern University System campuses, any faculty member or unclassified employee may make an **initial one time donation** of sick and/or annual leave in whole hour increments in any amount desired, as long as he/she will have an sick and/or annual leave balance of no less than 40 hours remaining after the initial donation.
- an employee may thereafter donate a minimum of four (4) hours of sick or annual leave and up to a maximum of 24 hours (three days) of sick or annual leave per year (no compensatory leave can be donated).
- donations to the pool must be made in whole hour increments at least once every three years to retain eligibility.
- the donor must have a balance of at least 24 hours or three (3) days of sick leave and/or as applicable 24 hours or three (3) days of annual leave remaining after making any scheduled contribution.

The employee must complete a leave form and designate the leave as a "*Donation to the Shared Leave Pool - Faculty and Unclassified Employees.*" This form should be turned in to the employee's immediate supervisor for approval, who then forwards the form to the Office of Human Resources. The Leave Pool Manager who manages the Shared Leave Pool will be notified of the donation and log it accordingly.

Participants shall retain leave balance of no less than three (3) sick days (24 hours) at all times for personal use. Employees shall not be permitted to donate to the Program if they have less than three (3) days (24 hours) of sick leave. Employees who participate in the shared leave program may not contribute more than nine (9) days (72 hours) of their accrued sick leave over a period of three (3) years.

Human Resource will email participants to notify them when it is time for renewal contributions.

Application and Approval Procedures

Shared Leave shall be applied for by the eligible employee and may be taken only when recommended by the Shared Leave Committee and approved by the campus Chancellor or his/her designee. The applicant's or applicant's family member's health care provider **must** provide written documentation of the need for the leave. The Committee may choose to require an opinion from another health care provider, especially for extended leaves. The Committee may also require the applicant to sign a medical records release, in extraordinary circumstances, when such is needed to fully consider the request.

An eligible faculty member or unclassified employee may request leave from the Shared Leave Pool by the submission of a letter, which must be accompanied by a statement from the employee or family member's licensed medical service provider(s). The documentation must include:

- beginning date of the illness or injury, and
- a detailed description of the illness or injury, including any requested or known information that will be useful in making a final determination of eligibility, and
- prognosis for recovery, if the request is for an employee, and

- the anticipated return to work date, and
- documentation, as requested by the Human Resources Director, to establish eligibility of a family member (birth certificate, marriage license, adoption papers, etc.).

The request for leave hours from shared leave pool and the accompanying documentation must be submitted to the Leave Pool Manager, who shall forward it to the Human Resources Director for verification of eligibility. The Human Resources Director reviews the request to insure that the employee is eligible to receive shared leave. The employee requesting shared leave must provide all requested information necessary to make a final determination of eligibility.

All requests for shared leave shall be treated as **confidential**. All requests and documentation for shared leave should be submitted in envelopes marked "**CONFIDENTIAL**". The Human Resources Director will notify the chair of the Shared Leave Committee to call a meeting. Requests will be reviewed and approved or disapproved by the Shared Leave Committee.

Each request will be stamped with the time and day received by the Human Resources Director and will be handled and acted upon on a first-come, first-served basis. The request should be submitted at least ten (10) days before the leave is needed, when possible. This is necessary to allow the Committee time to receive and review the request; request additional documentation, if needed; to either approve or to deny all or part of the request; and to issue a letter of approval or denial to the employee, with copies to the employee's supervisor or budget unit head, human resources director and Leave Pool Manager.

If the request is approved, the Leave Pool Manager will direct the appropriate payroll clerk to credit the approved time to the employee's leave record.

Any approved shared leave must be used, and documented, in accordance with the same procedures as regular paid leave taken by the employee.

Changes in Status Affecting Shared Leave

The granting of shared leave is meant to cover only the circumstances for which it was requested. If any change occurs in the nature or severity of an illness or injury, or the care given an eligible family member or of any other factor on which the approval was based, the employee must provide documentation describing the change to the Human Resources Director. The employee can request more leave from the pool, subject to the limits outlined above; however, extension of shared leave are not automatic. Each extension shall be approved on a first-come, first-served basis. The employee, immediate supervisor, and primary timekeeper will be notified accordingly.

