

SICK LEAVE DONOR PROGRAM SUMMARY

Purpose. The Sick Leave Donor Program allows a County merit system employee to donate sick leave or paid time off (PTO) to another County merit system employee who has exhausted all types of accrued leave due to an extended illness or injury.

Eligibility requirements to receive leave donations.

An employee is eligible to receive a sick leave or PTO donation after the employee:

- has been a County merit system employee for at least 6 consecutive months;
- has an extended illness or injury that causes the employee to be unable to work for more than 7 consecutive calendar days; and
- has used all accrued annual leave, sick leave, personal leave, and compensatory time.

If the employee receives PTO instead of annual and sick leave, all PTO, personal leave and compensatory time must be used.

In extenuating circumstances, a department director may ask the OHR Director to waive the 7-day waiting period for an employee or the requirement that an employee has been a merit system employee for at least 6 consecutive months.

In a leave year, a full-time employee may receive up to 1040 hours of donated leave and a part-time employee may receive a prorated amount of donated leave.

An employee is not eligible to receive a leave donation:

- if the employee resigns or is separated from County employment;
- during a period of suspension; or
- during a leave of absence that is unrelated to an extended illness or injury.

An employee who is eligible for, or is currently receiving, disability leave or another benefit under a County or State program that provides income maintenance payments for illness or injury is not eligible to receive a sick leave donation. However, if the benefit from the County or State program is for medical expenses and not compensation for lost wages, the employee may receive a sick leave or PTO donation.

Eligibility requirements to donate leave.

An employee must keep a minimum balance of sick leave or PTO after donating leave:

- full-time employee - 80 hours
- part-time employee who works 40 or more hours per pay period - 40 hours
- part-time employee who works less than 40 hours per pay period - a pro-rated amount

An employee must not donate leave or PTO after giving oral or written notice of retirement or resignation or receiving written notice of separation from County employment.

For more information, see Section 17-10 of the Montgomery County Personnel Regulations.

How to apply for sick leave or PTO donations.

To apply for a sick leave or PTO donation, an employee must meet the eligibility requirements and complete the following forms and submit them to the department director or the director's designee:

- *Sick Leave Donor Program Authorization Form* (Appendix K) – includes general information about the employee and employee's leave balances to establish that the employee is eligible to receive donated leave
- *Sick Leave or PTO Donation Request Form* (Appendix L) - lists the names of employees who are willing to donate sick leave or PTO and the amount donated by each
- *Medical Certification Form for Sick Leave or PTO Donations* (Appendix M) - a written statement from the employee's health care provider stating that the employee cannot perform the essential functions of the employee's position because of the employee's serious health condition.

Another person may complete and submit the forms on behalf of the employee seeking donations.

Office of Human Resources, 2004

MONTGOMERY COUNTY GOVERNMENT
Sick Leave Donor Program Authorization Form

To be completed by employee or another acting on employee's behalf:

Name: _____ **Title:** _____
(Please print)

Department: _____ **Division:** _____

Work schedule: Full-time: ____ Part-time: ____ If part-time, how many work hours per week? ____

Work phone: _____ **Home phone:** _____

Please read the information below. (See Section 17-10 of the Personnel Regulations for more information about the Sick Leave Donor Program.)

1. If you received a pay advance, as reflected on your payroll check, those advanced hours will be paid off by your initial grant of donated sick leave. This will cause the payroll check containing the initial grant of donated sick leave to be less than a full check. This Finance Department policy was established to prevent any overpayment of salaries beyond the end of the time sheet certification. The Payroll Section will give you further notice of this adjustment before it sends you the affected payroll check. If you have questions about this, please call the Payroll Section, at 240-777-8840.
2. The Director of the Office of Human Resources may revoke a leave donation to an employee, declare an employee ineligible for leave donations for up to one year, or recommend discipline to the employee's department director, if the employee:
 - gives false or misleading information on a form associated with the Sick Leave Donor Program; or
 - attempts to intimidate, threaten, or coerce another with respect to donating, receiving, or using sick leave or PTO under the Sick Leave Donor Program
3. Complete this form, the *Sick Leave or PTO Donation Request Form*, the *Medical Certification Form for Sick Leave or PTO Donations*, and send the forms with a copy of the approved leave request (if in written form) to the Payroll Section. Payroll must receive all required forms **no later than the Monday following a payday** to ensure that you receive a paycheck based on the donated leave on the next payday.

Please fax or send the forms (fax is preferred) to: Payroll Section, Attention: Sick Leave Donor Program, 101 Monroe Street, 8th Floor, Rockville, Maryland 20850. (Fax 240-777-8843 and phone 240-777-8840)

Signature of employee or person signing for employee: _____ **Date:** _____

If employee did not sign form, please indicate below your relationship to employee and phone number(s) where you may be reached:

Sick Leave Donor Program Authorization Form

To be completed by employee's Department Director or designee

Name of employee requesting sick leave or PTO donations: _____

Please answer the questions below.

1. Has the employee had an extended illness or injury, which may include complications of pregnancy or childbirth or recovery from childbirth, that causes the employee to be unable to perform the essential functions of the employee's position for more than 7 consecutive calendar days? () Yes () No
2. Has the employee been a County merit system employee for at least 6 consecutive months?
() Yes () No

(If the answer is "no" to either of the questions above, you may ask the Director of the Office of Human Resources to waive the requirement if special circumstances exist that would justify a waiver. See Section 17-10 of the Personnel Regulations for more detail.)

