Time Off Donation Procedure, Process Map & Forms

Eligibility Process Map

Are you an LTE, Casual, or Student employee?
Yes → You are not eligible.
No → Did you review the Time Off Donation Policy?

Yes → Have you talked to your HR Business Partner about short-term disability coverage?

Yes → Do you have any time off balances or replacement income available?
*Time off examples: sick, paid time off (PTO), vacation, non-contract, floating holidays, personal/emergency, etc.
*Replacement income examples: other employment, disability insurance, workers compensation, unemployment, Social Security, private insurance, etc.

Yes → Does the illness or injury require you to miss work due to lengthy treatment, care, or therapy?
*Examples of catastrophic illnesses or injuries: cancer, coma, heart attack, stroke, leukemia, paralysis, accidents, etc.

Yes → You may qualify for donations. Contact HR at HR@madisoncollege.edu or (608)246-6900 to receive a request form.
No → Contact HR at (608) 246-6900 or HR@madisoncollege.edu to see if you qualify for short-term disability insurance coverage.

No → Please review the full policy and procedure beforehand.

No → You must use all time off balances and have no replacement income to receive a donation.

No → This situation might not meet the criteria of a catastrophic event. Contact HR if you are unsure.
Procedure

1. Submit a Request for Time Off Donations to the human resources (HR) mailbox at hr@madisoncollege.edu. HR will review the situation and decide if the event qualifies for the paid time off donation. Medical verification may be required.

2. If the event qualifies for the time off donation, HR will work with you and your supervisor to determine the approximate number of hours/days needed. Typically, donations will not exceed 90 days.
   - Events are evaluated on a case-by-case basis.
   - HR may consult with the Benefits Committee with regard to special circumstances to ensure consistent application of the policy intent.

3. A confidential call for time off donations is sent out by HR to the appropriate Vice President area, department, or school (copy the HR business partner).

4. Donors will submit a Time Off Donation form to HR in order to anonymously donate up to 40 hours of paid time off.
   - Time off may be donated in increments of 4 or 8 hours from these balances: sick, vacation, non-contract, personal, floating holidays, and paid time off (PTO).
   - Hours will have the same value regardless of employee type.
   - The HR business partner is responsible for tracking the donations and coordinating with the Payroll Office.
   - Donations are deducted on a “first-in, first-out” basis and will roll over to the next fiscal year.
   - Any unused time off will be returned to the donor.
   - If insufficient donations are received from the employee’s department or school, HR will email the college community to expand the request to other areas of the college.

Clarification on Schedules, Holidays, and Shutdowns

- Time off donations can only be used for your regular work schedule.
- If a holiday falls within the timeframe you are using time off, then you are eligible for holiday pay.
- If time off donations are being used two weeks prior to and two weeks subsequent to a shutdown, then you will be paid for the shutdown.

Updated 05-04-17
The employee who needs a donation should complete this form and submit it to Human Resources. Please read the Time Off Donation Policy beforehand.

Employees who are experiencing a catastrophic illness or injury may request donations of time off from other employees in these circumstances:

- You need time off due to a catastrophic life event but do not have any remaining time off balances.
- You do not have any replacement income available (disability, other employment, workers compensation, social security, private insurance).

Employee Requesting a Donation:

First Name: ______________________ Last Name: _____________________________
Employee ID: ____________________ Department: _____________________________
Daytime Phone: ____________________ Email: ________________________________

Anticipated number of hours needed: __________________
Anticipated dates of absence: ________________ to ________________

Please briefly explain the catastrophic illness or injury:

________________________________________________

I certify that the above statements are true, and I authorize Madison College to obtain any necessary information related to this request.

________________________________________________ Date
Employee Signature

In the event the employee is unable to sign this form, an immediate family member, guardian, or Power of Attorney may sign on their behalf.

________________________________________________ Date
Signature

Relationship to Employee

Updated 05-04-17
Employees may donate unused paid time off to help other employees who have experienced a catastrophic illness or injury. Please read the Time Off Donation Policy for more information.

**Donor Information:**

First Name: ________________ Last Name: ________________________________

Employee ID: ________________

Work Phone: _______________________ Email: ______________________________

I authorize Madison College to deduct the following hours from my time off balance(s) and donate it anonymously to the employee experiencing a catastrophic life event:

<table>
<thead>
<tr>
<th>Number of Hours</th>
<th>Time Off Balance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donate increments of 4 or 8 hours, up to 40</td>
<td>Specify which balance you’d like to donate: sick, vacation, non-contract, personal, floating holidays, paid time off (PTO)</td>
</tr>
</tbody>
</table>

I am willing to donate the hours listed above and understand the process of the Time Off Donation Policy.

_______________________________________________ ___________________  
Employee Signature Date