

MEMORANDUM OF AGREEMENT

The attached Donated Leave Program and the forms to implement it are agreed to by and between the Local 2275, Stockton Federation of Teachers, AFT, and the Richard Stockton College of New Jersey through their respective authorized representatives. In addition, the parties agree to the modifications contained in the attached Range Adjustment and Performance-based Promotions Programs.

The parties hereby execute this Agreement this 9th day of January, 2002.

/s/ David Emmons _____

David Emmons
President, Local 2275
Stockton Federation of Teachers, AFT

/s/ Richard Hale _____

Richard Hale
Interim Vice President of Administration and Finance
The Richard Stockton College of New Jersey

*STOCKTON FEDERATION OF TEACHERS/NON-TEACHING PROFESSIONAL STAFF
DONATED LEAVE PROGRAM*

I. Purpose

The purpose of this procedure is to set forth the eligibility requirements governing participation in the Richard Stockton Professional Staff (SFT/NTP) Donated Leave Program, which enables Stockton Professional Staff employees, under certain conditions, to donate leave to other eligible Stockton Professional staff (SFT/NTP) employees.

II. Description

The Program enables RSC Professional Staff (SFT/NTP) employees to donate voluntarily a portion of their earned sick and/or vacation time to other employees who have exhausted their own earned leave and who themselves or a member of their immediate family are suffering from a catastrophic health condition or injury which is expected to require a prolonged absence from work..

III. Eligibility

A. Recipient

A full-time Professional Staff employee of the College (as defined by the AFT Contract) shall be eligible to receive donated sick and/or vacation time from other eligible Professional Staff employees provided they meet the following criteria and requirements:

1. College employment of not less than one year of continuous service as a full time Professional Staff (SFT/NTP) member;
2. A catastrophic health condition or injury which requires absence from work for a prolonged period, except in emergent circumstances;
3. Medical verification from a physician or other licensed health care provider describing the nature, severity, and the anticipated duration of the disability;
4. Exhaust all accrued leave time including alternate time, sick leave, and vacation leave; and,
5. Receive not less than five (5) donated days from one or more qualified leave donors.

B. Donor

A leave donor must meet the following criteria and requirements:

1. An irrevocable donation of not more than 10 days to anyone recipient in whole days provided only that the donor shall retain a remaining balance of not less than 20 days of accrued sick leave if donating sick leave; and 12 days of accrued vacation leave if donating vacation leave.
2. Solicitation and/or acceptance of any money, credit, gift, gratuity, thing of value or compensation of any kind, which is provided, directly or indirectly, is strictly prohibited.

IV. Procedures

- A. The Donated Leave Program is administered by the Office of Human Resources subject to monitoring and audit and consistent with the policies set forth in N.J.A.C. 4A:6-1.22 (Donated Leave Program) as amended.
- B. Participation in the program is on a strictly voluntary basis limited to a recipient receiving a total of not more than 180 days on non-retroactive basis.
- C. Requests are subject to approval of the Recipient Affidavit and Donor Transfer Certification Forms, which are available in the Office of Human Resources. **In** the event the employee is unable to complete the Recipient Affidavit Form, the employee's designated family may complete the form on behalf of the employee. A supervisor may also initiate this process on behalf of the employee. Notice shall be provided to all appropriate negotiation representatives.
- D. Upon approval of the employee as an eligible leave recipient, the employee's name will be posted in accordance with Human Resources procedures.
- E. The donor's leave account will be reduced by the number of days which are to be donated.
- F. The eligible recipient's leave account will be credited with the donated time upon approval of the Recipient Affidavit. The Recipient may receive no more than ten (10) days from one donor to a maximum of 180 days from all donors.
- G. Any unused, donated leave time shall be credited to the leave donor or donors on a prorated basis upon the leave recipient's return to work. However, any portion that would amount to less than one day per donor will not be returned.
- H. The leave recipient shall continue to accrue sick and vacation leave while using donated leave time. This entitlement shall be retained and credited to the employee upon his/ her return to work.
- I. Recipients cannot collect Temporary Disability Insurance while participating in the leave donation program. Once an employee has exhausted all benefits from the Leave Donation Program, the employee can enroll or re-enroll in the Temporary Disability Program.
- J. Upon retirement, the leave recipient shall not be granted supplemental compensation on retirement for any sick leave he/she received through the donated sick leave program.