2. Has the employee requested approval to use sick leave or PTO under established department procedures or practices because of the extended illness or injury referred to in Question #1?
() Yes () No
3. Has the employee provided a completed *Medical Certification Form for Sick Leave or PTO Donations* or a written statement from the employee's health care provider that supports the request for sick leave or PTO donations? *(Please attach the medical certification.)* () Yes () No
4. Has the employee's request to use sick leave or PTO been approved? () Yes () No
If "yes", the leave was requested and approved by: *Leave Request Form* _____ e-mail _____
memo _____ verbal _____
5. Has the employee used, or will the employee have used, all accrued annual leave, sick leave, personal leave days, and compensatory time or, if the employee receives PTO instead of annual and sick leave, all accrued PTO, personal leave days, and compensatory time? () Yes () No

Questions 3-5 above must be answered "yes" in order for the employee to be eligible to receive sick leave or PTO donations. Questions 1 and 2 must be answered "yes" unless a waiver is approved by the OHR Director. If the employee has used all of the employee's paid leave and is on leave without pay, please be sure to notify OHR's Records Management unit at 240-777-5112.

I certify that the employee is eligible for sick leave or PTO donations. I have attached the employee's approved leave request (if in written form), Medical Certification Form for Sick Leave or PTO, and the Sick Leave or PTO Donation Request Form.

Name of Department Director (or designee): _____
(Please print)**Signature:** _____ **Date:** _____

Sick Leave Donor Program Authorization Form

For use by Department of Finance, Payroll Section only:**Employee's name:** _____**Date received:** _____

1. A full-time employee who donates leave must maintain a sick leave or PTO balance of 80 hours after donation. A part-time employee who works at least 40 hours in a pay period must maintain a sick leave or PTO balance of 40 hours. A part-time employee who works less than 40 hours in a pay period must maintain a pro-rated amount of unused sick leave or PTO after donation.
2. Employee recipient leave balance:

Annual _____ *Sick* _____ *PTO* _____ *Personal leave days* _____ *Compensatory time* _____
3. To be eligible to receive donated sick leave or PTO, an employee must have an extended illness or injury that causes the employee to be unable to work for more than 7 consecutive calendar days. Employee's last day worked: _____
4. Date employee exhausted all paid leave: _____
5. A full-time employee may receive up to 1040 hours of donated leave in a leave year. A part-time employee may receive a prorated amount of donated leave. Total leave donated to employee: _____
6. To be retroactive: () Yes () No

Authorized by: _____ **Date:** _____

MONTGOMERY COUNTY GOVERNMENT**Sick Leave or PTO Donation Request Form**

Name of employee to receive donations: _____ **Employee ID:** _____
 (Please print)

Form submitted by: _____ **Date:** _____
 (name & work phone)

Employee eligibility to donate sick leave or PTO.

1. A full-time employee must maintain a sick leave or PTO balance of 80 hours after donation. A part-time employee who works 40 hours or more in a pay period must maintain a sick leave or PTO balance of 40 hours after donation. A part-time employee who works less than 40 hours in a pay period must maintain a pro-rated amount of unused sick leave after donation.
2. An employee must not donate sick leave or PTO after giving oral or written notice of retirement or resignation or receiving written notice of separation from County employment.

I/We hereby donate sick leave or PTO to the above named employee in the amounts indicated in accordance with the eligibility requirements of the Sick Leave Donor Program.

Dept Code	Donor's Name	Donor (Employee)ID	Donor's Work phone	Donor's Signature	Hours Donated
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Use additional sheets, if necessary. See Section 17-10 of the Personnel Regulations for more information about the Sick Leave Donor Program.

MONTGOMERY COUNTY GOVERNMENT
Medical Certification Form for Sick Leave or PTO Donations

To be completed by physician or other licensed health care provider.

Date: _____

Employee/patient's name: _____

Employee/patient's job title: _____

The above-named employee/patient is currently under my care. The employee/patient cannot perform the essential functions of the employee/patient's position with the Montgomery County Government because of the employee/patient's serious health condition, which may include complications of pregnancy or childbirth, or recovery from childbirth.

Does the patient have an extended illness or injury that causes them to be unable to work for 7 consecutive days or longer? ☐ Yes ☐ No

Will this leave be: ☐ Block of days ☐ Intermittent ☐ Both (If both, fill in a date for each space below)

- If a block of days, date employee expected to return to work _____ (date required)
- If intermittent, date employee expected to return to full duty _____

All employees who are *FMLA eligible, must submit their FMLA application to OMS before this request will be processed.

Name of licensed health care provider: _____
(Please print)

Professional title _____
(medical doctor, licensed physical therapist, etc.)

Work phone: _____

Other phone: _____

Address: _____

Signature: _____

Please return this form to the employee/patient.

*MCG Employees are **FMLA eligible** if they have been **employed** by Montgomery County for **at least one year** and **worked a minimum of 1,040 hours** in the previous **12 months**. See MCPR Section 19 FAMILY AND MEDICAL LEAVE for additional eligibility details.

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