

STATE BOARD FOR TECHNICAL AND COMPREHENSIVE EDUCATION

PROCEDURE

PROCEDURE NUMBER: 8-3-106.1

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TITLE: EMPLOYEE LEAVE TRANSFER PROGRAM

POLICY

REFERENCE NUMBER: 8-3-106

DIVISION OF

RESPONSIBILITY: Human Resource Services

DATE OF LAST REVISION: September 12, 2019

DISCLAIMER

PURSUANT TO SECTION 41-1-110 OF THE CODE OF LAWS OF SC, AS AMENDED, THE LANGUAGE USED IN THIS DOCUMENT DOES NOT CREATE AN EMPLOYMENT CONTRACT BETWEEN THE EMPLOYEE AND THE SC STATE BOARD FOR TECHNICAL AND COMPREHENSIVE EDUCATION/THE SC TECHNICAL COLLEGE SYSTEM. THE STATE BOARD FOR TECHNICAL AND COMPREHENSIVE EDUCATION/THE SC TECHNICAL COLLEGE SYSTEM RESERVES THE RIGHT TO REVISE THE CONTENT OF THIS DOCUMENT, IN WHOLE OR IN PART. NO PROMISES OR ASSURANCES, WHETHER WRITTEN OR ORAL, WHICH ARE CONTRARY TO OR INCONSISTENT WITH THE TERMS OF THIS PARAGRAPH CREATE ANY CONTRACT OF EMPLOYMENT.

I. PURPOSE

The following procedure establishes the manner in which employees, including probationary employees, occupying full-time equivalent (FTE) positions may voluntarily donate sick, annual or faculty non-workday leave into their respective leave transfer pools. Employees in temporary grant and time-limited positions who accrue leave at the same rate as an FTE employee may donate and receive leave if all other eligibility requirements are met. The Employee Leave Transfer Program is for use by other employees who have been approved as leave recipients under personal or family medical-related emergency circumstances as defined in this procedure (see Addendum #1) and other guidelines promulgated by the Department of Administration's Division of State Human Resources (DSHR) regulations and State Board for Technical and Comprehensive Education (SBTCE) policy and procedure. All proposed transfer requests shall be reviewed by the System Office/College Human Resources Office to ensure compliance with all applicable procedures.

The State Board for Technical and Comprehensive Education's System President delegates the authority for approving leave transfer requests to the College Presidents. The System President reserves the right to withdraw delegation authority from an individual college based upon non-compliance with State Board for Technical and Comprehensive Education policy and procedure.

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II. ADMINISTRATIVE RESPONSIBILITY AND REQUIRED RECORDS

Colleges within the South Carolina Technical College System shall establish three (3) separate leave transfer pool accounts, a sick leave transfer pool, an annual leave transfer pool, and a faculty non-work day transfer pool. In the event a college determines that sufficient hours of either sick or annual leave are not available in their local pool to cover an approved request, the System Office will transfer the necessary hours to the respective college. This will assure that eligible employees are not denied leave transfer due to the lack of available sick or annual leave hours in a respective college's pool. Colleges will submit in writing to the System Office Human Resource Services a request to have the necessary hours transferred from the System Office's sick or annual leave transfer pools/leave recipient to the respective college along with any supporting documentation. The System Office/College must maintain the following records:

- A. Donation Request Form (see Addendum #2) – The Donation Request Form shall include: the employee's name; the college name or System Office; the employee's classification title; the employee's hourly rate of pay; the number of days/hours of the leave donor's earned sick, annual, or faculty non-work day leave; the number of days/hours of sick, annual, or faculty non-work day leave the employee wishes to donate to the appropriate local transfer pool/leave recipient; the date of the donation; and the leave donor's signature.
- B. Withdrawal Request Form (see Addendum #3) – The Withdrawal Request Form shall include: the employee's name; the college name or System Office; the employee's classification title; the employee's hourly rate of pay; the type of leave requested; the number of days requested; a thorough description of the nature, severity, and anticipated duration of the medical, family, or other hardship situation affecting the employee; and any additional supporting documentation for approval of the request.
- C. Leave Restoration Form (see Addendum #4) – The Leave Restoration Form shall include: the name of the leave recipient; the type of leave transferred (sick, annual, or faculty non-work day); the amount of transferred leave used; the date the leave recipient's personal emergency or employment terminates; and the amount of transferred leave (sick, annual, or faculty non-work day) being restored to the respective local leave transfer account.

III. LEAVE POOL DONATIONS

A. General Information

- 1. An employee donating sick and/or annual leave to the local transfer account must do so prior to the end of the calendar year. Employees donating faculty non-work days to the leave transfer account must do so prior to the end of the academic year.