**THE RICHARD STOCKTON COLLEGE OF NEW JERSEY STOCKTON FEDERATION OF
TEACHERS/NON-TEACHING PROFESSIONAL STAFF
DONATED LEAVE PROGRAM**

RECIPIENT AFFIDAVIT

I consent to participation in the Donated Leave Program. I understand that participation in this program is limited to employees or their immediate family members having a catastrophic health condition or injury as defined in N.J.A.C. 4A:6-1.22 (a) through (c) and will result in the Office of Human Resources posting a notice of my eligibility. The specific nature of my illness and/or the illness of my immediate family member will be kept confidential.

I certify the following:

- 1) I have not directly or indirectly solicited or accepted anything of value for the donation of paid leave time.
- 2) I have not directly or indirectly intimidated, threatened or coerced or attempted to intimidate, threaten or coerce any employee for the purpose of obtaining a donation of paid leave.
- 3) I have not and will not directly or indirectly provide any money, credit, gift, gratuity, thing of value or compensation of any kind for the purpose of obtaining a donation of paid leave.
- 4) I have not interfered with any right which another employee may have with respect to contributing, receiving or using paid leave under this program.

I understand that I am not eligible to receive Temporary Disability Insurance (TDI) benefits for the same periods that I am paid wages from donated sick or vacation leave or while using any of my own leave time required during this program.

I also understand that the Temporary Disability Benefits Law requires that I use all of the donated leave before any TDI benefits can be paid.

If I currently have on file or at a later time file a claim for TDI benefits, I understand it is my responsibility to notify the Disability Insurance Service and Richard Stockton College of New Jersey that I am participating in the Donated Leave Program.

I have attached herewith medical verification, which confirms a catastrophic health condition or injury and indicates an anticipated absence through _____ .

Print Name

Signature of Recipient

Date

INSTRUCTIONS: Forward this affidavit to the Office of Human Resources, J-112.

THE RICHARD STOCKTON COLLEGE OF NEW JERSEY STOCKTON FEDERATION OF TEACHERS/ NON-TEACHING PROFESSIONAL STAFF DONATED LEAVE PROGRAM

DONOR TRANSFER CERTIFICATION

I hereby agree to permit the Richard Stockton College of New Jersey to transfer leave credit as indicated below to be used as the recipient's personal sick leave.

Donation Section:

Donate to: _____

I wish to donate the following:

- _____ Sick Days - I certify that my sick leave balance will not be less than 20 accrued sick days after this transfer.
- _____ Vacation Days - I certify that my vacation leave balance will not be less than 12 accrued vacation days after this transfer.
- _____ TOTAL DAYS DONATED* (cannot exceed 10 days per recipient)

*Donation of less than 5 days will result in conditional approval until a minimum of 5 days has been donated to the recipient.

Certification Section:

I certify that I have not been coerced nor solicited or accepted anything of value for the donation of paid leave time.

_____ Date _____ Print Name _____ Signature

_____ Department _____ Office Phone

PLEASE RETURN THIS FORM TO: Office of Human Resources, Room J-112

HUMAN RESOURCES OFFICE USE ONLY

- Transfer Approved Transfer Disapproved

This is to advise your request to donate leave time cannot be accepted due to the following reason(s):

- Recipient is no longer active.
- Employee has already received the maximum number of donated days.
- Your current sick balance does not show the required minimum number of 20 accrued days.
- Your current vacation balance does not show the required minimum number of 12 accrued days.
- Other _____

_____ Appointing Authority Signature _____ Date

