



## City of Kings Mountain – Shared Leave Policy Summary of Major Provisions

The intent of the Voluntary Shared Leave Policy is to allow one employee to assist another in case of a prolonged medical condition affecting that employee OR to assist an employee needed to care for a qualified family member (as defined in the City of Kings Mountain Family Leave Rights under FMLA) which has resulted in his/her exhaustion of all earned leave.

<b>Participant Eligibility</b>	The employee applying for shared leave must be a full-time (assigned to 30 hours or more per work week) permanent employee.
<b>Definition of Prolonged Illness</b>	A prolonged illness as defined in Kings Mountain Family Leave Policy & FMLA
<b>Application Process</b>	The employee may apply to participate in the shared leave program or be nominated for participation by a fellow employee.
<b>Required Applicant/Nominee Documentation</b>	<ul style="list-style-type: none"> <li>▪ Request by completing an <u>Application for Voluntary Shared Leave Program Form</u></li> <li>▪ Complete <u>Authorization For Release of Medical and Other Information Form</u></li> </ul>
<b>Donor Provisions</b>	<ul style="list-style-type: none"> <li>▪ Must be employed for at least 12 months.</li> <li>▪ Minimum donation is 8 hours</li> <li>▪ Maximum donation amount of vacation and sick leave by one individual cannot reduce accrued time to less than 96 hours vacation and 80 hours sick</li> <li>▪ Applicant is responsible for obtaining his/her own donors</li> <li>▪ Donation is as requested, on a one-on-one basis.</li> <li>▪ Donated hours will <u>not</u> be prorated but will be hour for hour.</li> <li>▪ May receive up to 480 hr. (12 wk.)</li> <li>▪ Should recipient return to work, any remaining balance will be returned to donors (pro-rated).</li> <li>▪ While on paid leave, applicant will continue to accrue sick and vacation.</li> </ul>
<b>Applicant/Nominee Provisions</b>	
<b>Confidentiality</b>	<i>The Privacy Act makes medical information confidential. When disclosing information on an approved recipient, only a statement that the recipient (or family member) has a prolonged medical condition needs to be made.</i>

## Shared Leave Donation Form

*Instructions: Please fill out the information below and submit it to the Human Resources Department.*

Donor Information:

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

Department Name: \_\_\_\_\_

Annual Leave Balance: \_\_\_\_\_ As of Date: \_\_\_\_\_

Sick Leave Balance: \_\_\_\_\_ As of Date: \_\_\_\_\_

NUMBER OF ANNUAL LEAVE HOURS TO BE DONATED: \_\_\_\_\_

NUMBER OF SICK LEAVE HOURS TO BE DONATED: \_\_\_\_\_

Employee to Receive Shared Leave:

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

Department Name: \_\_\_\_\_

I meet the requirements for being a Shared Leave Donor and would like to contribute the stated hours of leave to the employee listed above. I understand that once this donated leave is transferred to an eligible employee, it will not be returned to me unless the recipient returns to work and there is a remaining balance to be pro-rated to the donors.

\_\_\_\_\_  
(Employee-donor's signature) (Date)

APPROVED:

\_\_\_\_\_  
Human Resources Director (Date)