Kiel Voluntary Vacation/PTO Donation
APPLICATION Form

Kiel Program Policy Summary

In order to be eligible to receive a donation from the Kiel Memorial Voluntary Vacation/PTO Donation Program, an applicant must meet all of the eligibility requirements listed below:

- Regular employee of Duke University or the Duke University Health System.
- Have a work schedule of at least 20 hours per week.
- Employed by Duke for at least 90 consecutive days.
- No corrective action warnings or suspensions within the last 12 months.

Note: Recipients are only eligible to receive payment for donated hours after the end of their 4 week absence and after their paid time off has been exhausted. Off-cycle checks will not be issued.

Donations:

- Donations may not be rescinded in part or whole to donors for any reason. Donations made to a recipient who has applied for disability benefits will not be refunded to donors even if the disability benefit is retroactively approved.
- Vacation or Short Term Bank PTO donations will not be transferred from the donor to the recipient until all of the recipient’s existing vacation/PTO hours have been exhausted.
- The donation is paid per the normal payroll schedule up to a maximum of 13 weeks (520) hours within a twelve-month period. Off-cycle checks will not be issued.
- The need for a donation must be due to a catastrophic medical event, which requires the employee to be out of work for at least 4 weeks (medical documentation must be attached to application).
- Certification of a qualifying medical condition is required from an eligible health care provider. Conditions that are certified for periods less than 13 weeks (520 hours) are eligible to receive time from the Vacation or PTO STB donation limited to that time certified by the health care provider. If the entire 13 weeks (520 hours) are not used, eligibility may be renewed within the designated 12-month period not to exceed 13 total weeks (520 hours).
- During an employee’s first year of employment, donations must be specified for that employee.
- All applications for leaves, as well as medical information, are confidential and are not included as part of the employee’s personnel file. Donors shall remain anonymous unless the donor provides written consent authorizing the release of information.

Payment of Vacation or Paid Time Off (STB) Donation and Impact on Benefits:

- Recipients are only eligible to receive payment for donated hours after the end of their 4 week absence and after their paid time off has been exhausted. Off-cycle checks will not be issued.
- There can be up to a three-week period before donations are paid on a recipient’s paycheck (please review the Kiel web site for more specific timeframes).
- The donated hours are paid at the recipient’s regular rate of pay and from the recipient’s account code(s).
- Staff receiving other payments such as workers’ compensation, short-term disability, or long-term disability provided through Duke’s insurance programs are not eligible to receive donations.
- If the staff member receives at least the equivalent of 30 voluntary donation hours per week, the employer contribution will continue toward the cost of benefit programs provided the staff member continues their portion of premium where applicable.
# Kiel Voluntary Vacation/PTO Donation
## APPLICATION Form

**PLEASE TYPE OR PRINT INFORMATION**

<table>
<thead>
<tr>
<th>APPLICANT INFORMATION (All fields are required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DUKE UNIQUE ID #:</td>
</tr>
<tr>
<td>Home E-mail Address:</td>
</tr>
<tr>
<td>Last Name:</td>
</tr>
<tr>
<td>Home Address:</td>
</tr>
<tr>
<td>City:</td>
</tr>
<tr>
<td>Dept/Org Unit Name:</td>
</tr>
<tr>
<td>Continuous Service Date:</td>
</tr>
</tbody>
</table>

I understand that:

- It is my responsibility to read the provisions of the Kiel Voluntary Vacation/PTO Donation Program including frequently asked questions.
- The completed application must be submitted to the Benefits office before or during my absence.
- Recipients are only eligible to receive payment for donated hours after the end of their 4 week absence and after their paid time off has been exhausted. Off-cycle checks will not be issued.
- Maternity leave is not covered under the Kiel Program, but may be covered under other leave policies.
- I certify that if the purpose of this leave is to care for my dependent and that the dependent meets the Internal Revenue Service definition of a dependent.

Recipient’s Signature: ____________________________ ________________________ Date: ________________ _______

THE CERTIFICATION OF HEALTH CARE PROVIDER DOCUMENT MUST BE COMPLETED BY YOUR PHYSICIAN AND ATTACHED TO THIS APPLICATION

<table>
<thead>
<tr>
<th>APPLICANT SUPERVISOR AND PAYROLL REPRESENTATIVE INFORMATION (All fields are required)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supervisor’s Last Name:</td>
</tr>
<tr>
<td>Supervisor’s E-Mail Address:</td>
</tr>
<tr>
<td>Has this applicant exhausted all of their paid time off? [☐] Yes, then when? [☐] No, then when?</td>
</tr>
</tbody>
</table>

Please provide actual or anticipated last day of work:

When will the applicant return to work?

I understand the policies of the Kiel Voluntary Vacation/PTO Donation Program and certify that this applicant has no active disciplinary action on file, and that the applicant also meets the other requirements of the Kiel Program.

It is my responsibility to notify Benefits when the applicant/employee returns to work.

Supervisor’s Signature: ____________________________ Date: ________________ _______

Payroll Representative Name: | Payroll Rep. Work Phone: |

Payroll Representative E-Mail Address: |

Payroll Representative’s Signature: ____________________________ Date: ________________ _______

COMPLETED FORM with medical documentation are to be sent to: Benefits, PO Box 90502, 705 Broad St., Durham, NC 27705 or faxed to 681-8774. Benefits will send an e-mail about claim status to the applicant within seven business days.