



## **COUNTY OF MERCER DONATED LEAVE PROGRAM**

(A) A County employee shall be eligible to receive donated sick or vacation leave if the employee:

1. Has completed at least one year of continuous County service;
2. Has exhausted all accrued sick, vacation and administrative leave, all sick leave injury benefits, if any, and all compensatory time off;
3. Has not, in the two-year period immediately preceding the employee's need for donated leave, been disciplined for chronic or excessive absenteeism, chronic or excessive lateness or abuse of leave; and
4. Suffers from a catastrophic health condition or injury;

(B) For purposes of this section, a "catastrophic health condition or injury" shall be defined as follows:

1. With respect to an employee, a "catastrophic health condition or injury" is either:
  - i. A life-threatening condition or combination of conditions; or
  - ii. A period of disability required by his or her mental or physical health or the health of the employee's fetus which requires the care of a physician who provides a medical verification of the need for the employee's absence from work for 60 or more work days.

(C) A County employee may request that the department head approve his or her participation in the program, as a leave recipient or leave donor. The employee's supervisor may make such a request on behalf of the employee for his or her participation in the program as a leave recipient.

1. The employee requesting acceptance as a leave recipient shall submit to the administrator of the Plan or his or her designee (hereinafter "administrator") medical verification from a licensed medical doctor concerning the nature and anticipated duration of the disability resulting from either the catastrophic health condition or injury, or the donation of an organ, as the case may be.
2. When the administrator has approved an employee as a leave recipient, the administrator shall, with the employee's consent, post or circulate the employee's name along with those of other eligible employees in a conspicuous manner to inform of the request for the donation of leave time.

i. If the employee is unable to consent to this posting or circulation, the employee's family may consent on his or her behalf.

(D) In County service, a leave recipient must receive at least five sick days or vacation days or a combination thereof from one or more leave donors to participate in the donated leave program. A leave donor shall donate only whole sick days or whole vacation days and may not donate more than 10 such days.

1. A leave recipient shall receive no more than 180 sick days or vacation days, and shall not receive any such days on a retroactive basis.
2. A leave donor shall have remaining at least 20 days of accrued sick leave if donating sick leave and at least 12 days of accrued vacation leave if donating vacation leave.
3. A leave donor shall not revoke the leave donation.
4. A leave recipient shall be paid based upon the recipient's rate of pay.

(E) While using donated leave time in County service, the leave recipient shall accrue sick leave and vacation leave and be entitled to retain such leave upon his or her return to work.

1. Any unused, donated leave shall be returned to the leave donors on a prorated basis upon the leave recipient's return to work, except that if the proration of leave days results in less than one day per donor to be returned, that leave time shall not be returned.
2. Upon retirement, the leave recipient shall not be granted supplemental compensation on retirement for any unused sick days which he or she had received through the leave donation program.

(F) A County employee shall be prohibited from threatening or coercing or attempting to threaten or coerce another employee for the purpose of interfering with rights involving donating, receiving or using donated leave time. Such prohibited acts shall include, but not be limited to, promising to confer or conferring a benefit such as an appointment or promotion or making a threat to engage in, or engaging in, an act of retaliation against an employee.

(G) This policy shall take effect immediately upon the approval of the State Department of Personnel.

(H) Donated leave time will run concurrently with the New Jersey and Federal Family Leave Acts and will be charged against any leave entitlements. However, you must formally request Family Leave per the County's FMLA Policy.

(I) If any provision in this policy conflicts with any provision in collective bargaining agreements, ordinances or statutes, the latter will prevail.



## COUNTY OF MERCER DONATED LEAVE APPROVAL FORM EMPLOYEE APPLICATION FORM

A County employee may be eligible if they are suffering from a catastrophic health condition or injury, which requires an absence from work for at least Sixty (60) work days. A County employee may be eligible to receive donated sick or vacation leave if they have exhausted all accrued sick, vacation and personal days and all compensatory time off. This form is to be completed for approval of donated leave days by Mercer County employee and their physician.

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

Title/Department: \_\_\_\_\_

Social Security # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Home Address: \_\_\_\_\_

Phone Number where you can be reached during this absence: \_\_\_\_\_

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

---

### TO BE COMPLETED BY PHYSICIAN

Name of Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Diagnosis of Mercer County Employee: \_\_\_\_\_

Treatment: \_\_\_\_\_

First Visit: \_\_\_\_\_      Last Visit: \_\_\_\_\_

Was the patient hospitalized?      Yes \_\_\_\_\_      No \_\_\_\_\_

Was surgery necessary?      Yes \_\_\_\_\_      No \_\_\_\_\_

If Yes: Admission date: \_\_\_\_\_      Discharge Date: \_\_\_\_\_

Patient disabled from: \_\_\_\_\_      To \_\_\_\_\_

If it is in your medical opinion that this diagnosis is a catastrophic condition or injury, this Mercer County employee may be eligible for donated leave days. Please explain your response:

Signature of Physician: \_\_\_\_\_

*Note: Progress reports may be required to support this diagnosis as well as additional periodic updates.*



**COUNTY OF MERCER  
DONATED LEAVE PROGRAM  
RECIPIENT APPLICATION/AFFIDAVIT**

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

Title: \_\_\_\_\_

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

I wish to participate in the Donated Leave Program. In support of my application, I have attached medical documentation verifying the nature, severity, and anticipated duration of my disability.

I consent to participate in this program. I understand that participation in this program will result in the posting of a notice to all County employees of my eligibility. The specific nature of my illness will be kept confidential.

I certify that I have not solicited nor offered anything of value for the donation of paid leave time.

I have not directly or indirectly intimidated, threaten or coerced, or attempted to intimidate, threaten or coerce any employee for the purpose of obtaining a donation of paid leave.

I have not interfered with any right, which another employee may have with respect to contributing, receiving, or using paid leave under this program.

I understand that I cannot receive State Disability Program benefits for the same period that I am paid wages from donated sick or vacation leave, or while using any of my own leave during this program.

I also understand that the State Disability Program requires that I use all of the donated leave before disability benefits can be paid.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

Department Head's Acknowledgement: \_\_\_\_\_

<b>TO BE COMPLETED BY:</b>	<b>DEPARTMENT</b>	<b>PERSONNEL CONFIRMED</b>
Employee's last day of paid sick time:	_____	_____
Employee's last day of paid vacation time:	_____	_____
Employee's last day of paid comp time:	_____	_____