

ARTICLE [x]. DONATED LEAVE BANK

Purpose.

The purpose of this article is to establish a Leave Bank that will provide financial assistance to a Qualified Faculty Member who has exhausted all paid leave time and is facing leave without pay of 5 days or more due to a Qualifying Reason. The Leave Bank will be established from contributions of sick leave by faculty who are covered by the Association's Collective Bargaining Agreement and administered by the Office of Human Resources with the recommendations of the Donated Leave Bank Advisory Committee, in accordance with the procedures set forth herein.

Section 1. Definitions.

“Qualified Faculty Member” is a faculty member who is eligible for Association representation.

“Family Member” is any family member living in the same household as well as spouse, domestic partner, child (biological, adopted, foster, stepchild, or otherwise), parent, parent-in-law, grandparent, grandchild, or domestic partner's parent or child.

“Qualifying Reasons” include the following:

- Parental Leave: during the year following the birth of a child or adoption or foster placement of a child under 18, or a child 18 or older if incapable of self-care because of mental or physical disability; includes leave to effectuate the legal process required for foster placement or adoption.
- Serious Health Condition is an Employee's own Serious Health Condition or to care for a family member's Serious Health Condition. Serious Health Condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job or prevents the qualified family member from participating in school or other daily activities. (12 weeks)
NOTE: Does not include an employee unable to work due to a compensable Workers Compensation injury.
- Pregnancy Disability (a form of serious health condition leave) is taken by an employee for an incapacity related to pregnancy or childbirth, occurring before or after the birth of the child, or for prenatal care. (12 weeks)
- Family Member Leave taken to care for an employee's family member with an illness or injury that requires home care but is not a serious health condition. (12 weeks)
NOTE: Requires medical certification.
- Bereavement Leave to cope with the death of a family member. (2 weeks within 60 days of bereavement notice to the Employer)

- 46 • Oregon Military Family Leave is taken by the spouse or domestic partner of a service
 47 member who has volunteered for or has been called to active duty or notified of an
 48 impending call to active duty.
 49
- 50 • Military Family Leave:
 51 a) Qualifying exigencies related to covered active duty or called to covered active duty status
 52 for the employee or family member (12 weeks); *or*
 53 b) Care for a covered service member for injury or illness. (26 weeks)
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55 Section 2. Provisions.

56 Eligibility for Membership: any bargaining unit faculty member is eligible to apply for membership
 57 in the Donated Leave Bank.
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59 A. Application for Membership.

- 60 1. Applications for membership will be accepted (a) during the annual open enrollment
 61 period (October 1 - October 31) or (b) any other qualifying events where a member can
 62 change or enroll for membership.
 63 2. Each member employee must donate a minimum of 8 hours of accrued sick leave
 64 annually from his or her accrued leave account. The faculty member must retain a balance of
 65 40 hours of sick leave at the time of donation for donations above the required minimum of
 66 8 accrued hours. Members may donate additional sick leave up to 1040 hours per year. One
 67 hour of leave bank time equals one hour of benefit time, regardless of the rates of pay of
 68 donors and recipients.
 69 3. An employee must submit an Application for Enrollment form (Appendix XX) to the
 70 Human Resources Office requesting membership and authorizing the deduction of sick
 71 leave.
 72 4. To keep his or her membership current, each member must donate the minimum amount
 73 of leave time annually. Continued membership is automatic and subsequent annual
 74 deductions of accrued leave time will occur during or immediately following the annual
 75 enrollment period. To discontinue membership, the employee must forward a written notice
 76 to the Human Resources Office during the annual enrollment period or during other
 77 qualifying events, requesting withdrawal from the program. Individuals withdrawing from
 78 the program will not be entitled to receive any refund of previously donated time nor will
 79 they be eligible for any benefit from this program until and unless they are accepted for
 80 membership in a subsequent annual enrollment period.
 81 5. Only enrolled members may receive benefits.
 82 6. A minimum participation of fifty (50) faculty members is required to establish and
 83 maintain the Donated Leave Bank program. Should enrollment fall below fifty participants,
 84 the Leave Bank may be terminated. Prior to termination, Oregon Tech will meet and consult
 85 with the Association to discuss alternatives to termination.
 86 7. Benefits may not be used to extend the length of an employee's contract or FTE.
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88 B. Request for Benefits.

