



August 28, 2025

Bloomfield Township

Voluntary Donation of Sick Time for Medical Emergencies Policy

PURPOSE:

To afford Bloomfield Township employees ("donors") the opportunity to assist fellow employees ("recipients") who themselves, spouses, or minor children have experienced medical emergencies which may result in the loss of income for a minimum of four (4) weeks. A "medical emergency" is defined as a medical condition of the employee, the employee's spouse, or the employee's minor children, that would require the prolonged absence of the employee from duty and would result in a substantial loss of income to the employee because the employee has exhausted all accrued sick and vacation time available (apart from leave that is available under this policy).

The Township provides employees with a paid leave package that encourages employees to plan and prepare for unforeseen emergencies by accumulating sick leave. The Township also offers a voluntary benefit for critical illness and accident insurance which employees can enroll in and pay for through a payroll deduction.

This Policy applies to all regular full-time Township employees who have completed their initial probationary period.

The recipient employee will not qualify to receive donated sick time from co-workers if the employee is enrolled in the voluntary critical illness and accident insurance benefit.

POLICY:

- If a Bloomfield Township employee, the employee's spouse, or the employee's minor child has experienced a personal medical emergency, the employee may request approval to solicit donations of sick time by filling out the Request to Solicit Donations of Sick Time form.
- In order to be eligible for this program, the recipient shall not be receiving normal full pay, disability insurance pay or worker's compensation pay at the same time as utilizing donated sick time.
- Each employee must meet the minimum requirements for this program. The intent of this policy is not to supersede other Township policies or union contracts regarding employment.
- Any request to solicit for donation of sick time must be submitted in writing by using the Request to Solicit Donations of Sick Time form and be approved by the Accounting/HR Department.
- Before such a request may be granted, all required documentation including FMLA documents must be submitted to and approved by the Accounting/HR Department.
- The Bloomfield Township Accounting/HR Department reserves the right to evaluate each request based on the individual circumstances.



- Recipients will be eligible to receive sick leave donations only if they have exhausted all of their own accrued sick leave time and vacation time.
- Employees who wish to donate sick time should submit the Voluntary Donation of Sick Time form to the Accounting/HR Department for processing.
- Donated sick time will be deducted from each donor employee's sick leave bank on an as needed rotation based upon the submission date of the Voluntary Donation of Sick Time form.
- Donated sick time will not be reimbursed in the future.
- Employees are not permitted to contribute unused sick time at retirement that will otherwise be lost and/or has no cash value at retirement.
- Under no circumstances will a recipient be paid out for any unused donated sick leave time. If a recipient employee does not utilize all donations, those donations will not be credited to the recipient's accrual hours, nor debited from the donor's balance.
- Recipients may receive a maximum of 320 hours of sick leave donations in any twelve (12) month period.
- Employees who accept donated sick leave understand that the case value of such sick leave will be included as part of their annual gross wages and will be taxed accordingly.
- Donor employees must donate a minimum of four (4.0) sick leave hours. However, the donor's remaining accrued sick leave bank balance may not be reduced below 250 hours.
- Any donation of time is final once it has been deducted from the donor employee's sick leave bank. Employees will not be allowed to take back time that has already been donated and utilized by the recipient employee.
- All medical documentation submitted to or otherwise obtained by Bloomfield Township shall be made part of the employee's confidential medical file in the Accounting/HR Department, and shall thereafter be covered by the Privacy Act.
- The Township, in its sole discretion, has the right at any time to modify or rescind this policy.



Request to Solicit Donations of Sick Time

I, _____, hereby request that the Accounting/HR Department
(print name)

begin the process to solicit donations of sick leave time on my behalf. I understand that this process will involve notifying all Department Heads and full-time employees that I am requesting their donation of sick leave time. I am authorizing Department Heads and Human Resources to coordinate all donated sick leave time with the Accounting Department. I further understand that Bloomfield Township shall keep all medical information confidential in accordance with all applicable laws and Township policies; however, if I personally choose to make said medical information public, the Township is no longer liable for failure to maintain such privacy and confidentiality.

By checking this box (optional), I acknowledge that Township employees including Human Resources are authorized to discuss my case and release them from any liability resulting from such discussion or disclosure; however, Human Resources may not share any medical records with any employees unless legally obligated, consulting with the Township’s labor attorney, or otherwise authorized under HIPAA.

By signing below, I certify that I have read and understand the Township’s policy on donation of sick leave time and understand that all donated leave time will be administered in accordance with the policy.

Signature of Employee

Date

Signature of Department Head

Date



Voluntary Donation of Sick Time

I, _____, hereby authorize the Accounting/HR Department
(print name of donor employee)
to reduce my sick time bank and donate those sick time hours to _____,
(print name of recipient employee)
in the amount designated below.

Number of sick time hours being donated (Minimum amount is 4.0 and then in 1.0 hour increments): _____

I have read and fully understand the Voluntary Donation of Sick Time for Medical Emergencies Policy.

Signature of Employee

Date

Signature of Department Head

Date
