

Memorandum of Understanding

Vacation Donation Program

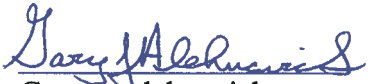
Florida Power & Light Company offers a Vacation Donation program for non-bargaining unit employees. A copy of the program policy is attached.

This program allows employees to donate vacation time to a fellow employee in need of additional time off to deal with a significant personal issue.

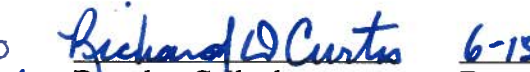
The Company is willing to make this program available to Florida Power & Light Company Bargaining Unit employees under the following conditions:

- Bargaining Unit employees will be permitted to participate in the program
- The Company maintains the right to modify, amend, expand, restrict and /or eliminate the program, or any component thereof, at its sole discretion
- Decisions made under this program are administered in accordance with the FPL Group Vacation Donation Program Policy

Either party may terminate this agreement by giving a thirty (30) day written notice.


Gary J. Aleknavich
Business Manager
IBEW System Council U-4

6-15-10
Date


for Brendan Callaghan
Director, Safety & Labor Relations
Florida Power & Light Company

6-15-10
Date

FPL Group Vacation Donation Program Policy

Revised 3/14/05

I. Purpose

The purpose of the FPL Vacation Donation Program is to permit an employee to donate paid vacation leave to another employee. This program permits such a donation to occur when an employee has a need for additional paid leave because they have exhausted all paid leave and have a serious medical hardship or catastrophic illness or injury. The employee's need may arise from his or her own serious medical hardship or catastrophic illness or from their need to care for a spouse, child, or parent, who has a serious medical hardship or catastrophic illness. This program is not intended to cover an employee who has a common illness or who has an illness or injury covered by an employer-paid long term disability policy or worker's compensation.

II. Eligibility to Receive Vacation Donation Leave

To be eligible, an employee:

1. must have exhausted all forms of paid leave; i.e., vacation including vacation buy, sick, floating holidays, Short Term Disability (STD), compensatory time;
2. must have passed their initial probationary period; 6 months
3. must suffer from a serious medical hardship or catastrophic illness; and
4. must be authorized to participate by HR Relationship & Benefit Manager.

Employees are ineligible to use this policy during any disciplinary suspensions or if they are receiving, or have applied to receive, workers' compensation benefits.

III. Administration

The Human Resources Department (HR) is responsible for coordinating donations, reviewing applications and authorizing eligibility. In making decisions, HR shall review the employee's application, the department's verification of exhaustion of all paid leave, and all medical evidence submitted by the employee, including but not limited to a physician's statement. HR may request additional medical information from the applicant. The final decisions on eligibility and distribution of donated leave time rests with HR and shall not be subject to appeal.

IV. Application for Vacation Donation Policy Leave

To initiate a request, an employee must contact their supervisor and apply for FMLA (FMLA should run concurrent with donated vacation days). In the event that an employee is physically or mentally unable to initiate a request, a request may be initiated by a HR Consultant/Relationship Manager or by their supervisor. An employee must complete an application and a release of medical information. An

employee may be asked to provide additional medical information. Employees approved for the program can be credited with up to 25 days or 200 hours maximum per calendar year. An employee can only make an application once every calendar year. Application materials should be sent to:

Employee Services – HRC/ JB

V. Contributions

Donations are limited to a maximum of 40 hours of paid vacation time per calendar year per employee (donator) and must be donated in 8-hour increments. Only vacation accrued can be donated not “vacation buy”.

VI. Procedures

1. Employee and/or employee's department discusses eligibility requirements with a HR consultant.
2. Employee and employee's department must complete the following:
 - A. FPL Group Vacation Donation Program Application.
 - B. Physician's Statement (employees responsibility); this information will be treated in a confidential manner.
3. HR Benefits Administrator then verifies the information and either approves or denies the request.
 - A. HR Benefits Administrator notifies the Supervisor and HR Consultant /Relationship Manager of the outcome of the request. If approved, continue with #4 and #5.
4. If approved, donor and donor's department complete the FPL Group Vacation Donation Program – Vacation Contribution Form and send to Employee Services HRC-JB. **Note: Reiterate to donator that once donated, even if not used, it's nonrefundable.**
5. If approved, HR Employee Services/Payroll will work with the recipient's department to complete the following:
 - A. Manually increase vacation allowance for recipient in SAP.
 - B. Deduct vacation hours from donor's vacation allowance in SAP.



FPL Group Vacation Donation Program Application *Revised 7/22/2004*

Submit this form along with the Physician's Statement form to Employee Services – HRC/JB.

Please type or print legibly in ink.

Part One – Employee's Statement

Name		Personnel Number
Home Address		
Home Phone		Work Phone
Request is for <input type="checkbox"/> Self <input type="checkbox"/> Spouse, Child, Parent		Date Illness/Injury Began
Anticipated Duration		Number of Days Requested
Describe the Nature of Illness/Injury (Briefly)		

I hereby certify that I understand and agree that as a part of the application process for the FPL Group Vacation Donation Program that medical information is necessary. I authorize Human Resources to obtain any necessary information, including medical documentation, concerning this application and authorize Human Resources to review said information, including medical documentation. Where release of information requires the consent of a third party, I will be responsible for acquiring such consent. I further understand that denial of this application for additional paid leave is not subject to grievance or appeal. I understand that compensation received under the Vacation Donation Program is considered taxable income.

Signature	Date
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Part Two – Employer's Statement

Classification Title		Job Code
Date of Employment in Classification		
		Date when sick, vacation and compensatory time will be/was exhausted

Part Three – Supervisor's Statement

I hereby certify that, to the best of my knowledge, the above information is accurate.

Printed Name of Supervisor	Phone
Signature of Supervisor	Date
Signature of Department Head	Date

Record of Action by Human Resources



FPL Group Vacation Donation Program
Physician's Statement - Confidential 07/22/04

Employee Name: _____ Employee Personnel # _____

Submit this form to Employee Services – HRC/JB. This form should not be submitted to your supervisor.

Please type or print legibly in ink.

Part One – Patient's Statement

Name of Patient
Home Address

Authorization to Release Information – I hereby authorize the undersigned physician to release any medical information to FPL Group's Human Resource Department in the course of my examination or treatment. I understand that any expense incurred in the completion of this form by my physician will be my responsibility.

Signature of patient or guardian	Date
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Part Two – Attending Physician's Statement (Please type or print legibly in ink.)

Date Illness/Injury Began	Anticipated Duration*
Diagnosis and brief description of illness/injury and concurrent conditions (date of surgery if applicable)	
Prognosis	
Physician's Name	
Address	Phone
Signature	Date

* If an exact date is not known, show a no sooner than date. Terms "undetermined" and "indefinite" are not acceptable.



FPL Group Vacation Donation Program
Vacation Contribution Form *Revised 7/22/04*

Fill and complete this form and submit to Employee Services – HRC/JB

Please type or print legibly in ink.

Part One – Employee Donating Vacation Day (s)

Name	Personnel #
Classification Title	Work Loc
Employee who is to receive donation: Name:	Personnel #:
Effective date of donation	
Supervisor Name	Number of Hours to be Contributed
Supervisor Signature & Date	

I understand that my contribution is voluntary and non-refundable. I understand that a minimum of eight (8) hours of accrued vacation time is required and that my annual vacation balance will be decreased by the amount contributed. Donations must be made in 8 hour increments up to a maximum of 40 hours per person donating.

I understand that my contribution is confidential between my supervisor and myself.

Contributing Employee's Signature	Date
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Payroll Processing Date	
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