- 89 1. An employee shall become eligible the day after his/her application for membership is
 90 received. An employee requesting benefits must exhaust all paid leave time before using any
 91 leave time from the Leave Bank.

92 **2.** Requests for benefits are to be submitted by the employee on a Request for Benefit form
 93 (Appendix XX) to the Office of Human Resources. If the employee is physically unable to
 94 do so, the forms may be submitted on the employee's behalf.

95 **3.** The following information must be submitted:

96
 97 i. Name and Job Title

98 ii. The number of hours requested from the Leave Bank.

99 iii. Number of hours may not exceed 520 hours in a rolling 12-month period.

100 iv. A physician's certificate stating the nature of the illness or injury and the
 101 estimated date of return to duty, or, if the leave request is to care for a family
 102 member, a physician's certification regarding the family member's serious health
 103 condition.

104
 105 The certification form is available through the Office of Human Resources webpage or at
 106 <http://www.dol.gov/regs/compliance/whd/fmla/wh380.pdf>

107 Other qualifying reasons listed in Definitions may require specific documentation.

108
 109 **4.** Unless the request is an emergency, it must be submitted a minimum of two weeks prior
 110 to the date the employee requests the benefits to begin.

111 **C. Benefits.**

112 **1.** Benefits will only be awarded for requests determined by the Director of Human
 113 Resources to be in compliance with this policy and for Serious Health Conditions as defined
 114 under the Family and Medical Leave Act (FMLA) and Oregon Family Leave Act (OFLA)
 115 and recommended by the Donated Leave Bank Advisory Committee.

116 **2.** Following approval of the request, benefits will begin when all paid leave accruals and
 117 short-term disability (if applicable) have been exhausted. This includes sick leave, vacation (if
 118 applicable), holiday time, and administrative leave (if applicable).

119 **3.** An employee requesting benefits for their own illness or injury shall be entitled to a
 120 maximum of 520 hours or the number of hours necessary to satisfy his/her waiting period
 121 for Long Term Disability benefits (if applicable), whichever is less.

122 i. In the case of an employee requesting benefits for the care of an immediate family
 123 member, benefits shall not exceed 520 hours or the time necessary to give the
 124 employee twelve (12) weeks leave, whichever is less.

125 ii. In no case will hours be granted from this Leave Bank which will provide paid
 126 leave time beyond twelve weeks within a rolling 12-month period.

127 iii. Benefits may be awarded for a maximum of 520 hours within a rolling 12-month
 128 period.

129 **4.** The recommendation to approve or deny a request by the Donated Leave Bank Advisory
 130 Committee and the determination of compliance by the Director of Human Resources for
 131 benefits is final. Upon request, the Director will meet with the employee and/or his/her
 132 designated representative to discuss the committee's recommendation and his/her
 133 determination of compliance to deny benefits under the Article.

134 **5.** The recipient employee is responsible for all tax liabilities that occur as a result of
 135 receiving this benefit.

136 **6.** Upon approval of a request for benefits, the Human Resources Office will credit the
 137 recipient employee's sick leave accrual account the number of hours approved.
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- 139 7. Should an employee recover and return to duty prior to exhausting all Donated Leave
140 Bank hours credited, the unused hours shall be returned to the Donated Leave Bank.
141 8. Employees utilizing benefits from this Donated Leave Bank shall cease accrual of sick
142 leave benefits. Upon return to full duty, the employee will be credited with the amount of
143 applicable sick leave, which they should have earned during the period they were receiving
144 benefit from the Bank.

145

146 **D. Office of Human Resources Responsibility.**

147 **1.** The Human Resources Office will maintain all records relating to the Leave
148 Bank. These records may include, but are not limited to: membership roster,
149 leave balances, usage reports, etc.

150 **2.** The Human Resources Office will maintain the Leave Bank balance in total
151 hours. The balance will be equal to the number of hours donated, minus the
152 total hours used.

