

**TO: ALL COUNTY PERSONNEL**

**FROM: ROBERT WEISMAN  
COUNTY ADMINISTRATOR**

**PREPARED BY: HUMAN RESOURCES**

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

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

---

---

<u>ISSUE DATE</u>	<u>EFFECTIVE DATE</u>
March 1, 2006	March 1, 2006

---

---

**PURPOSE:**

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

**UPDATES ARE THE RESPONSIBILITY OF:**

Future updates of PPM # CW-P-059 will be 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 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. 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). 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 a permanent full-time County employee.
  2. Be on leave pursuant to Section 9.06(A)(4) of the Merit Rules, i.e., the crisis must be of a certified medical nature involving the employee, employee's spouse, children or parents.
  3. Have exhausted all personal sick and vacation leave balances.
  4. 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 Administrator for approval. The request should describe the circumstances surrounding the employee's need for assistance. The decision of the County Administrator is final.
- B. Once approved, it is the Department Head's responsibility to distribute the request for donations.
1. It is suggested that a team of employee volunteers be formed to coordinate each request.
  2. The attached authorization form 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 donors time.
  3. If the donations exceed the 90 days (720 hours) permitted, all excess leave will be returned to the most recent donors. Authorization should be sequentially numbered as received in order to return excess hours to donors.

---

**ROBERT WEISMAN**  
**COUNTY ADMINISTRATOR**

**Supersession History:**

1. PPM #CW-P-059, dated 4/1/95
2. PPM#CW-P-059, dated 2/10/98

**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

\_\_\_\_\_  
Date

