

# Classified and Academic Professional Employee Medical Leave Bank Open Enrollment for the 2020-2021 Program Year

**\*Be sure to review the information on the back of this sheet before enrolling\***

Name \_\_\_\_\_ G Number \_\_\_\_\_

Please check one:  Classified Employee  Academic Professional Employee

I wish to donate at least 4 hours as follows:

\_\_\_\_\_ hours **Vacation** (Classified or Academic Professional)

\_\_\_\_\_ hours **Comp time** (Classified only)

\_\_\_\_\_ hours **Incentive** (Classified only)

\_\_\_\_\_ Total

With respect to the Medical Leave Bank Program, I understand:

- as a member, in case of **my severe illness, injury or physical or mental condition which prevents me from working**, if I meet the benefit eligibility requirements, I may receive up to 350 hours of paid time off donated by other leave bank members, subject to certain limitations;
- as a member, in case of **my family member's serious health condition as defined by FMLA/OFLA**, if I meet the eligibility requirements, I may receive up to 250 hours of paid time off donated by other leave bank members, subject to certain limitations;
- my enrollment is irrevocable and my donated hours may not be restored to me, except I may receive them as a benefit under the Program;
- the Program is administered by the Management, Classified and Faculty/Academic Professional Contract Administration Committees and I agree to abide by its decisions;
- I must complete a new enrollment form and donate additional hours effective each April 1 to maintain my membership for the new Program Year;
- my enrollment will not be effective if I do not have sufficient hours accrued to complete the above transfer on April 1, 2020, or if I have not completed one year in a bargaining unit position; and
- I am responsible for confirming my enrollment by reviewing my pay statement on April 1, 2020.

Terms of the Program are set out in the Program Document, a copy of which is available on request from HR/Benefits. In the event of any discrepancy, that document, or decisions made by the Contract Administration Committee, take precedence over this form.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Email \_\_\_\_\_

## Enrollment Deadline: 5 pm March 15, 2020

Please keep a copy of this form for your records

Return to:

HR/Benefits at DC 321,

email [juliette.anderson@pcc.edu](mailto:juliette.anderson@pcc.edu),

fax 971-722-5604 (must dial entire #)

## **Important Information about the Classified and Academic Professional Employee Medical Leave Bank Program**

**Overview:** The Leave Bank allows Classified and Academic Professional Employees to donate accrued vacation, incentive and/or comp hours, if applicable, to other member employees on medical leave or family medical leave who have exhausted their own paid leave. The Leave Bank is similar to insurance. If you are a member and run out of paid time off, you can get a transfer from the Leave Bank so you can be paid during your leave of absence. Although you cannot donate hours for a specific individual, by joining the Program you are helping other Classified or Academic Professional co-workers in need. The Program year begins April 1st and ends March 31st of the following year.

**Who can join:** Any Classified employee or Academic Professional employee who has completed their initial one year of probation and has at least four hours of their own accrued leave available to donate on April 1st.

**How to donate hours:** Members must donate at least four hours of accrued leave each year.

- Academic Professional employees may donate vacation hours;
- Classified employees may donate vacation, incentive, or comp hours.

Members must ensure they have at least four hours available to donate on April 1st. If they do not, they will be ineligible to participate in the leave bank. An enrollment form is available on the reverse, at this PCC website:

<http://www.pcc.edu/hr/benefits/leave/leave-bank.html>, or from HR/Benefits.

**When to enroll:** Open enrollment is February 1st through March 15th. To participate, you must complete a new enrollment form each year. Employees who complete their probationary period after open enrollment may join the Leave Bank within 30 days of completion of probation. Members in the Program may donate additional hours at any time during the Program year.

If you enroll in the Program, your donated hours will not be returned to you. Hours you donate are not included in your taxable income. Hours you receive from the Program as compensation are reported as wages on Form W-2. Members receiving hours of pay through the Leave Bank are not required to pay those hours back.

**How to Use the Leave Bank:** To request a transfer of hours from the Leave Bank, submit a request to HR/Benefits. Your request will be approved only if you:

- have been on an approved full-time medical leave or family medical leave for at least two weeks, and
- have a serious health condition that prevents you from working or need leave to care for a family member with a serious health condition as defined by FMLA/OFLA, and
- have already exhausted your own paid leave, and
- have not been disciplined for an absence-related reason in the past 12 months.

Partial leaves are not covered by the Leave Bank unless the employee has already been receiving Leave Bank hours while on a full leave and is then released to part-time work. In that event, the employee may continue to receive hours from the Leave Bank for a maximum of 30 calendar days, or until the employee exhausts the maximum number of hours available under the Leave Bank, whichever occurs first.

A maximum of 350 hours for your own serious health condition and a maximum of 250 hours to care for a family member with a serious health condition may be transferred to a member from the Leave Bank in any 12-month period. A maximum of 2,500 hours per year may be transferred from the leave bank to care for family members. Other restrictions may apply. For example, if you receive paid hours from the Program and you are later reimbursed for the same hours by an insurance company, Workers Compensation, Long Term Disability or another source, Program benefits must be repaid to PCC by the employee. Transfer applications may be reviewed by the Contract Administration Committee to determine benefits under the Program.