

University of Medicine & Dentistry of New Jersey



Staff Leave Donation Program Administrative Guide

Prepared by the
Compensation and Benefits
Services Office
Revised May 2009

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Overview

The Staff Leave Donation Administrative Guide has been developed by Human Resources Benefits Services to assist our employees in understanding the provisions of the Staff Leave Donation Policy. The program allows eligible employees to continue to receive their compensation after all of their paid time has been exhausted.

This Administrative Guide is designed to provide the guidelines and requirements that must be met by both Recipients and Donors prior to the transfer of accrued donated Sick or Vacation Time under the [Staff Leave Donation Policy](#).

Included in this Administrative Guide is a flow chart of the Staff Leave Donation process, and the following communications that will be sent from Human Resources to Recipients and Donors:

Recipient Request Acknowledgement. (Notifies employee that his/her request has been received)

Recipient Approval Determination. (Notifies an employee that his/her request does not meet the criteria).

Donor Acknowledgement and Time Approval Determination. (Notifies donor time transfer is approved or does not meet the criteria).

Payroll Activation of Donated Time, (sent to Payroll to transfer the donated time to the Recipient).

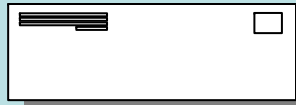
Please note that this Policy only applies to our staff employees.

Staff Leave Donation Program Process

Recipient sends Request to the Director of Compensation and Benefits Services

Please Submit

HR sends an acknowledgement with policy determination to the Recipient and advises the Recipient of the documentation required



Recipient provides authorization & obtains Physician/Healthcare Provider Certification and forwards to HR



HR reviews the Recipient's Eligibility & Physician/Healthcare Certification for Approval and Determination is issued.



Communication of Policy and Program Guidelines Throughout Process.

Donor sends Request to transfer time to the Director of Compensation and Benefits Services specifying the # of Days to be Donated



HR sends an Acknowledgement to the Donor with policy information



HR reviews the Donor's Eligibility for approval and Determination is issued

Both Recipient and Donor Criteria Must Be Met



Recipient and Donor and Recipient Department Coordinator are notified of Payroll Activation of Donated Time



Recipient Request Acknowledgement Email

Dear: _____

We are in receipt of your request to be a Recipient under the Staff Leave Donation Program. If you have not completed the Staff Leave Donation Form, please do so and submit it with the Patient Authorization and Physician Certification form.

The Following Instructions Apply

1. Please submit a [Staff Leave Donation Form](#) to the Director of Compensation and Benefits Services.
2. The request (via fax, email or mail) must include your (Recipient's) UMDNJ ID #.

For a donation of sick/vacation time to be approved, the conditions for Recipient and Donor must be met as specified in the Staff Leave Donation Policy.

In addition the [Patient Authorization and Physician/Healthcare Provider Certification](#) form is required and should be forwarded to Julie Grisenthwaite Brogley's attention, HR at SSB Ste. 1244, Newark Campus or via email (grisenju@undnj.edu) or fax @ 973-972-2475 for review:

[Patient Authorization and Physician/Healthcare Provider Certification](#), includes the Staff Leave Donation definition And asks the physician for the information needed, (*The form may be obtained by clicking on the hyperlink above*).

Please refer to the attached Staff Leave Donation Administrative Guide including the Policy. This information is also available online @ http://www.undnj.edu/hrweb/policies/staff_leave_donation.pdf

Please feel free to contact me at 973-972-4845 or Julie Grisenthwaite Brogley at 973-972-3252, if you have any questions or need assistance.

Sincerely,
Del Moss

Attachment

CC: HRG

Department SLDP Coordinator
J. Grisenthwaite Brogley

Recipient Approval Determination Email

Please be advised that you have been approved to be a Recipient under the Staff Leave Donation Program based upon a review of the medical information that has been provided. Please review the following guidelines which must be met **prior** to the transfer of donated time. **All** requests must comply with the Recipient and Donor Criteria and Requirements indicated in the Staff Leave Donation Policy.

Prior to processing donations, all of your accrued time must be **EXHAUSTED** including Sick, Vacation, Float Holiday and Compensatory Time. We cannot process any donations until all of this time is exhausted.

