

# Request to Receive Donated Leave

Employee's Name: \_\_\_\_\_

Employee's Title/Pay Grade: \_\_\_\_\_

Employee's Hire Date: \_\_\_\_\_

Employee's Department/Agency: \_\_\_\_\_

Employee Number: \_\_\_\_\_

An employee may receive donated vested leave if he/she:

- 1) has been employed in a permanent position for at least one calendar year,
- 2) is eligible for accumulation of leave under South Dakota law, Chapter 3-6C-4 and 3-6C-7,
- 3) has exhausted all leave benefits for which he/she is eligible; and
- 4) meets one of the following conditions (check applicable condition).

**Because I am terminally ill and unable to return to work (attach medical certification form).**

The employee must apply for any other public disability programs for which the employee may be eligible. Please indicate the public benefits for which you have applied and attach copies of completed applications, signed by appropriate agency personnel.

\_\_\_\_\_

**Because I am suffering from a life-threatening illness or injury which prevents me from working for at least 90 consecutive days (attach medical certification form).**

The employee must apply for any other public disability programs for which the employee may be eligible. Please indicate public benefits for which you have applied and attach copies of completed applications, signed by appropriate agency personnel.

\_\_\_\_\_

**Because I am caring for my spouse, child or parent who is terminally ill or suffering from a life threatening illness or injury which has been certified by a licensed physician as having a significant likelihood of terminating fatally (attach medical certification form).**

Name of employee's family member: \_\_\_\_\_

Relationship to employee:            Spouse            Child            Parent

Employee's Signature: \_\_\_\_\_ (Date) \_\_\_\_\_

Department/Agency Signature: \_\_\_\_\_ (Date) \_\_\_\_\_

(See Reverse side of this form for additional information)

(FOR BUREAU OF HUMAN RESOURCE USE ONLY)

Human Resource Manager Initials: \_\_\_\_\_

Commissioner of Human Resource Signature: \_\_\_\_\_ (Date) \_\_\_\_\_

### **Receiving Donated Leave:**

When an employee is terminally ill and unable to return to work, or suffering from a life-threatening illness or injury which prevents the employee from working for at least 90 consecutive days:

- 1) The recipient employee may use donated annual and sick leave. For every hour of annual leave donated by an employee, the recipient employee receives one hour of annual leave. For every four hours of sick leave donated by an employee, the recipient employee receives one hour of sick leave.
- 2) Donated leave benefits cease:
  - a) after 2,080 hours of donated leave have been used by the recipient employee who is terminally ill.
  - b) after 1,040 hours of donated leave have been used by the recipient employee who is suffering from a life-threatening illness or injury.
  - c) when other public disability benefits have been approved for the recipient employee, or
  - d) upon the death of the recipient employee.

When an employee's spouse child or parent is terminally ill or suffering from a life threatening illness or injury which has been certified by a licensed physician as having a significant likelihood of terminating fatally:

- 1) The recipient employee may use donated annual leave. For every hour of annual leave donated by an employee, the recipient employee receives one hour of annual leave.
- 2) Donated leave benefits cease:
  - a) after 12 weeks of **paid leave\*** (including personal leave, annual leave and donated annual leave) have been used per calendar year by the recipient employee to care for an eligible family member, or
  - b) five working days following the death of the eligible family member.

\*When an employee works a part-time schedule, hours will be counted on a prorated basis corresponding to the percentage of hours they normally are scheduled to work during a calendar year. If an employee's schedule varies from week to week, a weekly average of the hours worked over the 12 weeks prior to the beginning of the leave period would be used for calculating the employee's normal workweek. If an employee takes leave on an intermittent or reduced leave schedule, only the amount of leave actually taken will be counted toward the 12 weeks of paid leave.

Sick and annual leave may not be accrued by the recipient employee on donated leave.

### **Donating Leave:**

**Sick leave** may be donated to an employee who has been approved to receive donated leave because they are terminally ill or suffering from a life-threatening illness or injury which prevents him/her from working for at least 90 consecutive days. To donate sick leave, the donating employee must have seven continuous years of service and a sick leave balance of 120 hours. Since employees are not entitled to payment of non-vested leave, employees with a sick leave balance in excess of 1,920 will have their sick leave balance reduced to 1,920 before they are able to donate sick leave. For every four hours of sick leave donated, the recipient receives one hour of sick leave. Sick leave may not be donated to an employee who has been approved to receive donated leave because they are caring for their spouse, child or parent who is terminally ill or suffering from a life threatening illness.

**Annual leave** may be donated to an employee who has been approved to receive donated leave because they are terminally ill or suffering from a life-threatening illness or injury which prevents him/her from working for at least 90 consecutive days. Annual leave may also be donated to an employee who has been approved to receive donated leave because they are caring for their spouse, child or parent who is terminally ill or suffering from a life threatening illness or injury. To donate annual leave, you must have an accumulated annual leave balance of 80 hours. For every one hour of annual leave donated, the recipient receives one hour of annual leave.

Donated leave will not be deducted from the donating employee's leave balance until the recipient uses the donated leave. If a recipient receives a donation of leave from more than one donor, the leave shall be distributed in the order received.

### **Definitions:**

Child: A biological or stepchild, or an adopted/ foster child or legal ward under the age of 18.

Spouse: Husband or wife as recognized under the laws of South Dakota for the purpose of marriage. South Dakota does not recognize common law marriage.

Parent: Biological or stepparent. This term does not include parents "in law."

Life-threatening Illness or Injury: An illness or an injury which has been certified by a licensed physician as having a significant likelihood of terminating in fatality.

Terminally Ill: An incurable physical condition that is certified by a licensed physician to be nonreversible and likely to result in death.

Vested Leave: annual or sick leave for which an employee is entitled to payment pursuant to SDCL 3-6-6 and 3-6-8.3.

### **Records:**

All records pertaining to the donation or receipt of vested leave is confidential.

**STATE EMPLOYEE'S DONATED LEAVE  
MEDICAL CERTIFICATION FORM**

1. DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

2. EMPLOYEE'S NAME: \_\_\_\_\_

3. PATIENT'S NAME: \_\_\_\_\_

4. DIAGNOSIS: \_\_\_\_\_

\_\_\_\_\_

5. SUMMARY OF TREATMENT: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. PHYSICIAN'S NAME: \_\_\_\_\_

*(Printed or Typed)*

7. PHYSICIAN'S TELEPHONE #: (        ) \_\_\_\_\_ - \_\_\_\_\_

8. Check appropriate event:

- The employee is terminally ill and unable to return to work;
- The employee is suffering from a life-threatening illness or injury which prevents him/her from working for at least 90 consecutive days;
- The employee's spouse, child or parent is terminally ill or suffering from a life threatening illness or injury which has been certified by a licensed physician as having a significant likelihood of terminating fatally.

\_\_\_\_\_  
Physician's Signature