

**MUSKEGON COUNTY BOARD OF COMMISSIONERS  
DONATED LEAVE POLICY  
POLICY NO. 2011-472  
APPROVAL DATE: SEPTEMBER 27, 2011**

---

The purpose of the Donated Leave Policy is to define a process through which donated leave is requested, granted, and administered. Donated leave is personal leave time that is voluntarily transferred from an employee who has accumulated leave balances to an employee who has exhausted his or her personal leave balances. Personal leave balances include unused compensatory time off, sick leave, vacation, or holiday earned by an employee. The eligibility criteria for receiving donated leave are listed below.

*This policy governs an internal employment practice and does not establish an entitlement or benefit for employees. It may be amended or eliminated at any time.*

**Eligibility Criteria**

In order to be eligible to apply to receive donated leave an employee must meet the following criteria:

1. The employee must experience a significant medical condition that requires that the employee be off work; or
2. A member of an employee's family or alternative family, as defined by contract, must experience a significant medical condition which requires an employee to be off work to care for them.
3. The significant medical condition must be certified a health care provider. If the request is to care for a family member or member of an alternative family, the certification from the health care provider must verify the need for the employee to provide care.

The employee must also meet the following employment criteria:

1. The employee must be a regular full time or part time employee at the time of application.
2. The employee must be eligible for and have received an approved Family and Medical Leave Act (FMLA) leave or other leave of absence as defined by the Personnel Rules or applicable bargaining agreements.
3. The employee must have exhausted all of his/her available personal leave balances.
4. The employee must complete and submit the required application.
5. The employee must not have received donated leave for the same significant medical condition.
6. The employee must not have received donated leave for a different significant medical condition within the same year at the time of application.

**Application Process**

1. An application for leave may be initiated when an employee's leave balance is at or below 80 hours; however, the donated leave will not be applied until earned leave time has been exhausted.
2. The application will include pertinent employment information, a description of the reason the employee is requesting donated leave, the amount of donated leave the employee is requesting, and an authorization for the County to contact the health care provider to clarify or discuss information related to the significant medical condition the provider has certified.
3. The application will also require a certification from a health care provider of the significant medical condition and the probable duration of that health condition.

**Review Process**

1. A committee composed of the Finance and Management Services Director, or his/her designee, the Corporation Counsel, or his/her designee, the Human Resources Director, or his/her designee, and a member of the Board of Commissioners appointed by the Chair will review applications. All application material and information disclosed to the Committee regarding the employee's request for donated leave will be held in confidence.
2. The Committee will review the employee's application material, as described above, and measure the facts contained in the application material against the eligibility criteria.
3. The Committee may also review the employee's attendance records with particular attention to prior sick leave use.
4. The Committee may also review and discuss other factors or circumstances related to the donated leave request.
5. After completing the review process, the Committee will grant or deny the employee's application for donated leave. The Committee may grant the entire leave amount requested, up to six weeks, or a portion of the leave requested.

**Appeal Process**

1. If the employee is dissatisfied with the decision of the Committee, he/she may appeal to the County Administrator.
2. The decision of the County Administrator is binding and final.

**Administrative Process**

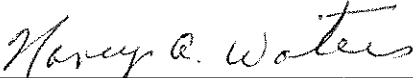
1. The Finance and Management Services Director will manage the administrative process.
2. The Finance and Management Services Director or his/her designee will solicit voluntary contributions of personal leave from employees through email each time a donated leave request is granted.
3. The solicitation will state that an employee has been granted donated leave due to a significant medical condition experienced by the employee or a member of the employee's family. The solicitation will also state the number of hours the employee has been granted.
4. Employees must respond within two weeks of the solicitation to donate.
5. Donations will be accepted up to the amount of time granted by the Committee. The first donations received will be first donated. Any donations received in excess of the time granted by the Committee will be returned to the donating employee.
6. The Finance and Management Services Director will not distribute the identity of the donators without cause.
7. If the amount of time donated by employees is less than the amount of time granted by the Committee, the requesting employee is only allowed to use the total amount donated.
8. While employees are using donated leave, they will be in unpaid payroll status, even though they are receiving money through the donated leave program. As a result, employees will not continue to accumulate leave time, longevity, and other benefits associated with being in paid payroll status, and they may become liable for insurance payments.

Motion by Collins, second by Engle, to adopt the foregoing policy at a regular meeting of the Muskegon County Board of Commissioners held September 27, 2011 at 3:30 PM.

Ayes: Collins, Cross, Derezinski, Engle, Jager, Longmire, Mahoney, Plummer, Scolnik, Snider, Wilkins

Nays: None

I, Nancy A. Waters, Clerk of Muskegon County, State of Michigan, do hereby certify that the above is a true and correct copy of a policy adopted by the Muskegon County Board of Commissioners at the September 27, 2011, regular meeting, in testimony whereof, I have hereunto set my hand and affixed the seal of my office this 26 day of October, 2011.

  
\_\_\_\_\_  
Nancy A. Waters, County Clerk