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2. In the event of a medical emergency, a state employee may make a written request to the System Office/college that a specified number of hours of his/her accrued annual and/or sick leave be transferred from his/her annual and/or sick leave account to a specific leave recipient, within the System Office/College, rather than to a leave pool account, subject to the approval of the System/College President.

In the event of a medical emergency, an employee may make a written request to the College that a specified number of hours of his/her accrued faculty non-work days be transferred from his/her faculty non-work days account to a specific leave recipient, within the College, rather than to a leave pool account, subject to the approval of the College President.

3. Once leave of an employee has been donated and transferred to a local transfer account/leave recipient it cannot be returned to the leave donor.

B. Sick Leave Donation

An employee with more than fifteen (15) days of accrued leave in his/her sick leave account may voluntarily request in writing (Donation Request Form) that a specified number of hours of his leave be transferred to the local sick leave transfer account/leave recipient. An employee may donate no more than one-half of the sick leave earned in a calendar year to the respective local transfer account/leave recipient for the calendar year. An employee with less than fifteen (15) days of accrued leave in his/her leave account may not transfer any leave to the local sick leave transfer account/leave recipient.

C. Annual Leave Donation

An employee may voluntarily request in writing (Donation Request Form) that a specified number of hours of his/her accrued leave be transferred to the local annual leave transfer account/leave recipient. An employee may donate no more than one-half of the annual leave earned in a calendar year to the respective local transfer account/leave recipient for the calendar year.

D. Faculty Non-Work Day Donation

An employee may voluntarily request in writing (Donation Request Form) that a specified number of hours of his/her faculty non-work day be transferred to the local faculty non-work day leave transfer account/leave recipient. An employee may donate no more than one-half of the faculty non-work day leave earned in an academic year to the respective local transfer account/leave recipient for the academic year.

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IV. LEAVE POOL WITHDRAWALS

A. General Information

Employees, including probationary employees, occupying FTE positions as well as employees in temporary grant and time-limited positions who accrue leave at the same rate as FTE employees are eligible to withdraw leave from a respective pool account only if they are otherwise eligible to accrue the corresponding type of leave under sick, annual, faculty non-work day leave policies and procedures.

An applicant must be in a leave eligible position to qualify as a recipient of transferred leave. Employees who are receiving or become eligible for other paid benefits for periods of absence from work will generally be considered ineligible for transfers. Examples of other paid benefits include but are not limited to workers' compensation, long term disability, and disability retirement benefits.

An employee with a personal emergency may request leave from their respective local leave transfer account by completing a Withdrawal Request Form and submitting it to the System Office/College Human Resource Office. While there is no limit to the number of separate requests that an employee may submit, each separate request shall be limited to no more than thirty (30) workdays.

B. Criteria

After exhaustion of applicable leave the employee must have medical certification verifying that the employee will be or is anticipated to be in leave without pay for at least thirty (30) workdays.

However, an employee who is within thirty (30) calendar days of eligibility for long term disability insurance or disability retirement benefits and who has exhausted all accrued leave due to the prolonged medical emergency shall be eligible for consideration when requesting approval for less than the thirty (30) work day minimum requirement for leave transfer.

Substantial loss of income must occur due to the employee's unavailability of paid leave. To qualify as substantial income loss, the emergency must be for a prolonged period (refer to Addendum #1 definitions).

C. Verification

The approval of leave transfer requests shall be subject to verification as follows:

1. For personal or family medical emergencies, documentation by a certified physician is required and must include the nature of the emergency and an estimate of the inclusive dates. (See Addendum #5)

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2. For personal hardship emergencies (as defined in Addendum #1) verifiable information is required. Hardship requests will be handled on a case by case basis.

While the documentation and the circumstances surrounding the emergency or hardship will be primarily used as the criteria for approval, the employment record, including length of service, responsible use of leave, job performance, and other job related factors, may also be used in determining approval.

D. Approval Process

Upon receiving a completed Withdrawal Request Form, the System/College President or designee, shall approve or deny the withdrawal. Committees or other approaches may be used to assist in determining whether a request should be approved. Once a decision is rendered to approve or deny a request, a copy of all documentation associated with the transfer request shall be maintained in the System Office/College Human Resource's Office.

The evaluation of transfer requests shall be conducted in such a manner as to assure consistent treatment among similarly situated employees. Decisions shall be in keeping with State Human Resources Regulations, the criteria referenced in this procedure and other additional guidelines promulgated by the DSHR guidelines and applicable state and federal laws.

