

Category: Human Resources

Effective Date: 2-19-08

Title: Paid Days Off (PDO)

Policy No: HR.301

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Purpose

To explain the Paid Days Off (PDO) plan.

Policy

I. Paid Days Off

- A. Paid Days Off is Shawnee Mission Medical Center's time-off program for all hours worked less than the associate's scheduled hours for the pay period. PDO dollars are earned by an associate as a percent of earnings on a maximum of 80 hours paid each pay period.
- B. The Medical Center provides a certain number of days off each year to reward associates for loyal and continuing service. PDO should be used for emergencies, medical appointments, holidays, illness and vacations, and must be earned before used. PDO should be approved by the manager or supervisor and scheduled in advance, with the exception of unforeseen illness.
- C. PDO is calculated on a calendar year basis. PDO credit will not accrue on overtime hours worked. Full-time and part-time associates earn benefit hours on actual time worked up to a maximum of 80 hours every two weeks. All accruals are computed on the current hourly base rate.
- D. Unused PDO must be either cashed out before the end of the calendar year or placed in a time-off-only reserve bank based on the associate's open enrollment election for that year, which will accumulate up to 480 hours. Hours placed in the time-off-only reserve bank can only be used for time away from work and cannot be converted to cash. Any unused balance remaining at termination will be cashed out as stipulated below.

Completed Years of Service	Annual Accrual Percentage	8-Hour Days Per Year
Less than 1 year	8%	20.8
1 – 2 years	10%	26.0
3 – 5 years	11%	28.6
6 – 8 years	12%	31.2
9 or more years	13%	33.8

- E. Accrual for PDO will begin on the first day of employment but may not be used until the completion of the introductory period. The first date of employment may differ from the original date of employment if there has been prior employment in this hospital/organization or another Seventh-day Adventist institution. Accrual changes due to an earlier date of employment and based on the accrual schedule will be instituted in the pay period after the accrual change occurs.

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- F. Full-time and part-time associates must use a minimum number of PDO hours each year. Please refer to your pay stub at HR Online at SMMC's intranet website for required usages. Failure to use minimum required hours each year will result in the difference between the hours used and the minimum hours required to be forfeited and may not be cashed out or transferred to the time-off-only reserve bank.

Hospital administration reserves the right at its discretion (due to changes in workload, reduced staffing, holidays or other economic factors) to request that the associate take time off.

- G. Time off must first be taken from the current year's PDO, then from the time-off-only reserve bank, unless the associate's current Reserve Target is less than the balance in the reserve bank. Associates with an automatic PDO draw (all full-time and some part-time associates) receive cash payment of unused current year PDO only at the end of the calendar year if they have elected to do so during the prior year open enrollment.
- H. PDO may not be used in lieu of notice of resignation or after notice is provided to the Medical Center. Prior year PDO benefits are not subject to forfeiture and will be paid to an associate upon resignation or termination.
- I. Associates may voluntarily donate PDO to other associates who have exhausted all of their PDO and, because of a life-threatening medical emergency, are in need of additional PDO.
- J. All associates who accrue PDO may be eligible to receive or donate shared leave up to a maximum of 480 hours per calendar year.
- K. Associates who are absent on FMLA leave for job-related illness or injury, who are receiving workers' compensation lost wage benefits, are not eligible to receive PDO. (See Administrative Policy HR.304, "Leave of Absence: Family Medical, Medical, Extended, Personal, Educational and Military.")
- L. PDO benefits may be forfeited if an associate is terminated by the facility for any reason other than layoff or a reduction in force.

II. Shared Leave Procedures

Definitions

Associate means any associate who earns or accrues PDO as a benefit of his/her employment.

Family member means a leave recipient's spouse, child or parent.

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Leave donor means an associate making a voluntary written request for transfer of PDO of a leave recipient.

Leave recipient means a current associate who has completed the employment introductory period and for whom it has been approved to receive PDO from one or more leave donors.

Life-threatening or emergency medical condition means a current associate or a family member of the associate is experiencing a serious or life-threatening illness, injury, impairment or physical or mental condition which has caused, or is likely to cause, the associate to take leave without pay, to terminate employment, and the illness, injury, impairment or condition keeps the associate from performing regular work duties.

