

ARTICLE [x]. DONATED LEAVE BANK

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Purpose.

The purpose of this article is to establish a Leave Bank that will provide financial assistance to a Qualified Faculty Member who has exhausted all paid leave time and is facing leave without pay of 5 days or more due to a Qualifying Reason. The Leave Bank will be established from contributions of sick leave by faculty who are covered by the Association's Collective Bargaining Agreement and administered by the Office of Human Resources with the recommendation of the Donated Leave Bank Advisory Committee, in accordance with the procedures set forth herein.

Section 1 Definitions.

"Qualified Faculty Member" is a faculty member who is eligible for Association representation.

"Family Member" is any family member living in the same household as well as spouse, domestic partner, child (biological, adopted, foster, stepchild, or otherwise), parent, parent grandparent, grandchild, or domestic partner's parent or child.

*OT-AAUP reserves the right to add to, modify, or amend proposals during the course of negotiations.

- 46 • Oregon Military Family Leave is taken by the spouse or domestic partner of a service
 47 member who has volunteered for or has been called to active duty or notified of an
 48 impending call to active duty.
 49
 50 • Military Family Leave:
 51 a) Qualifying exigencies related to covered active duty or called to covered active duty status
 52 for the employee or family member (12 weeks);
 53 b) Care for a covered service member for injury or illness. (26 weeks)
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55 Section 2 Provisions.

56 Eligibility for Membership: any bargaining unit member is eligible to apply for membership
 57 in the Donated Leave Bank.
 58

59 A. Application for Membership.

- 60 1. Applications for membership will be accepted (a) during the annual open enrollment
 61 period (October 1 to October 31) or (b) any other qualifying events where a member can
 62 change or enroll for membership.
 63 2. Each member employee must donate a minimum of 8 hours of accrued sick leave
 64 annually from his or her accrued leave account. The faculty member must retain a balance of
 65 40 hours of sick leave at the end of donation for donations above the required minimum of
 66 8 accrued hours. Members may donate additional sick leave up to 1040 hours per year. One
 67 hour of leave bank time equals one hour of benefit time, regardless of the rates of pay of
 68 donors and recipients.
 69 3. An employee must submit an Application for Enrollment form (Appendix XX) to the
 70 Human Resources Office requesting membership and authorizing the deduction of sick
 71 leave.
 72 4. To keep his or her membership current, each member must donate the minimum
 73 of leave time annually. Continued membership is automatic and subsequent annual
 74 deductions of accrued leave time will occur during or immediately following the annual
 75 enrollment period. To discontinue membership, the employee must forward a notice
 76 to the Human Resources Office during the annual enrollment period or during other
 77 qualifying events, requesting withdrawal from the program. Individuals withdrawing from
 78 the program will not be entitled to receive any refund of previously donated leave or
 79 they be eligible for any benefit from this program until and unless they are accepted for
 80 membership in a subsequent annual enrollment period.
 81 5. Only enrolled members may receive benefits.
 6.

92 2. Requests for benefits are to be submitted by the employee on a Request for Benefit form
93 (Appendix XX) to the Office of Human Resources. If the employee is ~~able~~ ^{unable} to
94 do so, the forms may be submitted on the employee's behalf.

95 3. The following information must be submitted:

- 96 i. Name and Job Title
- 97 ii. The number of hours requested from the Leave Bank.
- 98 iii. Number of hours may not exceed 520 hours in a rolling ~~12-~~ ¹²⁻ period.
- 99 iv. A physician's certificate stating the nature of the illness or injury and the
100 estimated date of return to duty, or, if the leave request is to care for a family
101 member, a physician's certification regarding the family member's ~~serious~~ ^{serious} health
102 condition.
- 103
- 104

105 The certification form is available through the Office of Human Resources webpage or at
106 <http://www.dol.gov/regs/compliance/whd/fmla/wh380.pdf>

107 Other qualifying reasons listed in Definitions may require specific documentation.

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109 4. Unless the request is an emergency, it must be submitted a minimum of two weeks prior
110 to the date the employee requests the benefits to begin.

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203 APPENDIX XX: Donated Leave Bank Enrollment Form

204 ARTICLE [x]. DONATED LEAVE BANK

205 DONATED AMOUNT INTO LEAVE BANK

206 Employee Name: Date of Request:

207 Department: Position:

208 Hire Date: Phone Number:

209 Donation Amount: Time Period for Donation: (monthly, annually, etc)

210 Initial Starting Date for donation:

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212 Comments/Clarifications:

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216 Date _____

217 Employee Signature _____

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257 _____ **Military Family Leave.** Military Family Leave is for:

- 258 a) Qualifying exigencies related to covered active duty or called to covered active duty status
- 259 for the employee or family member (12 weeks);
- 260 b) Care for a covered service member for injury or illness. (26 weeks)

261
262 Please include any needed documentation to support the request, if necessary as
263 described above.

264

265

266 Date _____

267 Employee Signature _____

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