

**TO: ALL COUNTY PERSONNEL**

**FROM: JOSEPH ABRUZZO  
COUNTY ADMINISTRATOR**

**PREPARED BY: HUMAN RESOURCES DEPARTMENT**

**SUBJECT: EMPLOYEE DONATIONS OF VACATION LEAVE TO  
OTHER COUNTY EMPLOYEES**

**PPM#: CW-P-059**

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**ISSUE DATE**  
**MAY 07, 2026**

**EFFECTIVE DATE**  
**MAY 07, 2026**

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**PURPOSE:**

To establish a program allowing County employees to assist their fellow County employees during medical crises by donating unused, accrued vacation leave.

**UPDATES:**

Future updates to this PPM are the responsibility of the Director of Human Resources.

**AUTHORITY:**

Board of County Commission direction on December 6, 1994

**POLICY:**

- A. County employees will be allowed to donate unused, accrued vacation leave to another County employee (**full time or part time**) on medical leave without pay. The donated time will be credited to the employee who is on medical leave without pay as sick leave.
1. Approval of the County Administrator is required on a case by case basis.
  2. There shall be no solicitation for donations outside of the department, nor shall any time donation be accepted from outside of the department. This program is entirely voluntary; the decision to donate to an eligible individual is left to each County employee.

3. An employee may donate up to 40 hours of **vacation time**. Ongoing donations will not be accepted, but rather, there shall be a restricted time period for making donations.
4. The total of all donations to any one employee may not exceed 90 days (720 hours) over an employee's length of employment. The value of donated time will be transferred to the employee on leave.
5. Any deviations from this policy shall require the written approval of the County Administrator.

B. The employee receiving the donation must:

1. Be requesting the leave donation for their own personal illness.
2. Be a permanent full-time non-bargaining unit County employee.
3. Have exhausted all personal sick and vacation leave balances.
4. Be on continuous medical leave of absence (non-intermittent leave).
5. Not have any disciplinary action in his or her personnel file relating to abuse of sick or vacation leave.

### **PROCEDURE:**

- A. All requests for donations will be forwarded by the respective Department Head to the County Human Resources Department for recommendation. The request should describe the circumstances surrounding the employee's need for assistance. County Human Resources will forward their recommendation and request to the County Administrator for approval. The decision of the County Administrator is final.
- B. Once approved or denied, County Administrator will return the approved request to the requesting department. If approved, it is the Department Head's responsibility to distribute the request for donations.
  1. Authorization should be **sequentially numbered** as received in order to return any excess hours to donors.
  2. If the donations exceed the 90 days (720 hours) permitted, all excess leave will be returned to the most recent donors.

3. The attached authorization forms (Exhibit A & B) will be used by employees wishing to donate. Completed forms will be forwarded to Human Resources, which will tabulate the value of the donated hours, convert the hours to the recipient's pay rate and submit a memo to payroll for credit and deduction of donor's time.



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**JOSEPH ABRUZZO**  
**COUNTY ADMINISTRATOR**

Supersession History:

1. PPM # CW-P-059, effective 4/1/1995
2. PPM #CW-P-059, effective 2/10/1998
3. PPM #CW-P-059, effective 9/1/2011
4. PPM #CW-P-059, effective 9/1/2015
5. PPM #CW-P-059, effective 1/1/2017

**ATTACHMENT "A"**  
**LEAVE DONATIONS**

Requesting approval for leave donations for:

**Employee Name** \_\_\_\_\_ **EIN** \_\_\_\_\_

**Department** \_\_\_\_\_ **Division** \_\_\_\_\_

**Date Leave Without Pay Began** \_\_\_\_\_

**Medical diagnosis is Protected Health Information**

1. Is this request for the employee's own personal illness? Yes  No
2. Is the employee a permanent (not on probation) employee? Yes  No
3. Is the employee a non-bargaining unit employee? Yes  No
4. Has the employee exhausted all personal sick and vacation leave balances? Yes  No
5. Is the employee on continuous (not intermittent) medical leave of absence? Yes  No
6. Is the employee's personnel file clear of any disciplinary actions relating to abuse of sick or vacation leave? Yes  No

**All answers must be yes in order for the employee to be eligible for leave donations.**

As approving department head, I verify that all the criteria above has been met.

Step 1  Approved  Denied

\_\_\_\_\_  
Department Head Approval

Step 2  Approved  Denied

\_\_\_\_\_  
HR Approval

Step 3  Approved  Denied

\_\_\_\_\_  
County Administrator Approval

This approved form, along with all completed authorized forms (sequentially numbered) must be submitted to Human Resources, Compensation & Records for processing.

See PPM CW-P-059 for complete leave donation policy.

**NOTE: Medical information must not be included with this request.**

**ATTACHMENT "B"**  
**AUTHORIZATION**

**VOLUNTARY DONATIONS OF VACATION LEAVE**

I, \_\_\_\_\_, do hereby donate \_\_\_\_\_ hours of my accrued vacation leave to \_\_\_\_\_. It is my understanding that the dollar amount of this donated time will be credited as sick time.

\_\_\_\_\_  
(Print name)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Department/Division

\_\_\_\_\_  
Employee Identification Number (EIN)

\_\_\_\_\_  
Date

**Dept. Admin:**

Authorization should be **sequentially numbered** as received in order to return any excess hours to donors. # \_\_\_\_\_