Interim COVID 19 Donated Leave Policy

Purpose

This interim policy is intended to establish procedures for the administration of voluntary transfer of annual and/or sick leave within New Mexico Tech. The purpose of the interim policy is to enable regular employees the opportunity to request donated annual leave when they are diagnosed with COVID 19 or required to quarantine as a result of workplace exposure to COVID-19. As an interim policy, it will be interpreted and implemented consistent with state and federal rules, regulations and any amendments to such laws and regulations.

Restrictions

- This policy is not retroactively applicable prior to its effective date.
- All other available leave must be exhausted before being granted donated leave.
- Exposure/Illness donated leave is not available to:
  o Temporary and/or Emergency Status Employees
  o Any employees who are currently working remotely or able to work remotely *
  o Employees’ family members who are not employees at NMT

Eligibility/Procedures

- A regular employee may request leave from the voluntary leave transfer program once per rolling 52 week period and must submit a request in writing to the Human Resources Department.
- An employee is eligible for COVID 19 Donated Leave if:
  o The employee must test positively for COVID 19 and submit a POSITIVE COVID-19 test result. Consideration of a request for a leave donation transfer is contingent upon the submission of adequate medical documentation (physician, licensed medical professional or a COVID 19 test result).
  o An Employee who is quarantined due to documented exposure to COVID 19 at work at NMT or by a family member residing within the same household.
- Upon receipt of all completed pertinent documents, the request will be evaluated to determine eligibility based on medical information and other relevant factors.
- The maximum number of hours of donated leave that can be requested and/or used by an employee is 160 hours/20 days of leave. Hours and/or days of leave will be prorated to equal twenty days of leave for regular part time employees.
- If donated leave is granted and used, the recipient is subject to all applicable state and federal payroll taxes.

Procedures

- The employee must submit a leave request in writing to the Human Resources Department.
- A supervisor may request donated leave on behalf of an employee who is unable to make the request due to the severity of the illness.
- The employee will be expected to return to duty on the date specified in the verification or certification form. Employees will not earn vacation, sick or personal leave while on donated leave.
- At the same time a request for donated leave is submitted, if the employee’s leave balances are soon to be exhausted, the employee must request leave without pay for the time period between the request and the donated leave use.
Applications of employees who are either currently working remotely or can work remotely will be considered on a case by case basis.

**Voluntary Donation of Leave**

- Donation of leave is strictly voluntary.
- There is no taxable benefit for the donation of leave; there are no deductions for donation of leave.
- The donating employee must maintain a minimum balance of 120 hours of sick leave, and 80 hours of annual leave after the donation is made. Leave must be donated in 8 hour increments (one work day).
- The donation of leave will be requested of employees campus-wide. The donation will go into the NMT Donated Leave Bank in order to avoid IRS implications.
- In the event that the donated leave requests exceed the amount of leave available in the donated leave bank at any given time, leave will be prorated to employees approved to receive donated leave or can be denied if the leave bank is exhausted.
- Leave donated will be converted to a dollar value based on donating employee's rate of pay and held in the leave bank until issued to the approved employee applicant.
- Donated leave in excess of the amount actually used by the recipient will be reinstated to the leave bank.

**Approval of Leave Requests**

- A committee of nine NMT faculty and staff will be appointed as follows: one per division, one PRRC, one Bureau, one EMRTC, and two members at large. The committee members will serve in rotating groups of five for the review and approval of each request. All or some of the requested leave may be granted. The decision of the committee is final and is not subject to appeal.

In the event that the COVID Leave Bank is dissolved for any reason, the donated leave balance in the Leave Bank will be transferred to the NMT Donated Leave Bank used by NMT employees for catastrophic illnesses.

**Amendment as of June 15, 2021**

- ALL employees (Regular, Temporary, or Emergency) who are not able to work remotely are eligible for up to 2 days (16 hours) of donated leave to receive a COVID-19 vaccine and recover from any vaccination side effects.

Approval of Interim Donated Leave Policy/COVID 19

[Signature]

President Stephen G. Wells

6-15-21

Date
Request for Use of Donated Annual and/or Sick Leave

Employee Name ___________________________  Banner ID _____________

Division______________________________  Department______________

Current Rate of Pay: ____________________  Date: _____________

I, ________________________________ am a regular employee at New Mexico
Tech and I request Donated Leave for the due to:

_______ A positive COVID 19 Test Result (documentation required)

_______ A request to quarantine due to exposure at NMT work or by a family
member living within my household (documentation required)

_______ Time needed to receive a COVID-19 vaccine and recover from any
vaccination side effects (2 days maximum, documentation required)

I recognize that the decision to approve my request is based on required
documentation and will be at the discretion of a committee of peers. The
committee decision will be final.

I cannot request more than or exceed 20 days of donated leave in a rolling 52
week period.

Signature: ___________________________  Date: ________________

Approval: ___________________________  Date: ________________