



## Guidelines for the General Leave Bank

### 1 PURPOSE

This guideline establishes a leave bank assistance program, per UCA policy 7.e.(2)(c)(i), by which the Utah Communication Authority (UCA) employees may donate eligible leave hours to other UCA employees whose leave benefits have been exhausted because of serious chronic illness or catastrophic illness or injury.

### 2 GUIDING PRINCIPLES

This program provides paid leave to eligible employees who have exhausted all leave balances but need to be absent from work for an extended time because of serious chronic illness or catastrophic illness or injury. Access to this leave bank is not an employee right and shall be authorized at management discretion.

A general leave bank will be established, and eligible employees will receive hours from this bank on a first-come, first-serve basis. The general leave bank will only hold a maximum of 1000 hours of donated leave hours. If adequate hours are not available in the general leave bank, a specific leave bank may be established for the employee requesting leave assistance.

The Executive Director may make exceptions to this policy as allowed by applicable law.

### 3 POLICY

#### 3.1 Definitions

**Catastrophic Illness or Injury:** An illness, acute physical or mental condition, or injury which is life-threatening or incapacitating and which reasonably requires the employee to be absent from work for an extended period of time.

**Eligible Employees:** For the purposes of this policy, eligible employees are full-time employees at UCA, and are not on a corrective or disciplinary action, is eligible to receive assistance under this policy.

**General Leave Bank:** A bank of leave hours that can be used under this policy. The leave hours are either: the forfeited annual leave by employees that have an excess of 320 hours at the end of the calendar year, if the employee has elected for those forfeited hours to the General Leave Bank, or leave hours an employee donates to the General Leave Bank.

**Serious Chronic Illness:** A disease or illness of the employee of long duration characterized by slowly progressive and serious debilitation or disability, or by serious and persistent symptoms, if such debilitation, disability, or symptoms reasonably require the employee to be absent from work for an extended period of time. The term "serious chronic illness" does not include any disease or illness for which the employee can receive periodic treatments during reasonably short visits to health care providers, and for which the employee can avoid the need for additional leave benefits by making

reasonable adjustments in the employee's work schedule to accommodate the necessary doctors' appointments or treatment programs.

**Employee Specific Leave Bank:** A leave bank established for an eligible employee requesting leave assistance when the hours in the general leave bank are not sufficient to cover the hours requested. UCA employees may choose to donate hours to a specific individual approved for a specific leave bank. Donated hours shall be deducted from the donor's leave balances and added to the eligible employee's sick leave balance. Donated hours that are not used will be donated to the General Leave Bank.

## 3.2 Leave Bank Donations

- A. UCA employees forfeit all accrued annual leave that is in excess of 320 hours at the end of each calendar year.
  - a. All annual leave that UCA employees would otherwise forfeit may be transferred to the UCA general leave bank.
  - b. To ensure that all leave transfers are voluntary, UCA's Administrative Services Division Director shall annually send an email to UCA employees explaining the policy and giving them the opportunity to decline the transfer of their excess annual leave to the UCA general leave bank.
  - c. All excess annual leave will be transferred to the general leave bank after the final payroll for pay period 26 has been processed.
- B. UCA employees may also donate annual or sick leave to the UCA general leave bank.
  - a. Employees who wish to donate leave to the UCA general leave bank shall submit their request, using the Leave Bank Donation Request Form, to the Administrative Services Division Director for leave adjustment.
  - b. Donations will be distributed on a first donated-first applied basis and only used as needed.
  - c. Donated leave shall be deducted from the donor's leave balances and posted on the bi-weekly timesheet as the sick leave is used by the recipient employee, not to exceed the total number of hours approved.
  - d. Donated leave shall not be posted in advance of actual use by the donee employee, or prior to the effective date the leave bank is approved.
  - e. Donors' names and the amounts of their donations are confidential information and shall not be disclosed to the donee employee.
  - f. No UCA employee may directly donate leave hours to another employee.

## 3.3 Eligibility to Receive and Use Leave Bank Assistance

- A. Only a UCA employee who is benefit-eligible, and is not currently on corrective or disciplinary action, is eligible to receive assistance under this policy.
- B. UCA may approve leave assistance when an employee has exhausted all available leave but needs an additional extended leave from work because the employee has a catastrophic illness or injury, or serious chronic illness.
- C. An employee requesting leave bank assistance must apply for leave under the Family and Medical Leave Act (FMLA).
  - a. If an employee is not eligible for FMLA, they must provide comparable medical certification to the UCA's Administrative Services Division so that the Executive Director can determine if the employee is eligible to receive donated leave.
- D. An employee may not use the hours from a leave bank until that employee has exhausted all other available leave balances including annual leave, sick leave, converted sick leave, and

administrative leave.