Hours granted from the Shared Leave Pool may be used only for purposes and reasons stipulated in the approved request. The use of approved leave from Shared Leave Pool that is not in accordance with the stated procedures and requirements outlined in this policy may constitute payroll fraud and will be dealt with accordingly.

Employees who are able to return to work before using all of the granted shared leave must notify the Human Resources Director and return the unused leave to the Shared Leave Pool.

Compensation and Benefits

Shared leave will be awarded hour for hour, regardless of the donating or receiving employee's rate of pay.

An employee in shared leave status will be considered in partial paid leave status and will continue to receive benefits as appropriate. Employees on shared leave will not accrue annual or sick leave while using donated leave from the Leave Pool. Payroll clerks will adjust the automatic leave earnings for the employee accordingly.

Entitlement

The adoption of this Shared Leave Policy or any policy subsequent to this policy shall not create a legal entitlement.

**SOUTHERN UNIVERSITY SYSTEM
SHARED LEAVE PROGRAM FOR FACULTY
AND UNCLASSIFIED EMPLOYEES**

Location: SUS SUBR SULC SUNO SUSLA SUAREC

Leave Donation Form

Name: _____ Date: _____

Title: _____ Dept: _____

Home Address: _____

Telephone: _____ E-mail Address: _____

I, _____, hereby authorize Southern University to deduct from my accrued sick leave balance, a total of _____ hours* and place them in the University's Shared Leave Pool for Faculty and Unclassified Employees as a "Donation to the Shared Leave Pool - Faculty and Unclassified Employees." This donation of leave is made with the knowledge and understanding that it is irrevocable and will not be refunded to me. I understand that after making the initial donation to establish the Shared Leave Pool, I can donate a total of only 240 hours of accrued sick and annual leave every fiscal year.

Signature : _____ Date: _____

Type/Print Name: _____ SSN: _____

*Minimum initial donation is one (1) day or 8 hours

NOTE: The initial donation to the shared leave pool can be for any number of hours as long as it does not reduce your total sick and/or annual leave balance to less than 40 hours.

Instructions: Complete the above form and submit to the Leave Pool Manager, Comptroller's Office.

*******VERIFICATION OF LEAVE BALANCE*******

TOTAL HOURS DONATED: _____

_____**LEAVE BALANCE ADJUSTED** **DATE** _____ **By:** _____

_____**SHARED LEAVE POOL CREDITED** **DATE** _____ **By:** _____

_____**DONATION NOT RESTRICTED** **DATE** _____ **By:** _____

_____**BALANCE AFTER DONATION OK** **DATE** _____ **By:** _____

VERIFIED (HRM): _____ **APPROVED (PM):** _____

DATE: _____ **DATE:** _____

**SOUTHERN UNIVERSITY SYSTEM
 SHARED LEAVE PROGRAM FOR FACULTY
 AND UNCLASSIFIED EMPLOYEES**

Location: ___ SUS ___ SUBR ___ SULC ___ SUNO ___ SUSLA ___ SUAREC

Application for Use of Leave from the Shared Leave Pool

Name: _____ **Date:** _____

Title: _____ **Dept:** _____

Home Address: _____

Telephone: _____ **E-mail Address:** _____

I, _____ am requesting to use _____ hours from the Shared Leave Pool. I certify that I am an eligible employee of the Southern University Shared Leave Program. In accordance with the Shared Leave Policy, I have attached written documentation from my or my relative's healthcare provider/physician outlining the need for sick leave or annual leave and my personal statement explaining my request. I understand that, if approved, the maximum number of sick leave days/hours that I can draw from the Program is limited to 22 days or 176 hours per fiscal year and that the total number of leave hours that I can receive is also limited to 100 days or 800 hours during my total participation in the Program. I also understand that this request shall not create a legal entitlement and that I have no right to appeal the decision of the Shared Leave Review Committee.

Signed: _____ **Date:** _____

Print/Type Name: _____ **SSN:** _____

Instructions: Complete the above form and attach the appropriate documentation to support and statements explaining your request to use hours from the Shared Leave Pool. Forward your completed application to the Leave Pool Manager, Comptroller's Office, Southern University. The Shared Leave Review Committee will review all requests and make a recommendation to the Chancellor or his/her designee.

ACTION TAKEN: **Request Approved** **Request Disapproved**

Signed: _____ **Date:** _____
 SLR Committee Chairman

Approved: _____ **Date:** _____
 Chancellor