E. Use of Approved Leave

Leave taken under this section may qualify for the Family Medical Leave Act (FMLA) and, if so, will run concurrently.

1. When a Withdrawal Request Form has been approved, the System Office/College shall transfer a portion of the local respective sick or annual leave transfer account to the regular sick or annual leave balance of the recipient. The College shall transfer a portion of the local faculty non-work day leave to the faculty non-work day balance of the recipient.
2. Upon approval of a withdrawal request, a recipient may use sick, annual, or faculty non-work day leave from the respective local transfer account in the same manner and for the same purpose as if he had accrued the leave or in the manner provided by State Human Resources Regulations, State Board for Technical and Comprehensive Education policy and procedure and applicable state and federal laws.
3. Leave transferred under this program may be substituted retroactively for periods of leave without pay or used to liquidate any indebtedness for advanced sick leave. On a case-by-case basis, in light of the justification presented, a

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determination will be made on whether transferred leave may be applied retroactively and for what length of time.

4. Sick, annual, or faculty non-work day leave that accrues in the regular sick, annual, or faculty non-work day leave balances of the recipient must be used before using any leave from the respective local leave transfer account.

F. When Personal Emergency Terminates

1. The personal emergency affecting a leave recipient terminates when the System Office/College determines that the emergency no longer exists or the recipient's employment terminates.
2. The System Office/College shall continuously monitor the status of the recipient's emergency to ensure that the recipient is not permitted to receive or use transferred leave from the local transfer account after the emergency ceases to exist¹.
3. When the personal emergency affecting a leave recipient terminates or when employment terminates, any transferred leave remaining must be restored to the appropriate pool account by completing a Leave Restoration Form.

V. **ANNUAL REPORTS**

Colleges shall report preceding calendar year activities (donations and/or approved requests for sick or annual leave transfer) to the System Office Human Resource Services. Sick and annual leave transfer information will be reported by March 1st to the Division of State Human Resources. This information shall include but, is not limited to the following:

- A. Sick Leave – Total hours and cost of
 - (1) Sick leave donated;
 - (2) Sick leave used by recipient(s);
 - (3) Sick leave restored, if any.
- B. Annual Leave – Total hours and cost of
 - (1) Annual leave donated;
 - (2) Annual leave used by recipient(s);
 - (3) Annual leave restored, if any.
- C. Any additional information requested by the Division of State Human Resources needed to evaluate the desirability, feasibility, and cost of the Leave Transfer Program.
- D. All records and documentation are subject to audit by the System Office Human Resource Services and/or the Division of State Human Resources.

¹ The Human Resource Office must ensure medical documentation is received for the full length of time the employee is out. (See Section V. C.).

ADDENDUM #1

DEFINITIONS

Leave Donor -An employee with an approved voluntary written request for transfer of sick, annual, or faculty non-work day leave to a local transfer account.

Leave Recipient - An employee who is approved to receive sick, annual, or faculty non-work day leave from a local transfer account.

Local Leave Transfer Accounts - The local leave transfer accounts will generally be established and maintained at each college and at the System Office. The local leave transfer accounts will consist of separate sick, annual, and faculty non-work day leave transfer pools.

Personal Emergency - A medical or family emergency or other hardship situation that is likely to require an employee's absence from duty for a prolonged period of time and to result in a substantial loss of income to the employee because of the unavailability of paid leave.

A medical or family emergency is limited to catastrophic and debilitating medical situations, severely complicated disabilities and severe accident cases that are likely to require an employee's absence from duty for a prolonged period of time and result in a substantial loss of income to the employee because of the unavailability of paid leave. Routine disabilities (e.g., pregnancy and hysterectomy) or disabilities resulting from elective surgery do not qualify for leave transfers.

Other personal hardship situations are limited to emergencies (e.g., a personal circumstance beyond the employee's control) that are likely to require an employee's absence from duty for a prolonged period of time and result in a substantial loss of income to the employee because of the unavailability of paid leave.

Prolonged Period – A prolonged period is a minimum of thirty (30) working days.

ADDENDUM #2

SAMPLE - LEAVE POOL DONATION FORM

EMPLOYEE completes this section:

Leave Year: _____

Name: _____

Personnel No.: _____

Division: _____

Hours Donated: (See Note at Bottom of Page)

Annual Leave - _____ hrs.

Sick Leave - _____ hrs.

Faculty Non-Work Days - _____ hrs.

