MANCHESTER TOWNSHIP
GENERAL ORDER

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SUBJECT: DONATED LEAVE / SUPPLEMENTAL SICK LEAVE

EFFECTIVE DATE:	REVISION DATE	PAGE #
07/07/2015	03/03/2015	1, 2 & 3
	09/30/2016	4 and 5
BY THE ORDER OF: Mayor Kenneth T. Palmer		
SUPERSEDES ORDER #:		

PURPOSE: The purpose of this policy is to permit Manchester Township employees to assist other terminally, seriously or chronically ill employees by providing donated time to these employees who have exhausted all of their accrued time.

POLICY: Full-time employees of Manchester Township shall be permitted to donate accrued sick, vacation, and/or personal days to another full-time Township employee who has exhausted all of their accumulated time. The recipient employee must suffer from a catastrophic health condition or injury which is of a catastrophic nature. Or, the recipient employee must be needed to provide direct care to a member of the employee's immediate family who is suffering from a catastrophic health condition or injury. The recipient employee must also have abided by all general orders regarding sick leave use with no history of sick time abuse.

GENERAL:

I. Definition of Terms

A. Immediate family –

1. Spouse, and parents thereof;
2. Sons and daughters, and spouses thereof;
3. Parents, and spouses thereof;
4. Brothers and sisters, and spouses thereof;
5. Grandparents and grandchildren, and spouses thereof;
6. Any individual related by blood or affinity whose close association with the employee is the equivalent of a family relationship.

PROCEDURE:

I. Donating Accrued Time

A. Full-time employees of the Township of Manchester may donate accrued sick, vacation, and/or personal days through the Personnel Office by completing a Manchester Township Leave Donation Form (Attachment A) when a request is made by another employee.

B. The donated time shall go directly towards the requesting employee's sick leave balance.

C. Donated time shall be accepted up to the amount requested by the employee in need.

D. If recipient needs an undetermined amount of donated time, donations will only be accepted in increments of thirty (30) days.

E. Credited days cannot be purchased (buyback) by recipient.

F. Credited days cannot be returned to donor.

II. Requesting Use of Supplemental Sick Time

A. A full-time employee shall submit an Application for Supplemental Sick Leave (Attachment B) to the employee's Department Head.

B. Applications must include a medical verification from a physician concerning the nature of the condition and anticipated duration of the disability resulting from catastrophic illness or injury.

C. The application shall be reviewed by the Department Head and Personnel Office who will recommend approval or denial to the Business Administrator.

D. If approved by the Business Administrator, the approved application shall be returned to the respective Department Head with copies being sent to both Personnel and the Department of Finance.

E. After approval, the Department of Administration will issue a Township wide Supplemental Leave Request Notice through a Township Memorandum identifying the employee in need and a request for donation of sick, vacation or personal time to said employee. (Information regarding the exact medical condition of the employee shall not be released).

F. All donating employees shall complete the Manchester Township Donation Form and return same to the Personnel Office.

G. All donated supplemental time shall be issued directly to the employee and placed on the employee's time record for their exclusive use due to their illness or injury.

H. Employees are prohibited from threatening or coercing, or attempting to threaten or coerce another employee on his behalf or on behalf of another employee for the purpose of interfering with employee rights involving donating, receiving, or using donated leave time. Such prohibited acts shall include but are not limited to: promising to confer or conferring benefits such as promotion or salary increase, or making threats to or engaging in an act of retaliation against an employee.

III. Denial of Request for Supplemental Sick Time

A. An advisory committee comprised of an equal number of union and Township representatives may review instances of denial for non-binding recommendation.

Manchester Township Leave Donation Form

Donor	Recipient
Name	**Name**
Payroll Number	**Payroll Number**
Division/Department	**Division/Department**
Number and Type of Days Donated	**Misc**

Signature of Donor	**Date**
Approval of Business Administrator	**Date**
Certified by Personnel Director	**Date**
Processed by Finance Dept.	**Date**

Manchester Township Application for Supplemental Sick Leave

Date:
Name:
Reason For Request: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
☐ I do ☐ I do not authorize the Township of Manchester to advertise for donated sick leave donations on my behalf. Diagnosis of my medical condition will not be included in the Department Notice advertisement.
Signature of Employee

Approval of Department Head	**Date**
Approval of Business Administrator	**Date**

Attach your physician's medical certification to this application

Attachment B