

Voluntary Sick Leave Donation

Rolling Meadows Library recognizes that employees may face personal or family medical emergencies that require extended time off, exceeding their available paid benefit time. To support employees during such situations, this policy allows eligible employees to donate accrued sick leave hours to co-workers in need. Participation in this program is strictly voluntary.

Eligibility to Receive Donated Sick Time

Employees requesting donated sick time must be classified as Benefitted Part-time or Full-time and have completed at least one year of employment at the library. Employees must also meet the following criteria for a medical emergency:

A medical condition of the employee or an immediate family member that requires a prolonged absence from work, resulting in substantial income loss due to the exhaustion of all available paid leave.

Immediate family members include sons, daughters, parents, grandparents, spouse, civil union partner (as defined by Illinois statute), siblings, in-laws (father-in-law, mother-in-law, brothers-in-law, sisters-in-law), and grandchildren. Sons or daughters include biological, adopted, foster children, stepchildren, legal wards, or children by virtue of the employee standing in loco parentis.

Requesting and Using Donated Sick Time

- Employees or the employee's department director requesting donated sick time must complete a *Donation of Sick Time Request Form* and submit it to the Executive Director for approval.
- Employees must exhaust all other paid leave available before utilizing donated hours.
- Requests for donated sick time will only be approved for time off related to the approved medical emergency.
- Employees may receive up to a maximum of 450 hours (12 weeks) of donated sick time within a rolling 12-month period.
- Employees requesting donated sick time may choose to remain anonymous, and their identity will not be disclosed to those donating.
- This policy does not alter the maximum allowable absence under the Family and Medical Leave Act (FMLA).

Donation of Sick Time

- Donations of sick time are strictly voluntary.
- Employees that wish to donate sick time must complete a *Donate Sick Time Request Form*.
- Donations are made on an hourly basis, without regard to the dollar value of the leave.
- Employees may donate a maximum amount that ensures they still retain at least half a year's worth of sick leave accrual in their sick bank.
- Employees cannot donate sick time that has not yet been accrued.
- Employees will have the opportunity to donate sick hours quarterly.
- Donated hours will be credited to the recipient's sick time bank and must be used within a rolling 12-month period.
- Once hours are donated, they cannot be rescinded or retrieved.
- Employees on an approved leave of absence are not eligible to donate sick time.

Paid Sick Leave Donation Request Form

Date of Request: _____

Employee Name: _____

Supervisor Name: _____

Number of Sick Hours Requested: _____

Reason for Request for Donated Sick Time:

Please Initial:

_____ I authorize the release of information concerning my need to the employees of the library for the sole purpose of soliciting donations of sick time.

_____ I **do not** authorize the release of information concerning my need to the employees of the library for the sole purpose of soliciting donations of sick time.

Acknowledgment:

I understand that these hours can only be used after exhausting all paid leave available. I further understand that these hours may only be used for time off related to the approved medical emergency and must be used within a rolling 12-month period.

Employee Signature: _____ Date: _____

For Admin Use Only:

Supporting Documentation Received: Yes No N/A

Director's Approval Signature: _____ Date: _____

Total Hours Donated:	
Recipient of Donated Hours:	
Date Hours Transferred:	
Date Hours Will Expire:	

Notes:

Paid Sick Leave Donation Form

Date: _____

Employee Name: _____

Department Name: _____

Donation Details:

Number of Hours Requested to Donate: _____ hours

Remaining Sick Leave Hours After Donation: _____ hours

Acknowledgment:

By signing below, I acknowledge that I wish to donate the above-mentioned sick leave hours to another employee. I understand that once these hours are donated, the donation is final and cannot be reversed. I also understand that as an IMRF participant, some accumulated unused sick days can be converted to additional service credit, which may factor into my final pension benefit at retirement. I further acknowledge that I have reviewed my remaining sick leave balance and am donating only an amount I can afford.

Employee Signature: _____ Date: _____

For Admin Use Only:

Supporting Documentation Received: Yes No N/A

Director's Approval Signature: _____ Date: _____

Total Hours Donated:	
Total Annual Sick Leave Accrual:	
Hours Remaining In Sick Leave Bank:	
Recipient of Donated Hours:	
Date Hours Transferred:	
Date Hours Will Expire:	

Notes:
