

Centenary College of New Jersey

DONATION OF TIME POLICY

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Approved by:

Barbara-Jayne Lewthwaite, Acting President

John Sommer, Vice President for Finance/CFO

Purpose of this Policy:

Centenary College's Donation of Time Policy allows Centenary College Staff members and 12 month Faculty to donate **carryover vacation days** to fellow Centenary College Faculty and Staff who would otherwise have an unpaid absence as defined under the New Jersey Family Leave Act (NJ FLA), or a catastrophic situation.

Please note that since other Centenary benefits supplement an employee's personal illness, such as sick accrual, short term disability and long term disability, this Policy does not apply to situations involving the employee's own illness.

Eligibility for the Donor of Time:

- I. The Donor must be a full-time Staff member or a 12 month/year full-time Faculty member.
- II. The Donor must have at least two (2) **carryover vacation days**.

Eligibility for the Requestor of Time Donation:

- I. The Staff member or Faculty member requesting donation of time must meet all of the following criteria:
 - A. Be a full-time Staff member who has completed 12 consecutive months of employment at the College, or be a 12 month/year full-time Faculty member who has completed 9 consecutive months of employment at the College.
 - B. Submitted all appropriate Family Leave Act documentation to the Human Resources Department and be deemed eligible by the Human Resources Department for a leave for any of the following reasons:
 - i. The birth or adoption of a child, within the first 12 months. Child means a biological, adopted, or foster child, stepchild or legal ward of a covered individual, child of a domestic partner of the covered individual, or child of a civil union partner of the covered individual, who is less than 19 years of age or is 19 years of age or older but incapable of self-care because of mental or physical impairment, or
 - ii. To provide care for a family member with a serious health condition supported by a certification provided by a health care provider. Family member means a child, spouse, domestic partner, civil union partner or parent of a covered individual, or
 - iii. Experienced a catastrophic situation (not covered under NJ FLA) and for which appropriate documentation of such catastrophe has been submitted to the Human Resources Department on the Catastrophe Form.
- II. Prior to the employee's eligibility to receive a donation of time under this Policy, the employee must have already exhausted his/her available time which includes all of the following: carry-over vacation, accrued vacation, earned vacation; earned personal days, accrued personal days; earned sick days and accrued sick days, as applicable.

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Guidelines:

- I. The Human Resources Department will periodically issue a notice to full-time Staff and 12 month/year full-time Faculty inviting those who are interested to complete the Donation of Time Form. Donations of carryover vacation may be made as follows and must be in whole day increments: The donation of carryover vacation will be placed in the Donation of Time Bank on a two-for-one basis, i.e. the donation of 2 carryover vacation days results in one day donated to the Time Bank.
- II. The amount of time donated to a Requestor will be reviewed by members of the Benefits Advisory Committee available at the time the request is considered. The amount of time granted to a Requestor at any one time may not exceed ten (10) donated days.
- III. Donation of time is not payable upon termination of employment. Unused donated carryover vacation reverts to the Donation of Time Bank.

Procedures:

- I. The Donor will complete the Voluntary Donation of Time Form which states the amount of carryover vacation the Donor wishes to donate. This form needs to be reviewed by the Payroll Coordinator, or designee, to verify that the number of carryover vacation days is available for donation. The Donor's signature on this form is evidence of the Donor's understanding and acknowledgement that the donated time cannot be reinstated to the Donor once it has been verified by the Payroll Office. Once verified by the Payroll Office, the time will be deducted from the employee's carryover vacation and placed in the Donation of Time Bank on a two-for-one basis (i.e., the donation of 2 carryover vacation days results in the donation of one day to the Time Bank). The Payroll Coordinator, or designee, will complete the Payroll section of the Voluntary Donation of Time Form and forward a signed copy to the Human Resources Department.
- II. The Requestor for time donation needs to complete all appropriate documentation as stated above (Family Leave Act forms or, Catastrophe Form **AND** the Request to Receive Paid Time Through the Donation of Time Bank form.
- III. In the event that the circumstance should arise when the Donor may need to request donated time for her/himself, the Donor may follow the procedure in this Policy as a Requestor for donated time.
- IV. When the Human Resources Department receives a form from a Requestor, the Human Resources Department will review the request with members of the Benefits Advisory Committee available at that time. The Benefits Advisory Committee will recommend to the President, or designee, the amount of donated time to each eligible Requestor.
- V. The amount of days granted under this Policy will be up to a maximum of 10 (ten) days at any one time to one Requestor.
- VI. The Human Resources Department will notify the Requestor in writing, with copies to the Payroll Office of the amount of donated carryover vacation that has been granted.
- VII. The Payroll Office will maintain the Donation of Time Bank and will use a different code for donation of carryover vacation. The Payroll Office will maintain records of all donated carryover vacation including dates when donated time is applied.
- VIII. Should the Requestor not use all of the donated time, the Payroll Office will transfer the unused balance to the Donated Time Policy Bank.
- IX. Any issues related to this Policy that are not explicitly addressed in this Policy will be resolved by the Director of Human Resources, or at her/his discretion, the matter will be referred to the Benefits Advisory Committee.

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Voluntary Donation of Time

To: Human Resources Department **Date:** ____/____/____

Name of Voluntary Donor: _____
(Please Print)

Department: _____ **Extension:** _____

Certification Statement

I have read and I understand the Donation of Time Policy. I certify that I am voluntarily agreeing to make this donation of carryover vacation. I further certify that if I am experiencing any pressure to make this donation of time by any person, I agree to inform the Director of Human Resources immediately and prior to submitting this form to the Human Resources Department. I understand that once this donation of time is verified, I have no right under any circumstances to have any of the donated time restored. I agree to voluntarily donate the following time, which must be verified by the Payroll Office in accordance with the Donation of Time Policy:

Employee Request to Donate:
of Carryover Vacation Days: _____

Signature : _____ **Date:** _____

To: Payroll Office

Vacation Carryover Days as of ____/____/____ **(date)**

Prior to Donation _____ # Days	After Donation _____ # Days Daily rate of pay: \$ _____
Signature of Payroll Coordinator: _____ Date Verified: _____ Copy to Human Resources	

*Thank you for your generosity in donating time
to the Donation of Time Bank Program!*

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Request to Receive Paid Time Through The Donation of Time Bank Program

To: Human Resources Department Date: ___/___/___

Name of Requestor: _____ Department: _____

Extension: _____ Home/Cell Phone: _____

I am requesting paid time from the Donation of Time Bank based on:

_____ Attached Family Leave Act forms _____ Attached Catastrophe form

I am requesting _____ days of donated paid time effective ___/___/___ Month, Day, Year

Note: Maximum # of days that can be requested at any one time is ten (10) days.

I have read and I understand the Donation of Time Policy. I agree that if I do not use all of the Donation of Time that may be granted to me, the unused time will be returned to the Donation of Time Bank.

Signature

Printed Name

Date Signed

To: Payroll Office to Complete This Section

Table with 2 columns: Category and # Days. Rows include Available Carryover Vacation, Earned Vacation, Earned Sick Time, Earned Personal Days, and Floating Holiday.

Signature of Payroll Coordinator: _____ Date Verified: _____ Copy to Human Resources

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Catastrophe Form Application

To: Human Resources Department

Date: ____/____/____

Name of Requestor: _____ **Department:** _____

Extension: _____ **Home/Cell Phone:** _____

As a result of the following circumstances, I am submitting this application to receive a donation of time under the Donation of Time Policy. My circumstances are not covered under either Federal Family and Medical Leave Act (FMLA) or New Jersey Family Leave Act (NJ FLA).

Brief Description of Reason for Request (You may attach additional sheet, if needed).

Signature

Printed Name

Date Signed

Approved by:

President, or designee

Date

Vice President for Finance/CFO

Date

To: Payroll Office to Complete This Section

Time Balances as of _____ (date)	
Available Carryover Vacation	_____ # Days
Earned Vacation	_____ # Days
Earned Sick Time	_____ # Days
Earned Personal Days	_____ # Days
Floating Holiday	_____ # Days

Signature of Payroll Coordinator: _____ **Date Verified:** _____
Copy Sent to Human Resources