

SWMBH Operating Policy 1.5

Subject: PTO Donations to other Employees		Accountability: Operations	Effective Date: 3/15/16	Pages: 2
REQUIRED BY: BBA Section _____ PIHP Contract Section _____ NCQA/URAC Standard _____ SA SARF _____ Other _____			Last Reviewed Date: 3/15/16	Past Reviewed Dates:
LINE OF BUSINESS: <input type="checkbox"/> Specialty Waiver (B/C) <input type="checkbox"/> I Waiver <input type="checkbox"/> Healthy Michigan <input type="checkbox"/> SUD Medicaid <input type="checkbox"/> SUD Community Grant <input type="checkbox"/> MI Health Link <input type="checkbox"/> OTHER: _____		APPLICATION: <input checked="" type="checkbox"/> SWMBH Staff and Ops <input type="checkbox"/> Participant CMHSPs <input type="checkbox"/> SUD Providers <input type="checkbox"/> MH / DD providers <input type="checkbox"/> DD providers <input type="checkbox"/> Other: _____	Last Revised Date: 3/15/16	Past Revised Dates:
Approved: <u><i>Ann Williams</i></u> Date: <u>3/18/16</u>			Required Reviewer: Director of Operations	

I. Purpose

The purpose of this policy is to set forth parameters under which employees may donate paid time off (PTO) time to another employee.

II. Policy

An employee may choose to donate their accrued PTO time to another employee who has a need for additional PTO because of their own or an immediate family member's medical crisis.

III. Standards and Guidelines

- A. Employee who is to receive the donated PTO time must meet all other requirements of the Family and Medical Leave Act in order for transfer to be approved.
- B. Donated time must be in no less than 5 hour increments.
- C. Time is donated based on dollar value. Not all PTO hours are equal. (See Attachment for examples)
- D. All requests to donate time to another employee must be approved by the Director of Operations or the Executive Officer.
- E. At no time will a donation of PTO time be allowed if the donation would drop the donating employee below 80 hours.

IV. Definitions

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V. References

V. Attachments

PTO Donation Request Form

Southwest Michigan

BEHAVIORAL HEALTH

PTO Donation Request Form

Donating Employee Name _____

Donating Employee PTO Current Balance _____

Total Hours to be donated (thereby reducing the donating Employee PTO balance) _____

Receiving Employee Name _____

To Be Completed by Human Resources

Hours Donated _____

Donating Hourly Salary _____

Dollar Value (Hours x Hourly Salary) _____

Receiving Hourly Salary _____

Hours Received (Dollar Value/Receiving Hourly Salary) _____

Examples:

Hours Donated 20

Hours Donated 20

Donated Hourly Salary \$25

Donated Hourly Salary \$15

Dollar Value \$500

Dollar Value \$300

Receiving Hourly Salary \$20

Receiving Hourly Salary \$25

Hours Received 25

Hours Received 12

Signature Donating Employee

Approval Signature (DOO or CEO)

