

UNIVERSITY OF ILLINOIS AT URBANA-CHAMPAIGN
ACADEMIC SHARED BENEFITS FORM
OFFICE OF ACADEMIC HUMAN RESOURCES
Suite 420, 807 South Wright Street, MC-310

DONATION OF LEAVE

| | |
|--|---------------------------|
| <i>Complete the following information to donate cumulative sick leave/vacation days to the pool. Please print or type.</i> | |
| NAME _____ | SOC. SEC. NO. _____ |
| RANK/TITLE _____ | PERCENT APPOINTMENT _____ |
| DEPARTMENT _____ | OFFICE PHONE _____ |
| CAMPUS ADDRESS _____ | |

SEE GUIDELINES ON REVERSE

An academic staff member earning cumulative sick leave may be eligible to participate in the Shared Benefits Program by donating a minimum of one leave day to a pool. The donating employee must have a minimum of 11 days of accrued cumulative sick leave, or 11 days of accrued sick leave and vacation combined, or 11 days of accrued vacation to be eligible for the Program. If the employee does not have sufficient sick leave days to qualify to donate to the pool, vacation leave days may be used. Donated days must be from cumulative sick leave, if available, and from vacation leave secondarily. If vacation days are used to qualify, personal vacation leave as well as sick leave days must be completely used for illness before withdrawing days from the pool.

I am donating _____ day(s) of cumulative sick leave, and will have a minimum of 10 cumulative sick leave days retained for personal use.

I am donating _____ day(s) of cumulative sick leave, and will have a minimum of 10 days of cumulative sick leave and vacation retained for personal use.

I am donating _____ day(s) of vacation leave because I do not have any cumulative sick leave days to donate, and will have a minimum of 10 days of vacation retained for personal use.

I have read the guidelines for the Shared Benefits Program and voluntarily donate the above indicated days to the shared benefits pool. I understand I will now be able to request withdrawal of days from the pool should it become necessary.

_____ signature of employee _____ date

Transmitted via Department/Unit _____
signature of unit head _____ date

PLEASE FORWARD TO THE OFFICE OF ACADEMIC HUMAN RESOURCES.

| | | | |
|---|------------------------------|--|--|
| FOR DONATION - AHR OFFICE USE ONLY | | | |
| VERIFICATION OF ELIGIBILITY _____ | EMPLOYEE CATEGORY _____ | | |
| DEPARTMENT CODE _____ | DONATION FROM VACATION _____ | | |

GUIDELINES

ACADEMIC EMPLOYEE SHARED BENEFITS PROGRAM

A pool has been established which will provide eligible academic staff members who have exhausted all accumulated sick leave and, if applicable, vacation with the opportunity to receive additional leave days when experiencing a catastrophic illness or injury, or when a disability claim is pending before the State Universities Retirement System (SURS).

Eligibility to participate

Any academic staff member earning cumulative sick leave who has an accumulated leave balance of at least 11 days is eligible to participate. Cumulative sick leave is earned by faculty and academic professional employees who are participants in SURS or the Federal Retirement System and who are appointed for at least 50% time to a position for which service is expected to be rendered for at least nine continuous months, with the exception of postdoctoral research associates, medical residents, graduate assistants and annuitants in SURS or the Federal Retirement System. If an academic staff member does not have a cumulative balance of at least 11 sick days, he/she may participate in the pool if 1) he/she has a combination of at least 11 days of vacation and sick leave accrued; or 2) if an employee has no sick leave accrued but has at least 11 days of vacation accrued.

Donating

An eligible academic staff member may voluntarily transfer accrued cumulative sick leave days from his/her accrued cumulative balance to the pool. If no sick leave has been accrued, then vacation days may be transferred. Donations to the pool must be in one day increments (no partial days). The transfer of days both to and from the pool will be on a one to one ratio regardless of the appointment percentage. No transfer of funds will occur, but the contributing academic staff member's leave balance will be reduced by the number of days contributed.

The donating academic staff member must have a minimum of 10 accrued days of cumulative sick leave or vacation remaining for his/her personal use. Once leave has been donated to the pool, it cannot be restored to the donating employee. Academic staff may not designate a particular employee to receive their donated leave. Any academic staff member who wishes to participate must complete and sign a Shared Benefits Form indicating the number and type of days to be donated. Academic employees will be given the opportunity to donate accrued cumulative leave to the pool at any time.

Usage of Pool Leave

To be eligible to use the pool, an academic staff member must have donated at least one full day of accrued sick leave or vacation to the pool. Academic staff who use leave from the pool are not required to pay it back. Any balance of days not required for the illness will remain the property of the pool. The estate of a deceased employee is not entitled to payment for unused pool leave. Nor will any employee who separates from employment be entitled to payment. Any unused balance of leave in such instances returns to the pool. Pool leave may be used within the provisions of the Family and Medical Leave policy.

Covered Conditions

Catastrophic injury or illness is defined as a severe condition or combination of conditions affecting the mental or physical health of the employee which forces the employee to exhaust all leave time earned and to lose compensation. The catastrophic illness or injury must require the service of a physician.

Withdrawing from Pool

Application to withdraw leave time from the pool may be made within 5 days of exhausting all cumulative sick leave. If a combination of sick leave and vacation or vacation only was used to be able to participate in the pool, the employee must be within 5 days of exhausting all sick leave and vacation at the time of application. All leave must be exhausted before the additional sick leave pool days can begin. The Office of Academic Human Resources will administer the pool which will include deciding the amount, if any, of pool leave granted for each catastrophic illness or injury. The amount approved cannot exceed one-third of the balance in the pool or 45 working days, whichever is less. An academic staff member may apply for leave from the pool once per academic appointment year.

The academic staff member or his/her designee must complete a Shared Benefits Form requesting leave from the pool. The number of leave days needed must be specified. A written physician's statement containing the beginning date of the condition, a description of the illness or injury, and a prognosis in justification of the request is required to complete the request. Information regarding any pending disability claim must also be forwarded. The Office of Academic Human Resources will render a decision within 5 working days after receipt of the completed request.

Appeals

In the event that an academic staff member applying for leave from the pool is denied benefits by the Office of Academic Human Resources, the applicant may appeal the decision to a three person committee comprised of the Director of Academic Human Resources or his/her designee, the Faculty Advisory Committee Chair or his/her designee, and the Professional Advisory Committee Chair or his/her designee. A decision will be rendered within 5 working days of the date of the appeal.

Questions regarding the Shared Benefits Program or implementation for academic staff should be addressed to the Office of Academic Human Resources, phone 333-6747.