

LETTER OF AGREEMENT #99

DONATED LEAVE PROGRAM

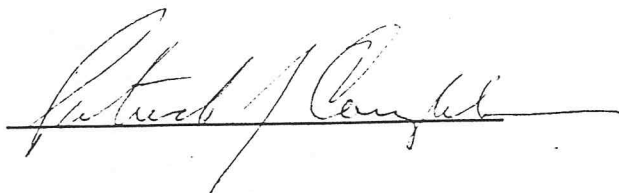
It is hereby acknowledged that the Kean University Administration and the Kean University Federation of Teachers have conducted joint discussions regarding the establishment of a donated leave program for faculty and professional staff.

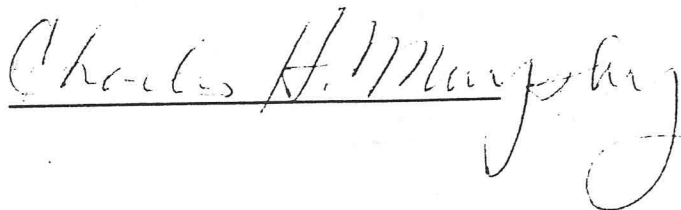
The understanding reached in the joint discussions and contained in the attached documents entitled **Donated Leave Program for Faculty and Professional Staff** will be implemented effective immediately.

It is further understood that these procedures will stay in effect unless it is determined through discussion between the University and the Kean University Federation of Teachers that modification to the procedures should be made.

KEAN UNIVERSITY

**KEAN UNIVERSITY FEDERATION
OF TEACHERS**





Date December 3, 1997

Attachments (2)

**KEAN UNIVERSITY
DONATED LEAVE PROGRAM
FOR FACULTY AND PROFESSIONAL STAFF**

I. Purpose

The purpose of this procedure is to set forth eligibility requirements governing Kean employee participation in a Donated Leave Program. These provisions apply to employees covered under the Agreement between the State and the American Federation of Teachers. ^{1.}

II. Donated Leave Program

The program enables employees to donate a portion of their earned sick and/or vacation time for use by other employees who have exhausted their own earned leave and are unable to work for reasons of a serious health condition or injury.

III. Eligibility

A. Recipient

An employee shall be eligible to receive donated sick and/or vacation time provided they meet the following criteria and requirements:

1. University employment of not less than one year of continuous service;
2. A health condition or injury which requires absence from work for a prolonged period;
3. Medical verification from a physician or certified health care provider describing the nature and severity of the anticipated duration of the absence disability; and
4. Exhaust all accrued leave time, including compensatory time, sick, vacation and administrative.

1. Civil Service employees follow the provisions of NJAC 4A:6-1.22

Donated Leave Program

B. Donor

An employee donor shall meet the following criteria and requirements:

1. The employee may donate an unlimited number of days, as long as the remaining leave balance is not less than the amount specified in item 3 below.
2. The donation is irrevocable.
3. If donating sick leave, the donor must have a remaining leave balance of not less than 20 accrued days, and if donating vacation leave, the minimum remaining leave balance must be 10 days.
4. **Solicitation and/or acceptance of compensation for the donated leave is strictly prohibited.**

IV Procedures

The program is administered by the Office of Human Resources.

A. Recipient:

1. Employee participation in the program is on a voluntary basis. A recipient may receive up to 180 days while employed at the university. This program is not retroactive.

An employee on medical leave prior to the enactment of the policy is not eligible for this program unless that employee returns to work for one pay period prior to applying for donated leave.

2. Approval of requests for donated leave are subject to approval of the Recipient Affidavit form which is available in the Office of Human Resources. In the event an employee is unable to complete the Recipient Affidavit Form, an employee's designated family member may complete the form on behalf of the employee. A supervisor also may initiate this process on behalf of the employee. Notice shall be provided to all appropriate negotiation representatives.
3. The eligible recipient leave account may be credited with donated time upon approval of the Recipient Affidavit Form.

