**CS-COVID Paid Donated Leave Process**

I. **Policy**
Regular, benefits-eligible staff may be approved for leave for personal COVID reasons as defined in Key Terms and Definitions in Section II through the leave transfer program; after all accrued leave has been exhausted.

II. **Key Terms and Definitions**
   a. Employee Positive COVID Results – Any employee that has received a positive COVID test results and has depleted their one hundred and twenty (120) hours of COVID Paid Leave as provided to all full-time Emory University employees. The employee's absence from duty for a period of time will result in a loss of income to the employee because of the unavailability of accrued leave. Eligibility is limited to employee’s own personal health reasons as defined above.
   b. Acceptable test requirements are defined below. The minimum criteria established to be categorized as a "Minimum Criteria for Eligibility" are outlined in Section III.
      i. Approved Testing - Molecular and Antigen tests are types of diagnostic tests than can detect if you have an active COVID-19 infection. Samples for diagnostic tests are collected with a nasal or throat swab, or saliva collected by spitting into a tube. (Home tests are acceptable).
      ii. Non-Approved Testing - Antibody tests look for antibodies in your immune system produced in response to SARS-CoV-2, the virus that causes COVID-19. Antibody tests should not be used to diagnose an active COVID-19 infection.
   c. Leave Donor - An employee whose voluntary, written approval transfers accrued annual sick leave to the shared CPL leave account for use by an CS HR approved leave bank.
   d. Leave Recipient - An eligible employee as defined in Section III, who has exhausted their COVID Paid Leave balance and has no accrued leave OR will exhaust all accrued leave while on an approved COVID specific leave of absence.

III. **Minimum Criteria for Eligibility**
   a. The employee must have provided positive COVID test results to Campus Services Human Resources (CS HR).
   b. The employee is required to exhaust all personal benefit time options available including COVID Paid Leave time provided by the University.
   c. The COVID related leave of absence as defined above will result in a loss of income to the employee because of the unavailability of accrued leave.
   d. Requests can be reviewed on a case-by-case basis, in collaboration with CS HR and CS Senior Leadership, in the event the absence creates an exception and does not follow the criteria as defined in Section II.
e. Employees who are eligible for other paid benefits for periods of absence from work are ineligible for this program. Examples of other paid benefits include, but are not limited to, short or long-term disability, and disability retirement benefits.
f. All earned leave time, including sick, vacation, and floating holidays, must have been used prior to using approved donated leave.
g. Employees are eligible to use no more than forty (40) hours of donated leave in a rolling twelve (12) month period.

IV. Eligible Employees
   a. Leave Donor - All regular, benefit-eligible staff satisfying the requirements in Section V may donate (i.e. transfer) leave to the leave account for use by an approved recipient.
   b. Leave Recipient - All regular, benefit-eligible staff may participate in the leave transfer program as a recipient, provided that the criteria outlined in Section III are satisfied. CS employees that considered essential and cannot work remotely to satisfy the core of their work duties will be given priority to individuals that can work remotely.

V. Donating Leave
   In order to donate leave, an employee:
   a. May donate up to forty (40) hours of sick leave.
   b. Can only donate accrued sick hours in increments of four (4) hours.
   c. Must have at least eighty (80) sick hours available after leave has been donated.
   d. Must complete the CPL Leave Transfer Form prior to any leave being donated.
   e. Once leave of an employee has been donated, it cannot be restored or returned.

VI. Requesting Leave.
   In order to receive donated leave, an eligible employee must:
   a. Request donated leave by submitting a Personal Emergency Leave Request Form.
   b. Must also be approved by the Campus Services Human Resources for eligibility.

