

State Human Resources Policy #E24-104.06

Employee Leave Transfer Pool

The language used in this document does not create an employment contract between the employee and the Agency. This document does not create any contractual rights or entitlements. The Agency 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.

Definitions

Agency - The South Carolina Military Department/Office of the Adjutant General.

Leave Donor – An employee of the South Carolina Military Department who voluntarily requests, in writing, a transfer of Annual and/or Sick Leave to the Leave Transfer Pool or to a specific qualifying Military Department employee.

Personal Emergency – A catastrophic and debilitating medical situation, severely complicated disability, severe accident case, family medical emergency or other hardship situation likely to require an employee's absence from duty for a prolonged period of time and would result in a substantial loss of income to the employee because of the unavailability of paid leave. A personal emergency is limited to catastrophic and debilitating medical situations, severely complicated disabilities, and severe accident cases, which would require a prolonged period of recuperation. Routine disabilities resulting from elective surgery do not qualify as personal emergencies.

Prolonged Period – Minimum of thirty (30) consecutive or intermittent working days within one (1) calendar year.

POLICY

1. Employees of the South Carolina Military Department (FTE, Temporary Grant, and Time Limited) may voluntarily donate Annual and/or Sick Leave to the Agency's Annual Leave Transfer Pool and/or transfer Annual and/or Sick Leave to a specific qualifying Agency employee.

2. Qualifying employees of the South Carolina Military Department (FTE, Temporary Grant and Time Limited Project), who have been approved as leave recipients under personal emergency circumstances, may request and receive Annual and/or Sick Leave from the Agency's Annual Leave Transfer Pool and/or as a direct donation from another Military Department employee.

3. Approval Authority

a. The Deputy Adjutant General for State Operations is the approval authority for requests to donate to or receive leave from the Agency's Annual Leave Transfer Pool and/or for direct donation to/from another Agency employee.

b. The Deputy Adjutant General for State Operations will, upon receiving a completed Recipient Request Form, review all necessary information and select leave recipients from within the Agency to participate in the Leave Transfer Program.

c. Once approved by the Deputy Adjutant General for State Operations, the Agency selections are final and there is no administrative or judicial appeal.

4. Limitations

a. An Agency employee may donate no more than one-half (1/2) of the Annual Leave they earn within a calendar year to the appropriate leave pool for that calendar year.

b. The donating Agency employee must retain a minimum of fifteen (15) days of Sick Leave in their Sick Leave Account. An employee with less than (15) days of Sick Leave in their Sick Leave Account may not transfer any Sick Leave to the Agency's Sick Leave Transfer Pool.

c. Agency Employees are limited to receiving no more than thirty (30) Donated Leave days (includes both Annual Leave and Sick Leave) in one (1) calendar year.

5. Eligibility to Request for Donated Leave

a. To qualify as a recipient of transferred leave, the requesting Agency employee must be eligible to accrue Annual and/or Sick Leave. Employees in Temporary Grant and Time Limited positions who accrue leave at the same rate as FTE employees may donate and receive leave if all other eligibility requirements are met.

b. In order to be eligible to request leave (Annual or Sick) from the Leave Pool or to receive donated leave, an employee must have been in a Leave Without Pay status for at least thirty (30) working days or provide documentation certifying a medical emergency that will result/resulted in the employee being in Leave Without Pay for this length of time.

6. Use of Annual Leave or Sick Leave

a. When the selection of a leave recipient is approved in accordance with this Policy, the Agency may transfer all or any portion of the Annual Leave Transfer Pool to the Annual Leave Account of the Leave Recipient, and all or any portion of the Sick Leave Transfer Pool to the Sick Leave Account of the Leave Recipient.

b. Upon approval of a request, an employee may use Annual or Sick Leave from the appropriate leave pool in the same manner and for the same purposes as if the employee had accrued the leave.

c. The donated leave recipient must use any Annual or Sick Leave that accrues to their account before using any leave from a Leave Pool account.

d. An Agency employee who becomes eligible for other paid benefits for periods of absence from work (e.g., Worker's Compensation, Long-Term Disability, Disability Retirement, etc.) will generally be considered ineligible for leave transfers.

e. The Agency may allow the donated leave recipient to use Annual and Sick Leave transferred under this program to substitute retroactively for periods of Leave without Pay or to liquidate any indebtedness for advanced Sick Leave. Whether transferred leave may be applied retroactively, and for what length of time, will be determined by the Agency on a case-by-case basis in light of the justification presented.

7. An employee wishing to donate Annual and/or Sick Leave to either the Annual Leave Transfer Pool or Sick Leave Transfer Pool must do so prior to the end of the calendar year.

8. Once an employee's donated leave is transferred to a leave pool, it will not be restored or returned to the Leave Donor.

9. The Agency will distribute the donated Annual Leave and/or Sick Leave to approved leave recipients of the Agency according to the provisions of this Policy.

