

COLORADO COMMUNITY COLLEGE SYSTEM
SYSTEM PRESIDENT'S PROCEDURE
FACULTY LEAVE TRANSFER

SP 3-60d

EFFECTIVE: December 1, 2011

REFERENCE: Board Policy on Employee Benefits, BP 3-60

APPROVED:

Nancy J. McCallin, Ph.D.
System President

PURPOSE

To establish a means to voluntarily transfer sick leave designated as leave for personal reasons to a qualifying faculty member (as defined in BP 3-10) experiencing a catastrophic medical hardship. This program provides some income protection when the faculty member would be absent from work for a prolonged period of time and has exhausted all sick leave. It is not intended to cover cases of abusive leave usage.

APPLICATION FOR LEAVE

This transfer program is intended for faculty members with a minimum of one year of service to cover catastrophic illness or injury, such as cancer, major surgery, serious accident, heart attack, etc., that poses a threat to the faculty member's life and requires inpatient, hospice or resident health care.

The applicant must have exhausted all sick leave (as permitted under BP 3-60) before applying for transferred leave.

Application must be made on the appropriate form provided by the Human Resources Office. The application must be approved by the requesting faculty member's supervisor prior to submission. The college president must give final approval to the application.

Approval or disapproval will be based on the merits of each individual case and the following guidelines:

- Application can be made only for personal use.

- Applicants must have one year of service before applying for use of transferred leave.
- Applicants must have exhausted all sick leave (as permitted under BP 3-60).
- Requests must be made for reasons listed under the purpose of the program. Normal pregnancy, common illness, coverage by Worker's Compensation, or PERA disability are excluded.
- Application does not constitute automatic approval of the request.
- If approved, the granted leave is meant to cover only the duration of the illness/injury for which it was collected.
- Performance, length of service, and leave usage patterns may be considered in the decision to grant or deny the application.
- All or a portion of the time requested may be granted.
- The decision to approve or deny the application is final and not subject to grievance or appeal.
- In cases where the situation ceases to exist or the faculty member terminates or retires, any unused portion of the collected leave will be refunded to donors.
- Awarded time may be applied retroactively to the beginning of the leave-without-pay period for the illness/injury for which it was granted.
- Board Policy rules and procedures which apply to paid leave apply to use of awarded time except that it is not part of the final pay-out for retirement or termination.

CONTRIBUTIONS

Contributions must be made by faculty members at the applicant's college from accrued sick leave designated as leave for personal reasons and is credited to the recipient on an hour-for-hour basis. A minimum donation of two hours of accrued sick leave designated as leave for personal reasons is required. (The faculty member is encouraged to keep some balance for his/her own use). The maximum donation from an employee to an individual faculty member is 8 hours.

Contributions are voluntary and confidential.

Contributions will no longer be accepted when the amount needed has been received. When more contributions are available than needed, donors will receive a proportionate refund (number of extra hours/number of donors).

INSTRUCTIONS

1. Applications must be made in writing on the appropriate form (see page 3).
2. Supporting documents to accompany the application may include records of performance and leave usage, because performance, leave usage patterns, and length of service may be considered in the decision. Letters of support may also be included.

COLORADO COMMUNITY COLLEGE SYSTEM
TRANSFER OF SICK LEAVE DESIGNATED AS LEAVE FOR PERSONAL REASONS
Application For Use Of Transferred Leave

Part I - To be completed by the faculty member (please type or print legibly in ink).

Name _____ Employee S# _____

Home Address/City/Zip _____

Home Telephone _____ Work Unit _____

Job Title _____ Full Time _____ Part Time _____ % Appt _____

I hereby certify that I understand, agree to, and meet the requirements and conditions of the leave transfer program. I also hereby authorize the College President or his/her designee to obtain any necessary information concerning this application. I understand that denial of this application is not subject to grievance or appeal.

Signature of Employee _____ Date _____

Part II - To be completed by Human Resources.

Date Benefit Eligible Employment began _____ Monthly Salary _____

Has employee requested/applied for: Worker's Comp _____ FMLA _____ LTD _____ PERA Disability _____

Is Medical Certification verifying catastrophic illness on file? Yes _____ No _____

Date illness/injury began _____ Anticipated duration _____

Date all sick leave will be/was exhausted _____ Number of days needed _____

Signature of Human Resources _____ Date _____

Part III - To be completed by Supervisor/President.

Authorization to request donated leave is:

Approved Denied Signature of Supervisor _____ Date _____

Approved Denied Signature of President _____ Date _____

COLORADO COMMUNITY COLLEGE SYSTEM

TRANSFER OF SICK LEAVE DESIGNATED AS LEAVE FOR PERSONAL REASONS
Leave Contribution Record

Please type or print legibly in ink.

Name _____ Employee S# _____
(first) (last)

Full Time ___ Part Time ___ % Appt ___ Job Title _____

Work Unit _____ Work Phone _____

Work Address _____

Number of hours donated _____ To (Employee/Case #): _____

I understand that my contribution is voluntary and that my balance of sick leave designated as leave for personal reasons will be decreased by the amount contributed. I certify that my contribution will not result in a negative leave balance. I understand that my contribution is confidential.

(Signature) (Date)

For College/HR Use:

The above named employee's leave balance has been reduced by _____ hours of sick leave designated as leave for personal reasons.

(Authorized College/HR Signature) (Date)