

TOWN OF EAST WINDSOR
POLICY FOR DONATING SICK LEAVE

Any Town of East Windsor permanent employee who has accumulated at least fifteen days of sick leave may donate his or her accumulated sick leave in one (1) hour increments to another Town of East Windsor permanent employee, who is eligible to receive sick days due to a long-term illness or injury after the employee receiving the donated time has used up all of his or her accumulated sick time, vacation time, personal days, earned days and compensatory time. The receiving employee must fill out the appropriate form with their Department Head/Supervisor. The Department Head/Supervisor shall make a recommendation of approval or disapproval to the First Selectman, who may, in his/her sole discretion, may authorize the donation and transfer of said sick time, on a case-by-case basis, provided the following conditions are met:

To be eligible, a receiving employee and a donating employee must have worked for the Town of East Windsor for at least one year.

The eligible receiving employee and the donating employee do not have a history of sick leave abuse.

The illness is not covered by Workers' Compensation, or Workers' Compensation benefits have been exhausted.

The donating employee shall have a minimum sick leave accumulation of fifteen days.

Sick leave, donated by one employee to another, when used, shall be paid at the hourly rate of the receiving employee.

Donated sick days will be used in the order that they are received from employees. The first donated sick day will be the first day used, etc. The "Donation of Sick Time" authorization form (located in the First Selectman's Office) must be forwarded to Treasurer's Office within two weeks of a request for a donation of sick days for a specific employee by the donating employee.

Any unused donated sick time by the receiving employee will be returned to the donating employees beginning with the last donated sick day and moving up the list.

An acceptable medical certification signed by a licensed physician supporting the continued absence of the receiving employee is on file in the First Selectman's Office.

In cases involving employees who, through a long-term illness or injury, have used up all accumulated sick time, vacation time, personal days, earned days, compensatory time and donated sick time, an extension of sick leave beyond the maximums provided for above may be granted in the sole discretion of the Board of Selectmen, on request

of the Department Head/Supervisor, written approval of the First Selectman and final authorization by the Board of Selectmen. Said extension of sick leave may be granted in advance of being accrued. Any advancement of sick leave time must be paid back upon the employee's return to duty.

The returning employee shall not repay any sick leave donated by fellow employees. *Vacation or sick leave will not accrue for the employee during that period of time the employee is receiving/using donated sick leave days. Nor will the use of donated sick leave day's count towards longevity or earned days for the receiving employee.*

Town of East Windsor
DONATING SICK LEAVE

I _____, authorize
Print Name

The Town of East Windsor to deduct _____ hours of sick leave from my accrued sick leave time and donate said hours of sick leave to the following Town of East Windsor employee:

Print Name

I have read the Town's "Policy for Donating Sick Leave" and I am eligible to participate.

Signature

Date

Town of East Windsor

Request for Receiving Donated Sick Leave

1. *As stated in the Town of East Windsor’s “Policy for Donating Sick Leave”, due to a long-term illness I am authorizing the donation of sick days be made in my name. As required in the Policy, I have used up all of my accumulated sick time, vacation time, personal days, earned days and compensatory time.

An acceptable medical certificate signed by a licensed physician supporting the continued absence for my long-term illness will be forwarded to the First Selectman’s Office.

Print Name

Signature

Date

2. It is my recommendation that _____
Name of Employee

be eligible to participate, as a receiving employee, in the Town of East Windsor’s “Policy for Donating Sick Leave”.

Department Head/Supervisor

Date

3. I authorize the donation and transfer of sick leave for

Name of Employee

First Selectman

Date

**If due to health reasons an employee is unable to submit in writing, the request may be made verbally.*