- a. Use of donated leave hours may not begin prior to the effective date of assistance as determined by UCA, or until the leave bank has been approved. Leave bank assistance shall not be retroactive. Leave bank assistance shall cease when an employee returns to work.
  - b. Leave is accrued if an employee receives leave hours donated from the leave bank program.
- E. An employee may use 40 hours of leave bank assistance per pay period up to a maximum of 240 hours in any calendar year. An employee who works less than full-time is eligible for pro-rated leave hours in accordance with their normal hours worked.
- F. Donated hours shall not be utilized at the same time as Worker's Compensation, Social Security Disability, LTD benefits, or any other income maintenance.
- G. Employee use of leave bank hours shall run concurrently with any leave authorized under the FMLA.
- H. An employee who is on any form of paid leave granted through a leave bank may not engage in outside employment without written approval from the Executive Director or the Executive Director's designee.

## 3.4 Procedures

### 3.4.1 Leave Bank Request

- A. The employee, the employee's supervisor, or another person on the employee's behalf must complete an application for Leave Bank Assistance form.
- a. The completed form shall be submitted to the Administrative Services Division Director.
- B. The employee or another person on the employee's behalf shall send the UCA Leave Bank Medical Verification form and medical documentation separate from the form, directly to the Administrative Services Division Director.
- C. If possible, an application for leave bank should be made prior to the employee exhausting the employee's leave balances.
- D. The Administrative Services Division Director shall review the request for completeness, determine employee eligibility, and, if necessary, verify the medical documentation.
- a. Access to a leave bank is not an employee right and will be authorized by Authority Executive Management discretion after considering multiple factors including the following:
    - i. documentation of catastrophic or serious circumstances;
    - ii. active corrective or disciplinary action;
    - iii. duration of employment;
    - iv. previous use of leave bank; and
    - v. anticipated duration of illness or condition.
- E. The Administrative Services Director will forward the request form and appropriate documentation, along with their recommendation for approval or denial, to the Executive Director or the Executive Director's designee for final consideration. The Executive Director or designee will make the final decision to approve or deny the request.
- a. Decisions made concerning the awarding of leave bank assistance are not subject to appeal and may be revoked at any time.
  - b. The Executive Director or designee will determine the number of hours of leave bank assistance approved.

- F. The Administrative Services Division Director will notify the requesting employee and supervisor of the approval or denial of the request.

### **3.5 Confidentiality of Medical Information**

- A. All medical data and records about an employee are confidential. UCA employees shall not reveal the medical status or condition learned from these records of a donee employee in oral or written communications.
- B. All medical documents relating to an employee's leave bank shall be kept in a separate medical file maintained by the Administrative Services Division Director and not in the employee's personnel file.

## **4 RELATED DOCUMENTS** (e.g., procedures, other policies, forms etc.)

- Utah Communications Authority's Policies and Procedures Manual – Policy 7-0 Working Conditions
- UCA Leave Bank Medical Verification via FMLA form
- UCA Leave Bank Request Application
- UCA Leave Bank Donation Form

# LEAVE BANK DONATION FORM

Employee's Name: \_\_\_\_\_

I hereby donate \_\_\_\_ hours of annual leave to the leave bank.

I hereby donate \_\_\_\_ hours of sick leave to the leave bank.

I grant my authorization to have this amount deducted from my leave balance. I understand that this authorization is irrevocable, and these hours will not be restored to my leave balance.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date of Donation

## FOR DEPARTMENT USE ONLY

### Administrative Services Division Director

Name \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### Chief Finance Officer

Name \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## LEAVE BANK REQUEST APPLICATION

*Employee's Name Requesting Leave Bank:* \_\_\_\_\_

Please provide the reasons transferred leave is needed, including a brief description of the nature, severity, and anticipated duration of the medical emergency, and if it is a recurring one, the approximate frequency of the medical emergency affecting the leave bank member:

Identify your current number of leave you have in your leave bank:

Annual/Vacation \_\_\_\_\_

Sick \_\_\_\_\_

Admin Leave \_\_\_\_\_