Employee Signature: _____ Date: _____

HUMAN RESOURCE SERVICES Completes this section:

Class Title: _____ Class Code/Slot/Pos #: _____

Annual Salary: \$ _____ Hourly Rate: \$ _____

Annual Leave:

Monthly Accrual Rate (hrs): _____

Total Annual Accrual (hrs): _____

Maximum Allowable Donation * (hrs): _____

Balance at Effective Date (hrs): _____

Sick Leave:

Maximum Allowable Donation * (hrs): 56.25

Balance at Effective Date (hrs): _____

Annual Leave/Faculty Non-Work Days: Sick Leave:

Hrs. Donated: _____ Cost: \$ _____ Hrs. Donated: _____ Cost: \$ _____

Approved _____

Disapproved Human Resource Administrator Date

* Note: Employees may donate no more than 1/2 of the sick or annual leave earned within a calendar year to the appropriate leave pool account for that year. Employees' annual leave accrual rates will vary because of bonus leave earnings, therefore the maximum donation amounts will be different. However, sick leave donations remain set at a maximum of 56.25 hours (7.5 days). Employees with more than 15 days (112.50 hours) in their sick leave account may donate leave to the leave pool; however, the employee must retain 15 days (112.50 hours) in their own sick leave account.

ADDENDUM #3

SAMPLE - LEAVE WITHDRAWAL REQUEST FORM

To be completed by employee:

Name: _____ Personnel #: _____
(First, Middle & Last)

Division: _____ Work Phone: _____

Home Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____

I am scheduled to work _____ hours a day - _____ days a week.

I request _____ hours of Sick and/or _____ hours of Annual Leave or _____ hours of Faculty Non-Work Days from the SBTCE Leave Transfer Program.

Reason for request (Reason/details -- illness, injury or personal; attach Certificate of Health Care Provider form):

Leave history (Please explain why you do not have sufficient leave to cover this request):

I have read the information on this form and I understand that if my request for leave is approved, I am subject to the terms of the SBTCE Leave Transfer Program and any unused leave will be returned to the program. I understand that I must also comply with all other SBTCE Policies and Procedures regarding leave with or without pay.

Employee Signature: _____ Date: _____

To be completed by Human Resource Office:

Class/Slot/Position: _____ Hourly Rate: _____

I have reviewed this request in terms of the withdrawal criteria and required documentation (as specified in SBTCE Leave Transfer Procedure 8-3-106.1) and feel that it meets does not meet the requirements. Requirements not met due to the following:

NAME, Benefits Administrator

Date

Approved Disapproved

NAME, VP, AVP, Director, System Office/College Human Resource Office

Date

NAME, SBTCE System/College President

Date

ADDENDUM #4

SAMPLE - LEAVE RESTORATION FORM

Employee Name: _____ Personnel #: _____

Division: _____

Class Title: _____ Position #: _____

Annual Salary at Restoration: _____

Date Emergency Ended: _____

Employee Termination Date (if applicable): _____

Reason for Restoration: _____

RESTORATION OF SICK LEAVE

Date Sick Leave Transferred to Employee: _____

Days/Hours of Sick Leave Transferred to Employee: _____

Days/Hours of Sick Leave Used by Employee: _____

Days/Hours of Sick Leave to be Restored: _____

RESTORATION OF ANNUAL LEAVE

Date Annual Leave Transferred to Employee: _____

Days/Hours of Annual Leave Transferred to Employee: _____

Days/Hours of Annual Leave Used by Employee: _____

Days/Hours of Annual Leave to be Restored: _____

RESTORATION OF FACULTY NON-WORK DAYS

Date Faculty Non-Work Days Transferred to Faculty Member: _____

Days/Hours of Faculty Non-Work Days Transferred to Faculty Member: _____

Days/Hours of Faculty Non-Work Days Used by Faculty Member: _____

Days/Hours of Faculty Non-Work Days to be Restored: _____

Human Resource Officer's Signature

Date

ADDENDUM #5

SAMPLE - LEAVE TRANSFER REQUEST PHYSICIAN'S STATEMENT

1. Please describe the employee's illness or condition:

2. Please estimate how long you believe the illness and/or recovery will last (providing dates, if possible).

3. Will this illness or recovery from it prevent the employee from personally performing activities of daily living? (Please **circle all** that the employee **cannot** perform.)

Walking Dressing Toileting Shopping Driving
Lifting Climbing Stairs Standing Sitting Up Eating

Others: (Please list): _____

4. Would you consider this/these illness as medically (circle **all** that apply):

Life Threatening Severely Debilitating Catastrophic

Physician's Name Date Physician's Signature

Please return form to:
College/System Office
Attn: Name
Address
Phone # / Fax #
Email