

City of Lambertville
ORDINANCE NUMBER 27-2014

An Ordinance to Amend the Staff Handbook of the City of Lambertville to Include a Donated Sick Leave Policy

POLICY:

It is policy of the City of Lambertville to implement and administer a Donated Leave Program in compliance with Department of Personnel rules and regulations, and in accordance with the New Jersey Administrative Code (4A:6-1.2), without interfering with any employee's rights to privacy as protected by Federal and State laws, rules or regulations.

PROCEDURE:

Recipient Eligibility:

An employee shall be eligible to receive donated sick or vacation leave if the employee:

1. Has completed at least one year of continuous service;
2. Has exhausted all accrued sick, vacation and administrative leave, all sick leave injury benefits, if any, and all compensatory time off;
3. Has not, in the two-year period immediately preceding the employee's need for donated leave, been disciplined for chronic or excessive absenteeism, chronic or excessive lateness or abuse of leave, and;
4. Either;
 - Suffers from a "catastrophic health condition or injury",
 - Is needed to provide care to a member of the employee's immediate family who is suffering from a "catastrophic health condition or injury", or
 - Requires absence from work due to the donation of an organ (which shall include, for example, the donation of bone marrow).

A "catastrophic health condition or injury" shall be defined as follows:

With respect to an employee, a "catastrophic health condition or injury" is a life-threatening condition or combination of conditions or a period of disability required by his/her mental or physical health or the health of the employee's fetus and requiring the care of a physician who provides a medical verification of the need for the employee's absence from work for 60 or more work days.

With respect to an employee's immediate family member, "a catastrophic health condition or injury" is a life-threatening condition or combination of conditions or a period of disability required by his/her mental or physical health and requiring the care of a physician who provides a medical verification of the need for the family members' care by the employee for 60 or more work days.

Program Requirements for Leave Recipient:

A City employee may request participation in the Donated Leave Program as a leave recipient or the employee's supervisor may make such a request on behalf of the employee for his/her participation in the program if the following conditions are met:

1. The employee or supervisor requesting the employee's acceptance as a leave recipient shall submit to the City Clerk a DCA Donated Leave Program Application Form and medical verification from a physician or other licensed health care provider concerning the nature and anticipated duration of the disability resulting from either the "catastrophic health condition or injury", or the donation of an organ, as the case may be.
2. When the City Clerk has approved an employee as a leave recipient, the employee will be notified. The City Clerk shall, with the employee's consent, post the Donated Leave program Posting Form for 30 days in a conspicuous location to encourage the donation of leave time and shall inform appropriate negotiations representatives. If the employee is unable to consent to this posting, the employee's family may consent on his/her behalf. If a donated leave applicant is deemed ineligible, the City Clerk will advise the employee in writing, stating the reason(s) for ineligibility.
3. A leave recipient must receive at least five sick or vacation days or a combination thereof from one or more leave donors to participate in the Donated Leave Program.
4. A leave recipient shall receive no more than 180 sick or vacation days and shall not receive any such days on a retroactive basis.
5. While using donated leave time, the leave recipient shall accrue sick and vacation leave and be entitled to retain such leave upon his/her return to work.
6. Any unused donated leave shall be returned to the leave donors on a prorated basis upon the leave recipient's return to work. If the proration of leave days results in less than one day per donor, that leave time shall not be returned.
7. Upon retirement, the leave recipient shall not be granted Supplemental Compensation On Retirement for any unused sick days received through the Donated Leave Program.
8. The City Clerk will notify the Department of Labor, Temporary Disability Insurance (TDI) to ensure that a recipient receiving donated leave is terminated from the TDI program for that period of time.
9. The recipient's participation in the Donated Leave Program will end when the participant is medically cleared to return to work on a full-time basis.

Donate Eligibility:

A City employee shall be eligible to donate sick or vacation leave if the following criteria are met:

1. A leave donor shall donate only whole sick days or whole vacation days, and may not donate more than 10 such days to any one recipient.
2. A leave donor shall have remaining at least 20 days of accrued sick leave if donating sick leave and at least 12 days of accrued vacation leave if donating vacation leave.
3. A leave donor shall not revoke the leave donation.
4. If a leave donor is not in the same Department as the leave recipient, appropriate arrangements shall be made by the City Clerk to adjust leave records.

