[Company Name] recognizes that employees may have a family emergency or a personal crisis that causes a severe impact to them resulting in a need for additional time off in excess of their available [PTO/vacation/sick/personal] days. This program provides a way that [Company Name] employees can help co-workers who would otherwise suffer a substantial loss of income as a result of taking unpaid leave.

To address this need, all eligible employees will be allowed to donate [PTO/vacation/sick/personal] days from their unused balance to their co-workers in need in accordance with the policy outlined below. This policy is strictly voluntary. [Employees who donate [PTO/vacation/sick/personal] time must be employed with [Company Name] for a minimum of 1 year].

Employees are eligible to request up to [NUMBER] [hours/days] per year of donated [PTO/vacation/sick/personal] time if they meet all of the following criteria:

* The employee is eligible to accrue [PTO/vacation/sick/personal] time.
* The employee has not been disciplined for any violations or abuses of [Company Name]’s time off or attendance policies.
* The employee is on an approved leave of absence relating to a critical or catastrophic illness or injury of the employee or an immediate family member (meaning [spouse,] [domestic partner,] [parent,] [step-parent,] [parent-in-law,] [sibling,] [brother-in-law,] [sister-in-law,] [child,] [step-child,] [son-in-law,] [daughter-in-law,] [grandparent,] [grandchild,] [aunt,] [uncle,] [niece,] [or] [nephew]) that poses a threat to life and/or requires inpatient or hospice health care; the death of the employee's parent, spouse, or child; or a severe personal crisis that directly and significantly impacts the employee [; or any other reason Company wishes to include].
* If the request relates to time off for a medical emergency, the employee has provided appropriate medical certification as requested by the Human Resources Department.
* The employee has exhausted all paid time off and leave, including [PTO/vacation/sick days], [bereavement leave,] and [OTHER TYPES OF PAID TIME OFF OR LEAVE]. Although the employee is not eligible to use donated [PTO/vacation/sick/personal] time until all other forms of paid time off have been exhausted, the employee may request a donation in anticipation of exhausting all other paid time off.

Employees who donate [PTO/vacation/sick/personal] time from their unused balance must adhere to the following requirements:

* Donation minimum- 4 hours
* Donation maximum- 40 hours or no more than 50 % of your current balance

Employees who donate time must have sufficient time in their balance and will not be permitted to exhaust their balances due to the fact that they may experience their own personal need for time off. Employees cannot borrow against future [PTO/vacation/sick/personal] time to donate.

Requests for donated [PTO/vacation/sick/personal] time will be granted on a first come, first served basis, provided that [Company Name] reserves the discretion to award donated [PTO/vacation/sick/personal] time to employees most in need if [Company Name] receives multiple requests for a limited amount of donated [PTO/vacation/sick/personal] time. Donor employees may not designate the employee to whom their donated [PTO/vacation/sick/personal] time is to be awarded.

Employees who are currently on an approved leave of absence cannot donate [PTO/vacation/sick/personal] time. Donated [PTO/vacation/sick/personal] time will run concurrently with any approved FMLA leave. Further, employees are not eligible to accrue [PTO/vacation/sick days] while using donated [PTO/vacation/sick days].

Employees who would like to make a request to receive donated [PTO/vacation/sick/personal] time are required to complete a Donation of [PTO/vacation/sick/personal] Time Request Form which includes authorization to present their request to the employees of [Company Name] for the sole purpose of soliciting donations.

Employees who wish to donate [PTO/vacation/sick/personal] time to a co-worker in need must complete a Donation of [PTO/vacation/sick/personal] Time Form as well. All forms should be returned to the [Human Resources Manager].

Requests for donations of [PTO/vacation/sick/personal] time must be approved by [Human Resources and the employee’s immediate Supervisor].

If the recipient employee has available [PTO/vacation/sick/personal] time in their balance, this time will be used prior to any donated [PTO/vacation/sick/personal] time. Donated [PTO/vacation/sick/personal] time may only be used for time off related to the approved request. [PTO/vacation/sick/personal] time donated that is in excess of the time off needed will be returned to the donor.

If you have any questions about the [PTO/vacation/sick/personal] time donation policy, please see [your supervisor or Human Resources.]