

Request to Receive Donated Leave

See Reverse Side for Detailed Requirements and Explanation

Employee's Name: _____

Employee's Title/Pay Grade/Rate of Pay _____

Employee's Banner ID _____ Employee's Hire Date: _____

Employee's Department/Agency: _____

I wish to remain anonymous in my request for donated leave. (Your name will not be used when donations are solicited.)

An employee may receive donated vested leave if the following criteria are met:

- 1) employee has been employed in a permanent position for at least one year, **and**
- 2) employee is eligible for accumulation of leave under SDCL 3-6-6 and 3-6-7 **and**
- 3) employee has exhausted all his/her leave benefits; **and**
- 4) employee meets one of the following conditions (check appropriate condition)

Terminally ill and unable to return to work (attach medical certification).
The employee requesting donated leave must have applied for public disability programs he/she is eligible for. List programs applied for and attach copies of completed applications, signed by the appropriate agency personnel.

Suffering from a life-threatening illness or injury which prevents working for at least 90 consecutive days (attach medical certification).
The employee requesting donated leave must have applied for public disability programs he/she is eligible for. List programs applied for and attach copies of completed applications, signed by the appropriate agency personnel.

Caring for spouse, child or parent who is terminally ill or suffering from an acutely life threatening illness or injury which has been certified by a licensed physician as having a significant likelihood of terminating fatally (attach medical certification).

Name of employee's family member: _____
Relationship to employee (circle one): Spouse Child Parent

Signatures _____ Date: _____
Employee requesting leave

Supervisor Date: _____

Verification of Criteria/Human Resources Date: _____

Executive Director, Board of Regents Date: _____

(For Bureau of Personnel Use Only)
Commissioner of Personnel's Signature: _____ Date _____

To Receive 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:
 - After 2,080 hours of donated leave have been used by the recipient employee who is terminally ill. After 1,040 hours of donated leave have been used by an employee who is suffering from a life-threatening illness or injury.
 - When other public disability benefits have been approved, or
 - Upon the death of the employee.
- 3) Sick and annual leave may not be accrued by recipient employee on donated leave.

When an employee's spouse, child or parent is terminally ill or suffering from an acutely 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) The total paid leave, including the donated annual leave, may not exceed twelve weeks per calendar year per recipient employee.
- 3) Sick and annual leave may not be accrued by recipient employee on donated leave.

To Donate 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. 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 an acutely life threatening illness or injury which has been certified by a licensed physician as having a significant likelihood of terminating fatally. To donate sick leave, the donating employee must have seven continuous years of service and a sick leave balance of 120 hours. For every four hours of sick leave donated, the recipient receives one hour of sick leave.

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 an acutely life threatening illness or injury which has been certified by a licensed physician as having a significant likelihood of terminating fatally. 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.

Definitions:

Child: A biological or adopted child, a stepchild, or a person who is under 18 years of age, who resides with the employee and for whom the employee has been appointed guardian pursuant to SDCL 29A-5-201

Spouse: Husband or wife as recognized under the laws of South Dakota for the purpose of marriage.

Parent: Biological parent or adoptive parent or stepparent;

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

Terminal Illness: 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.