10. The Agency must have sufficient leave in the appropriate leave account and sufficient funds to pay for the requested leave.

PROCEDURE

1. The SC Military Department State Human Resources Officer (State HRO) will review each request on a case-by-case basis and make a recommendation to the Deputy Adjutant General for State Operations.

2. Donating Leave to the Leave Pool Transfer Pool

a. Annual Leave. An Agency employee may request to transfer a specified number of their accrued Annual Leave hours from their Annual Leave Account to the Agency's Annual Leave Transfer Pool by completing the Leave Donation Request Form (see Attachment 1).

b. Sick Leave. An Agency employee may request to transfer a specified number of their accrued Sick Leave hours from their Sick Leave Account to the Agency's Sick Leave Transfer Pool by completing the Leave Donation Request Form (see attachment 1)

3. Donating Leave to Another South Carolina Military Department Employee

a. Annual Leave. An Agency employee may request to transfer a specified number of their accrued Annual Leave hours from their Annual Leave Account to a specific Agency employee by completing the Employee-To-Employee Leave Donation Request Form (see Attachment 2).

b. Sick Leave. An Agency employee may request to transfer a specified number of their accrued Sick Leave hours from their Sick Leave Account to a specific Agency employee by completing the Employee-To-Employee Leave Donation Request Form (see Attachment 2)

4. Requesting Donated Leave. An Agency employee with a personal emergency may request Annual and/or Sick Leave from the appropriate leave pool by completing the Leave Recipient Request Form (see Attachment 3).

5. When the Emergency Terminates

a. The personal emergency affecting a leave recipient terminates when the Agency determines the personal emergency no longer exists or the leave recipient's employment terminates.

b. The Leave and Time Clerk in the State Human Resource Office will complete a Leave Restoration Form (see Attachment 4) and return all unused donated leave to the Agency's Annual Leave or Sick Leave Transfer Pools as applicable. The unused leave will not be restored or returned to the Leave Donor.

Attachments

1. Leave Donation Request Form
2. Employee-To-Employee Leave Donation Request Form
3. Leave Recipient Request Form
4. Leave Restoration Form

OFFICE OF THE ADJUTANT GENERAL

LEAVE DONATION REQUEST FORM

Name: _____ SCEIS Personnel Number: _____

Employing Agency: Office of the Adjutant General

Current Sick Leave Balance: _____

Hours to be donated to Sick Leave Transfer Pool: _____

Current Annual Leave Balance: _____

Hours to be donated to Annual Leave Transfer Pool: _____

I understand that once leave is transferred to the Annual Leave Transfer Pool and/or Sick Leave Transfer Pool, it will not be restored to my annual leave and/or sick leave account.

Signature of Leave Donor

Date

OFFICE OF THE ADJUTANT GENERAL

EMPLOYEE-TO-EMPLOYEE LEAVE DONATION REQUEST FORM

Name: _____ SCEIS Personnel Number: _____

Employing Agency: Office of the Adjutant General

Current Sick Leave Balance: _____

Hours to be donated to Sick Leave Transfer Pool: _____

Current Annual Leave Balance: _____

Hours to be donated to Annual Leave Transfer Pool: _____

Employee Designated to Receive Leave: _____

I understand that once leave is transferred to the Annual Leave Transfer Pool and/or Sick Leave Transfer Pool, it will not be restored to my annual leave and/or sick leave account.

Signature of Leave Donor

Date

OFFICE OF THE ADJUTANT GENERAL

LEAVE RECIPIENT REQUEST FORM

Name: _____ SCEIS Personnel Number: _____

Employing Agency: Office of the Adjutant General

Employment Date: _____

Sick Leave used for current personal emergency: _____ hours

Annual Leave used for personal emergency: _____ hours

Date all paid leave was/will be exhausted: _____

1st day of Leave without Pay: _____

*Inclusive Dates of Personal Emergency: From: _____ To: _____

Inclusive Dates of Leave Request: From: _____ To: _____

Leave request, minus holidays, equals 30 workdays: Yes No

Are you receiving other paid leave benefits for which you are eligible? Yes No

If yes, which of the following:

Workers' Compensation Eligibility date _____

Long-Term Disability Eligibility date _____

Other Eligibility date _____

Signature of Leave Recipient

Date

Signature of Approver

Date

***Attach statement describing catastrophic or medical emergency of prolonged period without pay. Attach physician verification.**

OFFICE OF THE ADJUTANT GENERAL

LEAVE RESTORATION FORM

Name: _____ SCEIS Personnel Number: _____

Type of leave transferred: _____

Amount of transferred leave used: _____

Date leave recipient's personal emergency or employment terminated: _____

Amount of transferred leave being restored to the respective pool: _____

Date: _____

***Attach statement describing catastrophic or medical emergency of prolonged period without pay.
Attach physician verification.**