

5.4.18 Personal Observance Leave

New: August 2022

Policy: Piedmont Community College (PCC) provides employees with a day of personal observance leave.

Purpose/Definitions:

Purpose

In support of North Carolina's effort to attract, retain and support top talent in its workforce, PCC will give eligible employees a day of leave to observe a day of personal significance, including but not limited to days of cultural or religious importance.

Definitions

Full-Time Faculty—

Full-Time 12-Month Faculty Employee—an instructional employee contracted annually on a 12-month basis regardless of the academic year. Positions in this category will receive fringe benefits which include, but are not limited to, leave (e.g., sick, annual, bereavement, civil, military, community service), state service credit, longevity, state retirement, holiday, disability, and health insurance benefits along with other benefits offered by the College. These full-time regular hours may occur on campus or at the designated workplace as approved by the President.

Full-Time Less than 12-Month Faculty Employee—an instructional employee contracted annually for less than 12 months, ranging from 9.5 to 11 months. Positions in this category will receive fringe benefits which include, but are not limited to, leave (e.g., sick, personal business, bereavement, civil, military, community service), state service credit, longevity, state retirement, holiday, disability, and health insurance benefits along with other benefits offered by the College. These full-time regular hours may occur on campus or at the designated workplace as approved by the President.

Full-Time Permanent—an individual who is employed in a permanent **staff** position, contracted annually and works the standard number of hours for full-time status, typically 39 hours per week, throughout the calendar year. Any staff member contracted less than 12 months will accrue on a prorated scale. Positions in this category will receive fringe benefits which include, but are not limited to, leave (e.g., sick, annual, bereavement, civil, military, community service), state service credit, longevity, state retirement, holiday, disability, and health insurance

benefits along with other benefits offered by the College. These full-time regular hours may occur on campus or at the designated workplace as approved by the President.

Full-Time Temporary—an individual hired (as faculty or staff) for a limited duration, usually for less than 12 months, and works the standard full-time hours (typically 39 hours per week), which will terminate upon expiration of the contractual period and carries no expectation of extension or preference for employment beyond the contractual period. These employees are eligible for the State Health Plan's High Deductible Health Plan but are not eligible for retirement benefits, longevity, and leave (e.g., sick, annual, bereavement, civil, military, and community service), except for holidays that fall within the month.

Part-time Permanent— an individual employed in a permanent staff position but works less than the standard full-time hours, typically fewer than 26 hours per week, on a continuous, year-round basis. These hours must occur on campus or at the designated workplace as approved by the President or appropriate Vice President. Positions in this category are eligible to enroll in the state health plan on a fully contributory basis (PCC does not contribute), earn holidays, longevity, prorated state service credit, and prorated annual and sick leave.

Part-Time Temporary— an individual employed (as faculty or staff) for a limited duration and works less than full-time, typically fewer than 26 hours per week. The employee's contract terminates upon expiration of the contractual period and carries no expectation of extension. Part-time temporary positions are not eligible for retirement benefits, longevity, health insurance, and leave (e.g., sick, annual, bereavement, civil, military, and community service) and are given no job preference for employment beyond the contractual period.

Personal Observance Leave—any single work shift that falls on a day of personal significance; it is not for use across multiple shifts. This includes, but is not limited to, days of cultural or religious importance. Regardless of the employee's religious or cultural background, any day that the employee identifies as significant for cultural, religious, or personal reasons qualifies under the Executive Order and this policy.

Approval Authority/Monitoring Authority: Piedmont Community College's Board of Trustees has approval authority for this policy. The Vice President, Administrative Services/CFO has monitoring authority for this policy.

Procedure:

Section 1: Eligibility

- 1.1. Full-Time Faculty or Full-Time Permanent employees are eligible for up to 8 hours of personal observance leave.

- 1.2. Part-time Permanent employees' personal observance leave will be prorated based on their number of hours worked.
- 1.3. Full-Time Temporary and Part-Time Temporary employees are not eligible for personal observance leave.

Section 2: Requesting Leave

- 2.1. Personal observance leave is to be taken in full day (8 hour) increments, rather than applying some hours to one date and the remainder to a later date.
- 2.2. Personal observance leave must be used within the calendar year, or the employee will lose the leave.
- 2.3. If an employee leaves their position with the College prior to using personal observance leave, payment is not provided.
- 2.4. To request personal observance leave, the employee will complete an Application for Leave Request form (see Exhibit 5.4.18 Application for Leave Request). The employee must:
 - 2.4.1. check the Personal Observance Day box,
 - 2.4.2. enter the date the personal observance leave will be used in the "For whole day(s)" section, and
 - 2.4.3. submit the form to their supervisor for approval.

Legal Citation: [Executive Order 262](#)

History: Effective August 2022

Exhibit 5.4.18 Application for Leave Request

PIEDMONT COMMUNITY COLLEGE
Application for Leave Request

Name _____ Today's Date _____
(Please Print)

- The Application for Leave Request must be submitted to the employee's supervisor(s) for approval. If possible, please submit the Request two (2) weeks in advance for vacation (annual) leave or immediately upon return from ANY absence.
- After the Request has been approved, the Personnel Office will return the canary copy to the employee. The requested leave will be posted to the employee's leave record account on a monthly basis.
- Leave requested must be within the guidelines of the appropriate PCC policy (ex. Funeral, Civil, Sick, etc.).

Please check appropriate leave:

- | | |
|---|---|
| <input type="checkbox"/> Sick Leave | <input type="checkbox"/> Vacation (Annual) Leave |
| <input type="checkbox"/> Educational Leave (Please select one) | <input type="checkbox"/> Without Pay (Memo must accompany leave form) |
| <input type="checkbox"/> With pay (Memo must accompany leave form) | <input type="checkbox"/> Workers' Compensation |
| <input type="checkbox"/> Without Pay | <input type="checkbox"/> Personal Observance Day |
| <input type="checkbox"/> Birthday Leave (____/____) (full-time only) | |
| Actual birthday Month/Day | |
| <input type="checkbox"/> Civil Leave (attach court document verifying attendance) | |
| <input type="checkbox"/> Funeral Leave (state relationship of the deceased to the employee) | |
| <input type="checkbox"/> Community Service Leave (On the line below include name of school, child(ren)'s name and type of function <u>OR</u> attach signed letter from the head of the North Carolina agency requesting your services.) | |

Faculty Only: Document Class Coverage:

For Partial Day(s) Total Hours: _____

Date _____	Beginning Time _____	Ending Time _____	Daily Total _____
Date _____	Beginning Time _____	Ending Time _____	Daily Total _____
Date _____	Beginning Time _____	Ending Time _____	Daily Total _____

For Whole Day(s) Total Days: _____ **Faculty - Hours Per Day** (if less than 1 week): _____

Commencing Date _____ To and/or including Date _____

Commencing Date _____ To and/or including Date _____

I have verified that I have accrued time available to cover if applicable

Employee Signature _____

I approve the requested leave as submitted: _____

Supervisor(s) Signature _____

Vice President Signature _____

Personnel Office Use
This is to verify that your Application for Leave Request has been received in the Personnel Office.

Signature