

## FSU EMPLOYEE-TO-EMPLOYEE LEAVE DONATION PROGRAM – RECIPIENT FORM

### INSTRUCTIONS FOR SUBMITTING AN EMPLOYEE-TO-EMPLOYEE LEAVE DONATION REQUEST

#### THE EMPLOYEE-TO-EMPLOYEE LEAVE DONATION PROGRAM IS FOR BARGAINING UNIT EMPLOYEES ONLY

This packet contains information and the form necessary to request leave through the Frostburg State University (FSU) Employee-to-Employee Leave Donation Program:

1. Fact Sheet for the Employee-to-Employee Leave Donation Program:  
Contains general information about donating and receiving leave from the Employee-to-Employee Leave Donation Program.
2. Employee-to-Employee Leave Donation Program - Request Forms:
  - To be completed by employee **receiving** leave

#### REQUIRED MEDICAL DOCUMENTATION

**Medical documentation\* that supports your work absence is required to provide for approval of your request, and should be signed by a licensed medical provider.** For example, if you need leave to cover your absence from January 1 to January 15, ask the Health Care Provider(s) to submit medical documentation confirming the need for leave to cover January 1 to January 15.

Please have the Health Care Provider(s) complete the applicable "Certification of Health Care Provider" DOL form for any Family and Medical Leave (FML) related conditions:

- Employee's Serious Health Condition (Form WH-380-E) or
- Family Member's Serious Health Condition (Form WH-380-F)

Additional FSU forms acceptable for verifying medical-related absences are:

- Staff Accommodation Request Form - ADA
- Return-to-Work Certification Form from the Health Care Provider(s)

For FML ineligible requests, acceptable medical documentation should be provided in accordance with the [USM VII-7.45 – POLICY ON SICK AND SAFE LEAVE](#) (Section V.B. Verification of Absences Charged to SSL).

**\*If your request is for the birth, adoption, foster care or bonding with a child, applicable documentation should be provided, and must contain your name on the documentation to confirm familial relationship. Documentation can include, but is not limited to the following:**

- Birth of a child: birth certificate, verification of birth letter from the hospital, crib card, hospital discharge paperwork, etc.
- Adoption or Foster Care: court documentation, attorney consultation paperwork, counseling sessions, agency agreements, etc.

Upon completion, all forms should be submitted directly to:  
Office of Human Resources (OHR) Benefits Manager, Lee Ann  
Nightingale

Email: [LNightingale@frostburg.edu](mailto:LNightingale@frostburg.edu) or by  
Phone: (301) 687-4398 or Fax: 301-687-4118

**FSU EMPLOYEE-TO-EMPLOYEE LEAVE DONATION PROGRAM**

**FACT SHEET**

**EMPLOYEES DONATING LEAVE TO OTHER EMPLOYEES:**

- May voluntarily donate unused annual or sick leave to another employee within the FSU institution
- Must have a leave balance of at least 176 hours after the donation is deducted.
- Designate the recipient of the leave.
- The maximum amount of leave that can be donated per calendar year is 96 hours.
- If an employee who receives leave does not use all of the donated leave, the remaining hours of leave shall be *restored to the employee(s) who made the donation*.

**For employees donating leave**, Complete Part I of the FSU Employee-to-Employee Leave Donation Form and submit the form to OHR Benefits Manager, Lee Ann Nightingale via email ([LNightingale@frostburg.edu](mailto:LNightingale@frostburg.edu)) or secure fax (301-687-4118). You should also provide a copy of the form to the employee to whom you are making the donation. The form is available on the OHR website at <https://www.frostburg.edu/human-resources/Policies-Procedures/alphabetical-list-of-hr-forms.php>

**FOR EMPLOYEES RECEIVING LEAVE FROM OTHER EMPLOYEES, THEY MUST:**

- Have at least 180 days of FSU, USM or State of Maryland service.
- Have **exhausted** all available annual, personal, sick and compensatory leave.
- Need leave due to a serious health condition (SHC) as defined by the Family Medical Leave Act (FMLA) for:
  - 1) the employee's own personal illness or injury; or
  - 2) a family member's SHC for whom the employee is needed to provide direct care
- Provide sufficient medical documentation to substantiate absence for the time period covered by the Employee-to-Employee Leave request. If medical documentation has already been provided for FML or ADA purposes, please indicate that on the request form.
- Not be receiving Accident Leave or Total Temporary Benefits (TTB) from Workers' Compensation Commission
- Have received no more than 800 hours of donated leave from the Employee-to-Employee Leave Donation Program in the past (800 hours received is the maximum limit for the employee's career)
- Return any unused leave to the employee(s) who donated (in the reverse order recorded)

**SPECIAL NOTE:** Any employee requesting leave from the FSU Employee-to Employee Leave Donation Program has a responsibility to find their own "donating employee" within the FSU Institution.

## **FSU EMPLOYEE-TO-EMPLOYEE LEAVE DONATION PROGRAM - REQUEST FORM**

### **PART II - TO BE COMPLETED BY THE EMPLOYEE RECEIVING LEAVE**

<b>Name*:</b>	<b>FSU ID:</b> _____
<i>* Your <b>full</b> Name and FSU ID are <b>required</b> to help verify your identity. Failure to provide it may result in delays and/or rejection of this request. This information is kept confidential.</i>	
Division/Department Name:	FSU/USM/State Hire Date:
Is this absence the result of a job injury? <input type="checkbox"/> Yes <input type="checkbox"/> No	Duration of leave requested (start and end date):
Are you receiving Worker's Compensation benefits? e.g. Accident Leave or Temporary Total Benefits (TTB) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email Address:	Phone:
Bargaining Unit Employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	Request Type: <input type="checkbox"/> New <input type="checkbox"/> Additional/Extension
<b>Reason for Request:</b>	
<input type="checkbox"/> An employee's own illness, disability or serious health condition that existed at the time the leave was donated; <b>or</b>	
<input type="checkbox"/> An illness or injury of the employee's immediate family for whom the employee is needed to provide direct care**.	
<b>**For an immediate family member please provide the following:</b>	
<b>Name:</b>	<b>Relationship:</b>
<b>Employee Signature:</b>	<b>Date:</b>

### **CERTIFICATION OF LEAVE FOR EMPLOYEE RECEIVING LEAVE** **TO BE COMPLETED BY UNIVERISTY HUMAN RESOURCES LEAVE MANAGMENT**

<b>Start Date of Leave:</b>	<b>Anticipated End Date of Leave:</b>
Date all annual, sick, personal and/or compensatory leave, if applicable, will be exhausted:	Number of Hours Needed:
Has the employee previously received leave from the Employee-to-Employee Leave Donation? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how many hours?
<b>Total Hours Received:</b> _____ (Total hours by leave type: Annual _____ Sick _____)	
<b>UID of Donating Employee(s):</b>	
Is the employee on FMLA leave? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>If Yes, provide <u>end date</u> of <u>current</u> FMLA:</b>
Has the employee provided the applicable medical documentation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Central Absence Partner's Signature:</b>	<b>Date:</b>

Approving this request will not cause the employee to exceed 800 hours of leave from the Employee-to-Employee Leave Donation Program during the employee's entire FSU employment. **As the Central Absence Partner, I certify that this employee meets all the eligibility criteria outlined in Article 13 Section 22 of the MOU.**