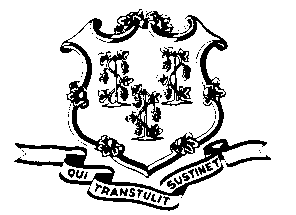
****

**STATE OF CONNECTICUT**

***OFFICE OF POLICY AND MANAGEMENT***

Office of Labor Relations

**February 4, 2014**

**OLR General Notice Number 2014-07**

**TO: Labor Relations Designees**

**FROM: Office of Labor Relations**

**SUBJECT: Donation of Leave Time**

This General Notice is a revision and replacement for the prior notices on the contract provision which allow bargaining unit employees to donate vacation, personal and/or sick leave accruals, if applicable under the contract, to a coworker who is absent as a result of a long term or terminal illness or disability. This notice replaces General Notice 98-10 and all earlier notices.

The bargaining unit agreements which allow the donation of leave time are listed below. The page numbers refer to the contract booklets in effect as of this date.

* CEUI NP-2, Maintenance & Service Article 29 Sec. 11
* AFSCME NP-3, Administrative Clerical Article 31 Sec. 10
* AFSCME NP-4, Correction Memorandum (p. 95)
* PSEC NP-5, Protective Services Memorandum (p. 75)
* District 1199 NP-6, Paraprofessional Health Care Article 22 Sec. 11
* District 1199 P-1, Professional Health Care Article 22 Sec. 11
* AFSCME P-2, Social & Human Services Article 29 Sec. 7

The following criteria, guidelines and procedures apply to the implementation of this benefit.

1. To be eligible to receive leave donations, the employee must have achieved permanent status, have six (6) months of service and be suffering from a long term or terminal illness or disability.
2. The absent employee must have exhausted all of his/her accrued paid time and otherwise be on leave without pay status.
3. A request to donate vacation, personal and/or sick leave time, if applicable under the contract, may be initiated by the union or a group of employees; it should not be generated by management. The request should be directed to the agency/facility head or designee.
4. The request should include:
5. The name of the employee to whom the leave time is being donated
6. The names of employees who are willing to donate; and
7. The number of days of vacation, personal leave and/or sick leave, as applicable being donated by each employee.
8. Donation of vacation, personal and/or sick leave, if applicable under the contract, may only occur within the same bargaining unit, except that NP-6 and P-1 members may donate to an employee in either the NP-6 or P-1 units.
9. Donation of personal, vacation and/or sick leave may occur between different employing agencies in the NP-2, NP-3, NP-6, P-1 and P-2 contracts. Donation of vacation and/or personal leave may occur only within the same Agency for employees in the NP-4 and NP-5 bargaining units.
10. Donation shall be made only in minimum units of one day (or the equivalent hours), which shall be the length of the standard full work day in the particular bargaining unit (e.g. 7 or 8 hours).
11. No employee may donate more than five (5) days of sick leave in a calendar year in the NP-2, NP-3, NP-6, P-1 and P-2 contracts. Employees in the NP-5 contract may donate two (2) days of sick leave, which shall be credited as one (1) day of sick leave.
12. Requests to donate vacation, personal and or sick leave, if applicable under the contract, shall be forwarded to the agency head or designee along with:
13. The absent employee’s name and official job classification
14. The absent employee’s length of service;
15. The absent employee’s sick leave record for the current and previous year;
16. The current medical certificate stating the nature of the illness, the prognosis and the probable date when the employee will return to work.
17. The agency head or designees shall review all requests for compliance with the applicable collective bargaining agreements and notify the employee of approval or denial. Requests which involve donations between agencies shall be reviewed by both agency heads or their designees.
18. If the request to donate vacation, personal and/or sick leave, if applicable under the contract, is approved, the donated days will be transferred to the sick leave account of the absent employee. The actual transfer will occur on the date upon which the absent employee exhausts all accrued leave time. If the donation is occurring into a different Agency, written confirmation must be received indicating that the time has been deducted from the donating employees before the time is credited to the absent employee.
19. The absent employee may use the days in the same manner as any other sick leave, including the “pay-off” of previously advanced sick leave days (as provided in Regulation 5-247-5). The donated time will remain as accrued sick leave for the absent employee and may not be returned to the donating employees even if the absent employee returns to work before exhausting all of the donated time.

Attached is a form which you may utilize to authorize the donation, if you find it to be helpful. The NP-6 and P-1 contract has a form on pages 143-144 of the contract booklet which should be used for members of those bargaining units.

Employee questions about this contract benefit should be directed to the Agency Personnel Office. Questions from agency personnel officers may be addressed to the Office of Labor Relations that can be reached at (860) 418-6447.

|  |
| --- |
| C:\Users\yelminil\Desktop\Sig_Small.BMP |

Linda J. Yelmini

Director of Labor Relations

Donation of Leave Authorization

|  |  |
| --- | --- |
| Name of Employee making the donation |  |
| Employee Number |  |
| Employing Agency and location |  |
| Classification |  |
| Bargaining unit membership |  |
| Number of Vacation Days\* donated |  |
| Number of Personal Leave Days\* donated |  |
| Number of Sick Leave Days\* donated (no more than 5 days total per calendar year under the NP-2, NP-3, NP-6, P-1 and P-2 contacts; no more than 2 days total per calendar year under the NP-5 contract – credited as one day to the employee receiving donation) |  |

\*must be in full standard workday increments of 7 or 8 hours, as applicable and in the donor’s current accrued leave balance

|  |  |
| --- | --- |
| Name of Employee to whom the donation will be made: |  |
| Employee Number |  |
| Employing Agency and location |  |
| Classification |  |
| Bargaining unit membership |  |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Donating Employee Date

This is to certify that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the employee to whom the donation is being made) has achieved permanent status, has at least six (6) months of service and is suffering from a long term or terminal illness or disability which is supported by appropriate medical certificate. He/she has exhausted all of his/her accrued paid time and is on leave without pay status.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sally Smith, Human Resources TITLE Date