



**Series:** HR- Benefits COA: HR 5.02  
CFOP: NA

**Procedure Name:** DONATED ILLNESS BANK

**Procedure Number:** HR - 2603

**Revision #/Date:** (2)3/08, (3)10/08

**Effective Date:** 12/31/08

**Applicable to:** All Full Time CBCB Staff

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**SUBJECT:** Donated Illness Bank

**PURPOSE:** Community Based Care of Brevard has a provision of a Donated Illness Bank pending funding. This bank of hours is funded exclusively from CBC of Brevard employees who elect to “donate” some of their excess PTO hours at the beginning of the calendar year or in July for potential use by other employees. Employees who do not have “excess carry over” hours, may also elect to donate to the Donated Illness Bank by designating in writing how many hours of their current PTO balance they would like to donate provided they have a minimum of six (6) months of employment. These “donated” hours are forfeited by the employee and are not recouped or returned upon an employment separation. This bank of hours may be utilized to assist full time employees who must be absent from work due for reasons permitted under the FMLA program and who have exhausted all their Paid Time Off hours, and for cases of the employees’ own illness injury or disability all the hours in the Extended Sick Bank if any. Employees are expected to request to use this time in advance except when the need is unexpected.

**PROCEDURE:**

**References**

(to be added as applicable)

**Eligibility to Donate to Bank**

- Full time employment with a minimum of six (6) months service

**Donated Illness Bank Funding**

1. After the last full pay period at the end of a calendar year, all employees who have a minimum of six (6) months service will have the opportunity to indicate in writing how they want any excess Paid Time Off (PTO) hours they may have to be designated. “Excess” hours are defined as those over the rollover limits per the PTO policy. Every employee with excess hours may elect to fund a personal Extended Sick Bank (ESB) and/or donate hours to the Donated Illness Bank. Donated hours can not be designated for a specific employee or need.

2. Eligible employees who have fewer than the maximum PTO rollover hours may also choose to donate hours to the Donated Illness Bank by completing the required form.
3. Eligible employees may make donations to the Donated Illness Bank on a voluntary basis after the full first pay period of the new calendar year and during the month of July. In order to make donated hour contributions at a time other than the end of the year rollover, the employee will provide a written request to the Chief Personnel & Administrative Officer indicating the number of current PTO hours he or she wishes to donate.
4. These hours will be deducted from the employee's PTO balance on the next regular pay period cycle and the Donated Illness Bank will be credited with these hours. Once donated, these hours will not be returned to the employee.

#### **Eligibility to Request Hours from the Bank**

- Full time employee with one + year of continuous service
- Employees must make a minimum annual contribution to the Donated Illness Bank of eight (8) hours at the beginning of each calendar year.

#### **Access to Donated Bank Hours**

1. An employee may complete a Request for Donated Hours Form to provide compensation continuation in the event of a personal illness, injury or disability if the employee either does not have any time available in the PTO bank, Extended Sick Bank (if applicable) or will exhaust those hours and will still not be able to return to work.
2. Employees may also request access to these hours for other "qualifying events" under the Family & Medical Leave Act (FMLA) such as a need to care for the serious illness of a family member as defined in the FMLA Policy, the birth of a child or the placement of a child in the home or for "active duty leave," or "service member family leave."
3. The employee will complete a Request For Donated Hours Form identifying the number of hours requested and the time period covered. This request is to be provided to the Chief Personnel & Administrative Officer a minimum of three (3) weeks in advance of the anticipated beginning of the leave of absence. For unanticipated needs, the request must be completed and submitted as soon as the need is known.
4. A physician certification is required to document the medical necessity of the illness, injury or disability of the employee or family (if applicable) and the expected period of disability. A medical certification will also be required to support the need of an employee to care for a family member due to a serious or terminal illness as defined by FMLA or for a service member family leave request in accordance with the qualifications and requirements of the FMLA Policy.
  5. There is no guarantee that this bank will be funded or that hours will be available when an employee request is received.
5. There is no guarantee that a request will be honored or the specific requested amount of hours will be made available to the employee.

6. Any hours provided to the employee from the Donated Illness Bank will be paid at the recipient's current hourly rate.
7. This bank of hours will be governed by the guidelines set forth below:

**Guidelines**

1. The Request for Donated Hours will be reviewed by the Strategy Team at the weekly meetings. If a request is made and there is no meeting scheduled, the request will be communicated to the Strategy Team members for a decision.
2. These hours are only available to an employee who has no PTO or Extended Sick hours (if applicable) or who will exhaust these before they will be able to return to work.
3. Donated hours can NOT be used in conjunction with any Short Term Disability benefits the employee may receive.
4. Factors that will impact the determination will include the employee's length of service, job performance, any written evaluations, disciplinary actions, employee standing, and other performance related considerations.
5. Each request will be considered on its own merits and will be determined in the sole judgment of the management of the company.
6. The Request Form will be returned to the employee indicating what, if any, hours have been approved by the Strategy Team from the Donated Illness Bank for the employee use. A copy of this form must be attached to the timesheet covering the period of time in which the "donated hours" will be applied.
7. The employee and supervisor are responsible for preparing timesheets covering the entire duration of absence with any "donated" hours and those that will be covered by other payments and those hours that will be "without pay" if any.
8. The timesheets are to be submitted on regularly scheduled cycles in accordance with normal timesheet processing.

ATTACHMENT: Request for Donated Hours Form

BY DIRECTION OF THE CHIEF EXECUTIVE OFFICER:



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DR. PATRICIA NELLIUS-GUTHRIE  
Chief Executive Officer  
CBC of Brevard, Inc.

APPROVAL DATE: 3/3/09

**REQUEST FOR HOURS  
FROM DONATED ILLNESS BANK**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Hours Requested: \_\_\_\_\_ Pay Period: \_\_\_\_\_

Comments (if any): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medical Certification Attached if required per the FMLA Regulations \_\_\_\_\_ yes \_\_\_\_\_ no

Date Received: \_\_\_\_\_ By: \_\_\_\_\_

Hours Approved to be donated: \_\_\_\_\_

\_\_\_\_\_  
Approved by Strategy Team

\_\_\_\_\_  
Date

Date returned to Employee: \_\_\_\_\_

**RETURN COPY OF THIS REQUEST FORM WITH TIMESHEET FOR PAY PERIOD  
USED**