Donated Leave Program

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4. The leave recipient shall continue to accrue sick and vacation leave while using donated leave time. In any given pay period, accrued leave will be used as it becomes available, supplemented by donated leave.
5. Recipients cannot collect Temporary Disability Insurance while participating in the Donated Leave Program. Once an employee has exhausted all benefits from the Donated Leave Program, he/she can enroll or re-enroll in the TDI Program. (N.J. Department of Labor regulations preclude the collection of Temporary Disability benefits while receiving full compensation from the employer. Donated sick leave, in this case, constitutes full compensation from the employer.)

B. Donor

1. The donor's leave account will be reduced by the number of days donated upon approval of the Donor Transfer Certification Form.
2. All donated leave time shall be credited to the appropriate donated leave pool.
3. Upon retirement, the leave donor shall not be granted compensation for any sick leave donated through the Donated Leave Program.

V. Questions

All questions concerning this policy and procedure should be addressed to the Director of Human Resources, ext. 2150.

KEAN UNIVERSITY
DONATED LEAVE PROGRAM - DONOR TRANSFER CERTIFICATION

I hereby permit Kean University to transfer leave credit as indicated below to be used as the recipient's personal sick leave.

DONATION SECTION:

DONATE TO: _____
(Please print full name of recipient)

I wish to donate the following:

_____ SICK DAYS - I certify that my sick leave balance will not be less than
(number) 20 accrued sick days after this transfer.

_____ VACATION DAYS - I certify that my vacations leave balance will not be
(number) less than 12 accrued vacation days after this transfer.

_____ TOTAL DAYS DONATED* -(Cannot exceed 10 days per recipient)
(number)

*Donation of less than 5 days will result in conditional approval until minimum of 5 days have been donated to the recipient.

CERTIFICATION SECTION:

I certify that I have not been coerced nor solicited or accepted anything of value for the donation or paid leave time.

_____ Date _____ Name (Print) _____ Signature _____

Social Security Number: _____

Dept: _____ Office Phone: _____

RETURN TO: THE OFFICE OF HUMAN RESOURCES, ADMINISTRATION BUILDING, 2nd Floor

FOR USE BY THE OFFICE OF HUMAN RESOURCES

_____ Transfer Approved _____ Transfer Disapproved

This is to advise you that your request to donate leave time cannot be accepted due to the following reason(s):

- _____ Recipient is no longer active.
- _____ Employee has already received the maximum number of donated days.
- _____ Your current sick balance does not show the required minimum number of 20 accrued days.
- _____ Your current vacation balance does not show the required minimum number of 12 accrued days.

Other: _____

_____ Appointing Authority Signature _____ Date _____

**KEAN UNIVERSITY
DONATED LEAVE PROGRAM
RECIPIENT AFFIDAVIT**

1. I request participation in the Donated Leave Program (The specific nature of my illness will be kept confidential, if requested below).
2. I have read the procedure regarding the donated leave program and I consent to participation in this program.
3. I certify that I have not offered anything of value to any employee in exchange for the donation of paid leave time to me.
4. I have not directly or indirectly intimidated, threatened or coerced any employee for the purpose of obtaining a donation of paid leave.
5. I have not interfered with any right which another employee may have with respect to contributing, receiving or using paid leave under this program.
6. I understand that I cannot receive temporary disability (TDI) benefits for the same periods that I am paid wages from donated sick and/or vacation leave or while using any of my own paid leave time.
7. I also understand that the Temporary Disability Benefits Law requires that I use all of the donated leave before benefits can be paid.
8. I have attached medical verification which confirms a serious health condition or injury indicating an anticipated absence through _____.
9. I am aware that the federal privacy standards of HIPAA (Health Insurance Portability and Accountability Act of 1996) protect the security and confidentiality of a person's health information. I have indicated in the box below my preference for confidentiality.

☐ **YES**, I would like my personal/health information kept confidential.

☐ **NO**, I do not want my personal information kept confidential. I understand that this procedure will require posting on employee bulletin boards, or announcement by other appropriate means, of my name and those of each eligible recipient.

NAME (PRINT)

SIGNATURE

SOCIAL SECURITY NUMBER

DATE

HOME PHONE NUMBER _____

Sworn and subscribed to before me
this ____ day of _____, 200__

Notary Public of the State of New Jersey

PLEASE FORWARD THIS AFFIDAVIT TO THE OFFICE OF HUMAN RESOURCES