Program Requirements for Leave Donor:

A City employee may request participation in the Donated Leave Program as a leave donor if the following conditions are met:

1. An employee, who wishes to donate leave time to an approved leave recipient, must complete and submit a Donor Leave Transfer Form to the City Clerk. The completed form must be received by the date on which the posting expires.

If the donor is found eligible to participate, the donor will be notified, in writing, of the number and type of leave days which will be subtracted from the donor's leave balance(s). If the prospective donor is deemed ineligible, the City Clerk will advise the employee, in writing, stating the reason(s) for ineligibility.

2. The identity of each donor will be kept confidential unless permission is received from the donor to release the name to the recipient. The recipient must request such information.

NOTE: An employee shall be prohibited from threatening or coercing or attempting to threaten or coerce another employee for the purpose of interfering with rights involving donating, receiving or using donated leave time. Such prohibited acts shall include, but not be limited to, promising to confer or conferring a benefit such as an appointment, promotion or monetary or making a threat to engage in, or engaging in, an act of retaliation against an employee.

**CITY OF LAMBERTVILLE
DONATED LEAVE PROGRAM**

APPLICATION

I request approval to participate in the Donated Leave Program. I understand that participation in this program will result in the posting of a notice to all City employees attesting to my eligibility and soliciting the donation of leave time. The specific nature of my illness will be kept confidential.

I certify that I have not solicited nor offered anything of value for the donation of paid leave time.

I have not (directly or indirectly) intimidated, threatened, or coerced nor have I attempted to intimidate, threaten or coerce any employee for the purpose of obtaining a donation of paid leave.

I have not interfered with any right (which another employee may have) with respect to contributing, receiving, or using paid leave under this program.

I understand that I cannot receive Temporary Disability Insurance (TDI) benefits for the same periods that I am being paid wages from donated sick or vacation leave or while using any of my own leave time during this program. I also understand that the Temporary Disability Benefits Law requires that I use all of the donated leave before benefits can be paid.

PLEASE PRINT:

Employee's Last Name, First Name, MI

Employee's SSN

Employee's Signature

Date

If the employee is unable to sign, a member of the employee's family must complete the information below.

PLEASE PRINT:

Employee's Last Name, First Name, MI

Employee's SSN

Family Member's Signature

Date

Family Member's Relationship to Employee: _____

**CITY OF LAMBERTVILLE
DONATED LEAVE PROGRAM**

DONOR LEAVE TRANSFER

INSTRUCTIONS:

If you wish to donate, please complete and submit this form to:

City Clerk
18 York Street
Lambertville, NJ 08530

The completed form must be **received** by the date on which the posting expires.

DONATION:

I hereby direct the City of Lambertville to transfer leave credit as indicated below to be used as the recipient's personal sick or vacation leave.

RECIPIENT'S NAME: _____ **DEPARTMENT:** _____

I wish to donate _____ of my sick days to the above named recipient.

I wish to donate _____ of my vacation days to the above named recipient.

This donation will NOT reduce my earned accrued sick leave balance below 20 days. This donation will NOT reduce my earned accrued vacation leave balance below 12 days.

CHECK ONE: _____ **CONSENT TO THE RELEASE OF MY NAME**
 _____ **DO NOT CONSENT TO THE RELEASE OF MY NAME**

PLEASE PRINT:

Employee's Last Name, First Name, MI

Employee's SSN

Employee's Signature

Date

CERTIFICATION:

I certify that I have not solicited nor accepted anything of value for the donation of paid leave time.

Employee's Signature

Date

**CITY OF LAMBERTVILLE
DONATED LEAVE PROGRAM**

POSTING

Employee's Name: _____

Division: _____ Work Unit: _____

Posting Period: _____ to: _____

The employee named above has applied to participate in City of Lambertville's **Donated Leave Program** under the provisions of City of Lambertville *Policy and Procedure*

This employee meets the requirements of the program and has been approved for participation.

If you wish to donate, please complete and submit a **Donor Leave Transfer form** to:

City Clerk
18 York Street
Lambertville, NJ 08530

The deadline for donating leave time for use by the employee named above is:

_____.

Completed Donor Leave Transfer forms **must** be received by the City Clerk by the above stated date.

APPROVAL: _____ **DATE:** _____

First Reading and Introduction: September 16, 2014
Second Reading and Public Hearing: October 21, 2014