

TO: ALL COUNTY PERSONNEL

**FROM: VERDENIA C. BAKER
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
February 7, 2017
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EFFECTIVE DATE
January 1, 2017
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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

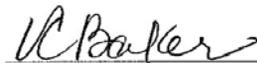
- A. County employees will be allowed to donate unused, accrued vacation leave to another County employee (**full time or part time**) on medical leave without pay. The donated time will be credited to the employee who is on medical leave without pay as sick leave.
 - 1. Approval of the County Administrator 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 and the amount of hours donated 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 donee's pay rate and submit a memo to payroll for credit and deduction of donor's time.



VERDENIA C. BAKER
COUNTY ADMINISTRATOR

Supersession History:

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

EXHIBIT 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.

EXHIBIT 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. # _____