

NON-FACULTY SHARED VACATION LEAVE PROGRAM

General Purpose

The Shared Vacation Leave Program is a voluntary plan which allows employees to donate a portion of their vacation to assist other employees who themselves are, or they are a primary care giver for a family member, experiencing a serious health condition. Employee donations of vacation hours would provide income to the affected employee who would otherwise be on unpaid leave.

Eligibility

Non-Faculty employees eligible to receive shared vacation leave, must meet the following criteria:

- Regular full or part-time employee working a minimum of 20 hours per week;
- Employed a minimum of one year;
- Exhausted all sick leave and unused and accrued vacation;
- Not receiving income from the University's Long-Term Disability Plan;
- Be in good employment standing with the University.

Procedures

1. Request for shared vacation leave must be initiated by the employee in need, or their department (acting on behalf of the employee's request).
2. **An employee eligible to receive shared vacation leave:** or the employee's supervisor (acting on behalf of the employee at the employee's request), must submit the following information to the Benefits Office:
 - Written request on a Shared Vacation Leave Program Application Form available in the Benefits Office;
 - Certification from the health care provider including a statement of the employee's inability to work (due to their own health condition or the need to be a primary care giver for the family member), the diagnosis, and prognosis, including the anticipated return date. This can be completed on a Physician Certification Form used for Family Medical Leave requests, or in a letter format from the health care provider.
3. An employee receiving shared vacation leave will continue to accrue sick leave and vacation (if applicable) and participation in the University's group benefit plans.
4. Donations of shared vacation leave not used by the recipient for their current need will be returned to the donor.

5. **An employee donating shared vacation leave:** Must submit a written request on a Shared Vacation Leave Program Donation Form available in the Benefits Office.
6. Donations must be a minimum of 4 hours, and are irrevocable unless hours would exceed the recipients need for current paid hours.
7. Donated hours are transferred directly to the recipient as hours of paid leave available. Hours are not converted to a dollar value based on the donor's salary.
8. Donations will remain confidential unless the donor chooses to self-identify.

Definitions

Serious Health Condition: is a physical or mental condition that requires inpatient care or continuous treatment by a health care provider.

Family members (as defined by Family Medical Leave Policy): employee's spouse, son, daughter or parent.

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SHARED VACATION LEAVE PROGRAM APPLICATION FORM

Name: _____ S.S. Number: _____

Department: _____ Your Position: _____

Please explain nature of leave:

Date leave began: _____

Anticipated Dates of UNPAID LEAVE PERIOD:

From: _____ To: _____

Employee Signature

Date

Supervisor Signature

Date

Benefits Office Signature

Date

NOTE: ATTACH PHYSICIAN CERTIFICATION FORM OR STATEMENT FROM HEALTH CARE PROVIDER AS OUTLINED IN THE SHARED VACATION LEAVE POLICY.

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SHARED VACATION LEAVE PROGRAM DONATION FORM

I would like to voluntarily donate _____ hours of vacation to be credited to _____ who meets the criteria for shared employee

vacation leave as outlined in the Shared Vacation Leave policy. I understand that the Payroll Department will deduct the above specified hours from my vacation balance. I understand this donation is irrevocable.

Donating Employee's Signature Date Social Security Number

Donating Employee's Supervisor's Signature Date

Benefits Office Signature Date