

LEAVE DONATION REQUEST

DATE: _____

PERS-18

REV.1/08

Receiving Employee Information

Donating Employee Information

1. Employee Name		
2. Class Title		
3. Job Code/ Pay Grade	/	/
4. County/Office	/	/

6. Donated Leave Dates From: _____ To: _____

Check type of leave donated: Sick # of hours ____ Annual # of hours ____ Compensatory # of hours ____

Total # Donated Hours: _____

7. Certification of Receiving Employee:

Explanation of Catastrophic Illness/Injury: _____

This request is due to the above referenced catastrophic illness/injury or pregnancy. I certify that donated leave will be used during the dates listed above in order to continue my compensation because my leave will be exhausted.

Recipient Signature: _____

Date: _____

8. Certification of Recipient's Appointing Authority:

I certify that this request meets the requirements for transfer of sick, annual, and/ or compensatory leave. I authorize the addition of the total hours shown in section 6 to the sick leave account of this employee.

Signature: _____

Date: _____

9. Certification of Donating Employee:

I certify that I am voluntarily requesting permission to donate sick, annual, and/or compensatory leave hours as listed above. I understand that my leave balance will be reduced by the number of hours listed, and this leave cannot be returned to me, even if it is not used.

Donor Signature: _____

Date: _____

10. Certification of Donor's Appointing Authority:

I certify that the hours listed above are available for donation, that this request meets the requirements for sick, annual, and/or compensatory leave transfer, and that I approve the transfer.

Signature: _____

Date: _____

11. Approved/Disapproved

ADC Signature: _____

Date: _____

LEAVE DONATION REQUEST

1. **General:** Unified Judicial System employees may transfer sick, annual, and/or compensatory leave hours to fellow judicial, executive, and legislative branch employees under certain circumstances.
 - a) The receiving employee must have exhausted all sick, annual, and compensatory leave.
 - b) The illness or injury must be "catastrophic". "Catastrophic" conditions are those that are life threatening, or from which there is no reasonable expectation of recovery, or where the employee is unable to return to work for a year or more. Examples of catastrophic conditions are a brain tumor, rejection of a kidney transplant, and a mother caring for a terminally ill child. Other medical conditions that are serious but do not meet the above definition may also qualify for donated leave. Examples are chemotherapy and pregnancy (only for the period of disability as certified by attending physician). Employees requesting donated leave must include a US Dept. of Labor form WH-380, Certification of Health Care Provider) completed by the attending physician along with the completed PERS 18, "Leave Donation Request".
 - c) Employees whose immediate family members (spouse, child, siblings, grandparents and grandchildren) have suffered a catastrophic illness or injury, may be eligible to receive donated leave.
 - d) Leave Donation Request forms should not be submitted for more than one month in the future.
 - e) Employees who are leaving state service may not donate prior to their separation date.
2. **Request Procedure:** Request must be submitted on a PERS 18, "Leave Donation Request".
 - a) The request should originate with the employee who will be the beneficiary of the donation, and must have the approval of that employee's appointing authority (sections 7 and 8).
 - b) The donating employee and his/her appointing authority complete sections 9 and 10 of the form.
 - c) Sections 1 through 5 are completed by the recipient's appointing authority.
 - d) The PERS **18 must be approved by the ADC prior** to the leave being used (no retroactive donations).
 - f) Donations involving employees in another branch of government will require the use of their appropriate forms, in addition to the UJS PERS18.
3. **Annotating HRDesktop Leave Records:**
 - a) Recipient – Hours received will be posted to recipients sick leave balance by a representative of AOC Human Resources Division on the HR Desktop automated leave system, in the appropriate pay period.
 - b) Donor – Hours donated will be posted to the donor's leave balance by a representative of AOC Human Resources Division on the HR Desktop automated leave system (depending on the type of leave donated), in the appropriate pay period.
 - c) Copies of the PERS 18 form, "Leave Donation Request" should be maintained by the appointing authority for both the recipient and donor. Record copies will also be maintained by the AOC Human Resources Division.
4. **Use of Donated Leave:** Leave donated becomes the property of the recipient, and cannot be returned to the donor, even if it is not used. Employees continue to earn both sick and annual leave while donated leave is used as long as they are in pay status for 80% of hours in each pay period.