STAFF LEAVE DONATION POLICY GUIDELINES

General Information:

- The maximum amount of donations an eligible Recipient can receive is 12 months.
- This Policy applies to staff members only, faculty and Housestaff **are not eligible** to participate as a Recipient or a Donor in the Staff Leave Donation Program.
- Staff-to-Staff donation is allowed regardless of salary grade.
- Donations will be processed after all of the criteria is met under the Staff Leave Donation Policy.
- Donated time shall not cause recipients to exceed the maximum leave time as stated in the Medical/FMLA Medical Leave Act - Leave of Absence Policy, Policy 30-01-40-40:20.

Recipient Criteria:

The following criteria has been established for Recipients prior to receipt of Donated Time:

- Must be an active staff member, in regular status, employed for a minimum of one (1) year.
- Has a documented life threatening or catastrophic illness for self or qualifying family member.
- All accrued Sick, Vacation, Float Holidays and Compensatory Time must be exhausted.
- Is not receiving short or long term disability or personal (private) disability or Workers' Compensation insurance benefits or have a Workers' Compensation claim pending that is allegedly related to the absence.
- Total donated time cannot exceed the projected length of time medically certified for the covered condition.
- Must submit appropriate documentation provided by the Attending Physician or Certified Licensed Provider.
- Unused donated sick or vacation time is irrevocable and shall remain in the Recipient's account.

Donor Criteria:

The following criteria has been established for Donors prior to the transfer of Donated Time:

- Must be an active staff member, in regular status, employed for at least one (1) year.
- Donations must be in whole day increments and may not exceed ten (10) days total in a calendar year.
- Donations are irrevocable.
- Must have a minimum balance of 20 accrued Sick Days prior to transfer of Donated Days.
- No accrued balance is required when donating Vacation Days.

Procedures:

Once the **Donation(s)** is received, we will check **Your Eligibility** along with the following:

- 1.To see if all of **Your** time has been exhausted.
- 2.To see if the **Donor** criteria is met.

Please feel free to contact either myself at 973-972-4845 or Julie Grisenthwaite Brogley at 973-972-3252 should you have any questions or need assistance.

Sincerely,

CC: HRG
Department SLDP Coordinator

Donor Acknowledgement and Time Approval Determination Email

Please be advised that we have put you on a Donor List for (Employee's Name) who has been approved to be a Recipient under the Staff Leave Donation Program. Please review the following guidelines which must be met **prior** to the transfer of donated time. **All** requests must comply with the Recipient and Donor Criteria and Requirements indicated in the Staff Leave Donation Policy.

Prior to processing donations, all of the Recipients' accrued time must be **EXHAUSTED** including Sick, Vacation, Float Holiday and Compensatory Time. We cannot process any donations until all of this time is exhausted.

STAFF LEAVE DONATION POLICY GUIDELINES

General Information:

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- Unused donated sick or vacation time is irrevocable and shall remain in the Recipient's account.

Donor Criteria:

The following criteria has been established for Donors prior to the transfer of Donated Time.

- Must be an active staff member, in regular status, employed for at least one (1) year.
- Donations must be in whole day increments and may not exceed ten (10) days total in a calendar year.
- Donations are irrevocable.
- Must have a minimum balance of 20 accrued sick days prior to transfer of donated days.
- No accrued balance is required when donating Vacation Days.

Procedures:

We will check **Your Eligibility** along with the following:

1. To see if all of the **Recipient's** time has been exhausted.
2. To see if the **Donor** criteria is met.

Please feel free to contact either myself at 973-972-4845 or Julie Grisenthwaite Brogley at 973-972-3252 should you have any questions or need assistance.

Sincerely,

CC: HRG
Department SLDP Coordinator

Payroll Activation of Donated Time Email

To: Sharie Lane
Payroll Supervisor

Subject: Approval of Staff Leave Donation (**Recipient's Name**)

Recipient's Name has been approved for the Staff Leave Donation Program.

Please transfer the indicated amount of sick/vacation time from the following Donor (s) to the Sick Time account of (**Recipient's Name – UMDNJ ID# & Attachment #**).

<u>Donor(s) Name</u>	<u># of days Donated</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please notify me when this transaction of time has been completed and copy Julie Grisenthwaite Brogley and Donna H. Wlodarski.

Sincerely,
Del Moss
CC: HRG
Department SLDP Coordinator
Recipient
Donor

Contacts

- Delzal Moss, Director of Compensation & Benefits Services
973-972-4845 mossdb@umdnj.edu
- Julie Grisenthwaite Brogley, Staff Assistant
Office of the Vice President for Human Resources
973-972-3252 grisenju@umdnj.edu
- Donna H. Wlodarski, Compensation and Benefits Services Office
973-972-2452 wlodardh@umdnj.edu