

# LEAVE SHARING FACT SHEET

- Only Classified and A/P Faculty employees are eligible to participate in the leave sharing program at Radford University.
- Classified employees may donate annual leave to other Classified employees who are on approved leave share.
- A/P Faculty may donate annual leave to other A/P Faculty employees who are on approved leave share.
- Employees requesting leave donations must have exhausted all of their personal leave balances and be designated in a leave without pay (LWOP) status.
- Classified employees covered by the Policy 4.55, Traditional Sick Leave Program or A/P Faculty covered by the University Sick Leave plan, may request leave sharing for personal illness/injury or family illness/injury for which the employee is using Family and Medical Leave. Any occupationally related accident or illness, intentionally self-inflicted injury or any injury occurring in the course of committing a felony will be excluded from eligibility for leave sharing benefits.
- Classified or A/P Faculty employees covered by Policy 4.57, Virginia Sickness and Disability Program (VSDP), may request leave sharing only if the employee experiences LWOP due to a family member's illness or injury for which the employee is using Family and Medical Leave.
- The employee requesting leave sharing must complete a Recipient Application Form. If the employee is unable to complete the form, a family member may do so on the employee's behalf. The form is submitted to the University's leave sharing administrator.
- The employee must provide a doctor's excuse for the entire time of illness, and any additional time missed within 365 days in association with the illness that leave sharing is requested.
- Any sick leave used within 365 days and a doctor's excuse is not provided will be charged as sick, annual, compensatory or leave without pay.
- Employees who are under contract to purchase VRS service credit may not have this deducted from their leave share checks and must make arrangements with VRS to continue their payments.

- At no time will the donors' names or medical information be revealed. The employee will be assigned a leave sharing request number and this number will be used to identify the contributions. Also, the name of the department of the recipient will be listed in the notice that is sent out via email requesting contributions.
- Any donations exceeding the amount needed by the recipient will be returned to the donor(s) as soon as the leave sharing has been processed.
- Employees, with a personal illness/injury, are eligible for donations from family members who are employees at other state agencies. Family members eligible for such donations include the employee's spouse, parents/step-parents, siblings/step-siblings and children/step-children.
- Radford University will not accept leave donated by family members at other state agencies for employees using leave share and FMLA for a family member.
- The recipient **is not** allowed to solicit for leave with anyone other than family members.
- Donations must be made in 8-hour increments.
- Donors do not have to retain minimum balances of personal sick or annual leave, nor is there a limit on how many hours of annual leave they may donate.
- Recipients may be required to reimburse leave hours donated if compensation is received from another source such as workers compensation or if the Department of Human Resources determines that abuse has occurred. The recipient may be required to repay all donated leave and/or be subject to disciplinary action.
- The Department of Human Resources is not guaranteeing income to any recipient applying for leave sharing. Income is based on contributions of annual leave from other employees.

# Radford University

## Recipient Application Leave Sharing Program

I wish to apply for leave share donated hours as indicated below.

**APPLICANT NAME:** \_\_\_\_\_

**SSN OR ID#:** \_\_\_\_\_

**DEPARTMENT:** \_\_\_\_\_

**PURPOSE OF LEAVE:** \_\_\_\_\_

**ESTIMATED LENGTH OF ABSENCE:** \_\_\_\_\_

I understand (Check applicable box):

**Classified**

my rights as outlined in the Policy 4.35, Leave Sharing Program & agree to the procedures. Additionally, I understand that I must submit this completed form with medical documentation to Human Resources.

**A/P Faculty**

my rights as outlined in the A/P Faculty handbook & agree to the procedures. Additionally, I understand that I must submit this completed form with medical documentation to Human Resources.

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**AGENCY LEAVE ADMINISTRATOR:** \_\_\_\_\_

**DATE RECEIVED:** \_\_\_\_\_

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**DO NOT** place in Employee's Personnel File  
Destroy in accordance with the Library of Virginia's Retention and Disposition Schedules