VII. Approval Process
   a. Employee submits a completed the COVID Paid Leave Transfer Request Form to Campus Services Human Resources department. All leave requests shall be treated as confidential; names, personally identifiable information, and facts surrounding the reason for leave shall not be disclosed to any party other than central Human Resources on a need-to-know basis.
   b. Campus Services HR will review the application for eligibility consistent with Section III and estimate the total need for donated leave, within parameters outlined in within policy guidelines. If additional information or clarification is necessary or if the request does not meet the eligibility criteria, the employee will be contacted directly by CS HR staff.
   c. If eligible to receive donated leave, CS HR will send a division wide email, explaining that a request has been submitted for COVID Paid leave under the leave transfer program, along with the amount of donated leave required to address the need. The general intent is not to provide personal information about the applicant. The Leave Transfer Form will be
attached to the email solicitation and donors are required to complete the form and submit to unit HR before applicable leave can be transferred to the employee.

d. Leave transfers are accepted in the order they are received, up to the amount of applicant need. For example, if the employee needs 40 hours of transferred leave to cover the absence period and donors submit 100 hours of donated leave, the leave transfer authorizations will be accepted in the order received, up to the amount of need. In this example, once the donation limit is reached, donors would not have their leave balances deducted.

VIII. Use of Transferred Sick Leave

a. When a request is approved in accordance with this policy, action will be taken to transfer donated leave from the leave transfer account to the sick leave account of the employee.

b. Upon approval of a request, the employee may use the donated leave only in the same manner as if the employee had accrued the leave.

c. Leave approved for transfer may be substituted retroactively for periods of leave without pay which occurred since the Personal Emergency Leave Request was initiated.

d. Leaves, as appropriate, that accrue to the account of the employee must be used before using any donated leave.

IX. When Employment Terminates

a. Transferred leave remaining to the credit of a leave recipient should the leave recipient's employment terminate be temporarily restored to the leave transfer account, available for future use by other recipients.

b. When employment terminates, transferred leave from the leave transfer account may not be transferred to another employee without the full review process outlined in this policy. In addition, COVID paid leave should not be paid out at separation.

X. Reservation of Rights.

At all times, Emory retains the right to change, modify, or terminate any part of this policy. Decisions to change, modify, or terminate any term or provision in this policy is the exclusive right vested in the Vice President of Human Resources for Emory University, or designee.

XI. Exceptions to Policy.

The parameters described in this policy are intended to provide guidance on the overall operation and administration of the overall policy. In the event there is a unique situation or factual scenario that may not be addressed or possibly conflict with this document, departments may request an exception, in writing, to the appropriate Employee Relations Director and Senior Leadership.
CAMPUS SERVICES COVID PAID LEAVE TRANSFER FORM

Name of Leave Donor: _________________________________________________________________

Number of Hours Transferred (must not exceed 40 hours per event): _______ To be completed by CS HR

Sick Leave Donor Balances PRIOR to Donation: _______ AFTER Donation: _______ (must be greater than or equal to 80)

Print Name ____________________________________________

Signature________________________________________ Date____________________________________

For the purpose of leave transfer, employee can only transfer accrued sick, in increments of four (4) hours, to the leave account when a request has been approved by Campus Services Human Resources.

The donor must have at least eighty (80) hours of available accrued leave after leave has been donated.

An employee may donate no more than one hundred and twenty (120) hours of accrued sick leave in a twelve (12) month rolling year period and no more than 40 hours of sick leave per event.

Once sick leave has been donated and transferred, it cannot be restored or returned to the leave donor.
CAMPUS SERVICES COVID DONATED LEAVE REQUEST FORM

Requestor: ___________________________________________ Department: ______________________

# of Hours Requested (Up to 40 hours): __________________

Date COVID Results Documentation Submitted to CS HR? DATE ______________

Have you exhausted all personal accrued benefit time? ______________________

Additional Information: ________________________________

Print Name __________________________________________

Signature___________________________________________ Date______________________________

Recipient may use no more than one hundred and twenty (120) hours of transferred leave in a twelve (12) month rolling year period. Under no circumstances shall the employee receive donated leave beyond the employee’s authorized standard scheduled hours.

To be completed by CS HR:

Recipient’s Current Leave Balances: Sick___________ Vacation _________ Floating___________

Leave Donation Solicitation Requested: ____________________________

CS HR Approval___________________________________________ Date: ______________________

Only in the event of an exemption:

FBO Approved _________________________________ Date ______________________________

Division VP Approved ______________________________ Date ______________________________