

# Request for Donated Leave

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

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

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

Employee's Social Security Number: \_\_\_\_\_

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

I wish to remain anonymous in my request for donated leave. (If you wish to remain anonymous, other employees will not be notified of your name when donations are solicited).

**An employee may receive donated vested leave:**

- 1) if the employee has been employed in a permanent position for at least one year,
- 2) is eligible for accumulation of leave under South Dakota law, Chapter 3-6,
- 3) has exhausted all his/her leave benefits; 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).**

The employee must apply for any other public disability programs for which the employee may be eligible. Please indicate which public benefits 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).**

The employee must apply for any other public disability programs for which the employee may be eligible. Please indicate which public benefits you have applied for 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 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: \_\_\_\_\_

Spouse

Child

Parent

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

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

(See Reverse side of this form for additional information)

(FOR BUREAU OF PERSONNEL USE ONLY)

Commissioner of Personnel's Signature: \_\_\_\_\_

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

(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. Part-time employees are eligible for prorated leave.
  - b) After 1,040 hours of donated leave have been used by an employee who is suffering from a life-threatening illness or injury. Part-time employees are eligible for prorated leave.
  - c) When other public disability benefits have been approved, or
  - d) 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 annually per recipient employee. Part-time employees are eligible for prorated leave.
- 3) Sick and annual leave may not be accrued by 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. 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, adopted or foster child, a stepchild, or legal ward, or a child of a person standing in place of the parent. The child must either be under age 18 or be age 18 or older and incapable of self-care because of a mental or a physical disability.

**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 parent or individual who stood in place of the parent of the employee and was charged with the duties and responsibilities of the parent. This term does not include parents "in law."

**NOTE:** A person who stands in for a parent includes a person who has the day-to-day responsibility to care for and financially support a child. In the case of an employee, this includes the person who had that responsibility for the employee when the employee was a child. A biological or legal relationship is not necessary.

**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

**Terminally Ill:** An incurable physical condition that is certified by a licensed physician to be nonreversible and like 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.