Any medical information forwarded to Human Resources will remain confidential and will not be shared with other associates in Human Resources or the associate's department.

A. To Donate PDO

1. An associate may submit a PDO Donation Authorization and PDO Donation form to Human Resources, requesting a specified number of hours to be transferred from his/her PDO account.
2. The donating associate must have completed their introductory period.
3. The donating associate must keep the minimum PDO balance in their PDO account as defined by this PDO policy.
4. The donating associate must donate a minimum of four (4) hours per donation.
5. The donating associate cannot contribute more than 480 hours in a calendar year.
6. Associates who donate PDO to Shared Leave may not claim the donation as a charitable contribution on their personal income tax returns.
7. All donations to the associate recipient will remain anonymous.
8. All approved donations will be sent to Financial Services for processing through associates' paychecks.
9. Associates who donate PDO will not be able to recall or obtain the PDO back once it has been donated.

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10. The number of hours required by the Medical Center to be taken as time off by the donating associate will not be adjusted for donations.

B. To Receive PDO

1. The receiving associate must have exhausted all paid leave available.
2. The associate must be on an approved leave of absence.
3. Associates may obtain a Shared Leave Application form in the Human Resources office.
4. All applications will be considered confidential.
5. Associates will complete the associate portion. The attending physician will complete the physician's portion.
6. A request will not be considered until the completed form has been received by Human Resources or designee.
7. The associate's request will be reviewed within one (1) week, if all information is provided and the request form is complete.
8. Approval or denial will be provided to the associate in writing.
9. The maximum amount an associate may receive per pay period is the lesser of scheduled hours or their approved leave up to the maximum of 480 hours.

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Administrative Policy

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PDO Donation Authorization

I choose to donate a portion of my Paid Days Off (PDO) balance to the Shared Leave Bank in accordance with the Paid Days Off policy. I understand that it is voluntary and irrevocable.

Name: _____

Associate ID Number: _____

Dept/Cost Center: _____

Date of Hire: _____

Current PDO balance (hours): _____

Number of PDO hours donated (min. of 4): _____

Balance after donation: _____

Donating Associate Signature: _____

Date: _____

Human Resources Approval: _____

Date: _____

* * * * *

PDO Donation Form

Return Completed Form to Human Resources

I, _____, _____ would like to donate _____
(donating associate's name) (donating associate's ID # w/check digit) (minimum of 4)

hours of my PDO to _____,
(receiving associate's name) (receiving associate's ID# w/check digit)

Please deduct the donated hours from my PDO balance, and put the donated hours in the receiving associate's PDO balance. If there are any additional monies left, the balance will go to the PDO Shared Leave Bank.

Donating Associate Signature: _____

Date: _____

Human Resources Approval: _____

Date: _____

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Shared Leave Application

(to Receive Donated PDO)

Name: _____

Associate ID #: _____

Dept/Cost Center: _____

Date of Hire: _____

Describe how your current situation meets the Shared Leave criteria related to life-threatening illness and/or inability to work. A physician's statement is required for documentation of illness. Any monies received will be taxable.

Signature of Applicant: _____

Human Resources Approval: yes no Date: _____

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Approved by: Brad Hoffman, Executive Director; Samuel H. Turner, Sr., President and Chief Executive Officer
Reviewed by: Brad Hoffman, Executive Director of Human Resources (10-1-10 – no revisions)
Replaces: Policy HR.301 page 1 dated 2-23-84, page 2 dated 1-17-80, and 3 dated 9-6-81; and replaces Policy HR.301 and HR.302, dated 1-1-96, 6-30-73, 10-1-73, 9-1-73, 7-20-77, 2-23-84, 12-17-87, 5-19-88, 12-31-89, 7-7-93, 12-25-94, 3-30-97, 1-1-98, 12-22-99, 2-28-01, 8-8-01, 2-25-04, 3-9-05, 10-17-05 and 8-9-07
References: Administrative Policy HR.304, "Leave of Absence: Family Medical, Medical, Extended, Personal, Educational and Military"