

AREA: Human Resources
Policy: Benevolent Sharing of Benefit Time

Purpose: To provide income to staff during times of need when all applicable benefit time has been exhausted.

Policy: St. Paul Homes shall permit staff to donate paid time off to co-workers who need time off, as a result of a personal illness or family emergency, that creates a financial hardship.

Eligibility: Any regular full-time or part-time staff member is eligible to participate as a recipient, provided a personal serious illness, the serious illness of an immediate family member or a family catastrophe, has exhausted a staff member's applicable benefit time. A staff member may make an application for themselves, or a staff member may make an application for another staff member in need. Applications will be available in the Human Resources department.

Guidelines

- a. The recipient has exhausted all of their own applicable benefit time.
- b. The recipient's eligibility is determined on a case-by-case basis. Each request will be reviewed by the Director of Human Resources.
- c. Only vacation and personal time hours can be donated.
- d. Paid time off can be donated in $\frac{1}{2}$ hour increments.
- e. The maximum number of hours in a given pay period will not exceed their normal scheduled hours.
- f. The maximum benefit received will not exceed St. Paul Homes' leave of absence policy.
- g. All payroll taxes will be deducted from the recipient's paycheck.
- h. All hours will be paid based on the recipient's current rate of pay.
- i. The donor staff member must complete a form indicating the number and type of benefit hours to donate. The donor staff member may not take unpaid time off, in addition to the time they may donate to a staff member in need.
- j. The Director of Human Resources will notify the recipient staff member of the names of any donors of benefit time, so that they may be acknowledged.
- k. The Director of Human Resources will approve all donated benefit time and forward the information to the payroll department for processing.
- l. A staff member receiving workers' compensation benefits for a work-related injury or illness is not eligible to participate as a recipient.

Benevolent Sharing of PTO Application Form

Name of Person Making Request: _____

Name of Recipient: _____

Please describe, in detail, the reason you are making the request.

Signature of Person Completing Form: _____

Date: _____

**Benevolent Sharing of PTO
Donation Form**

Donor's Name: _____

Recipient's Name: _____

PTO Time to be Donated: _____
(Can be in $\frac{1}{4}$ hour increments)

Donor's Signature