153 **3.** The Human Resources Office shall upon request, either meet with the
154 Association or provide written reports indicating the number of hours in the
155 bank, the number of active participants, and bank benefits utilization to date by
156 year. Should the donated leave bank balance fall below 1040 hours, the Human
157 Resources Office shall immediately notify the Association who will solicit
158 donations from eligible members.

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160 **Section 3. Donated Leave Bank Advisory Committee.**

161 The Donated Leave Bank Advisory Committee will have membership appointed by the President of
162 OT-AAUP, and it will comprised of three Association-eligible faculty members from the College of
163 Health Arts and Science, three Association-eligible faculty members from the College of
164 Engineering, Technology and Management and one Association eligible member from the Library.
165 The Director of Human Resources or their designee will be ex-officio. The Committee will review
166 all requests for use and make recommendations regarding each request.

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168 **Section 4. Leave Bank Refund.**

169 Leave hours contributed to the Leave Bank will not be refunded to the employee unless the Leave
170 Bank is discontinued. At that time the hours will be returned to current members only, in prorated
171 shares. If an employee separates from employment with Oregon Tech for any reason, the employee
172 automatically loses all time they have placed in the Leave Bank, even if the plan is discontinued.

173 Donated hours will not be returned in cases where a member applies for Leave Bank benefits and is
174 denied.

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203 APPENDIX XX: Donated Leave Bank Enrollment Form

204 ARTICLE [x]. DONATED LEAVE BANK

205 DONATED AMOUNT INTO LEAVE BANK

206 Employee Name: Date of Request:

207 Department: Position:

208 Hire Date: Phone Number:

209 Donation Amount: Time Period for Donation: (monthly, annually, etc)

210 Initial Starting Date for donation:

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212 Comments/Clarifications:

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216 Date _____

217 Employee Signature _____

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*OT-AAUP reserves the right to add to, modify, or amend proposals during the course of negotiations.

226 APPENDIX XX: Donated Leave Bank Request for Benefit Form

227 ARTICLE [x]. DONATED LEAVE BANK

228 REQUEST FOR BENEFIT FORM

229 Employee Name: _____ Date of Request: _____

230 Department: _____ Position: _____

231 Email: _____ Phone Number _____

232 I hereby request _____ hours of sick leave benefits from the Donated Leave
233 Bank for the following reason (check one):

234 _____ **Parental Leave.** Parental Leave: during the year following the birth of a child or
235 adoption or foster placement of a child under 18, or a child 18 or older if incapable of self-care
236 because of mental or physical disability; includes leave to effectuate the legal process required for
237 foster placement or adoption.

238 _____ **Serious Health Condition.** Serious Health Condition is an Employee's own Serious
239 Health Condition or to care for a family member's Serious Health Condition. Serious Health
240 Condition is an illness, injury, impairment, or physical or mental condition that involves either an
241 overnight stay in a medical care facility, or continuing treatment by a health care provider for a
242 condition that either prevents the employee from performing the functions of the employee's job or
243 prevents the qualified family member from participating in school or other daily activities. (12
244 weeks) NOTE: Does not include an employee unable to work due to a compensable Workers
245 Compensation injury.

246 _____ **Pregnancy Disability Leave.** Pregnancy Disability (a form of serious health
247 condition leave) is taken by an employee for an incapacity related to pregnancy or childbirth,
248 occurring before or after the birth of the child, or for prenatal care. (12 weeks)

249 _____ **Family Member Leave.** Family Member Leave taken to care for an employee's family
250 member with an illness or injury that requires home care but is not a serious health condition. (12
251 weeks) Requires medical certification.

252 _____ **Bereavement Leave.** Bereavement Leave to cope with the death of a family member.
253 (2 weeks within 60 days of bereavement notice to the Employer)

254 _____ **Oregon Military Family Leave.** Oregon Military Family Leave is taken by the
255 spouse or domestic partner of a service member who has volunteered for or has been called to
256 active duty or notified of an impending call to active duty.

257 _____ **Military Family Leave.** Military Family Leave is for:

258 a) Qualifying exigencies related to covered active duty or called to covered active duty status
259 for the employee or family member (12 weeks); *or*

260 b) Care for a covered service member for injury or illness. (26 weeks)

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262 Please include any needed documentation to support the request, if necessary as
263 described above.

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265

266 Date _____

267 Employee Signature_____