

# PERSONNEL POLICY AND PROCEDURE

<b>SECTION: BENEFITS</b>			<b>SUBJECT: LEAVE SHARING</b>		
			<b>INDEX NO: 800-10</b>		
Effective Date: 3/4/05	Supersedes: N/A	Page No: 1 of 3	Prepared By: Debra Young	HR Director Approval:	City Manager Approval:

## 1.0 PURPOSE:

To establish a leave sharing policy which provides City employees the ability to donate a portion of their accumulated vacation or combination leave to other City employees who are suffering from or who have an immediate family member suffering from an extraordinary or severe illness, injury, impairment, or physical or mental condition which has caused or is likely to cause the employee to take leave without pay.

## 2.0 ORGANIZATIONS AFFECTED:

All departments/divisions.

## 3.0 REFERENCES:

Policy & Procedures 300-02, 800-02A/B, 800-05A/B, 800-07  
Family Medical Leave Act of 1993

## 4.0 POLICY:

- 4.1 The leave sharing policy was created to alleviate hardships caused to an employee if a catastrophic illness or injury forces an employee to exhaust all earned leave time and to lose compensation. Voluntary participation in the donation of or receiving of vacation or combination leave is limited to eligible regular employees who meet the requirements of leave balances as stated in this policy. An employee who is entitled to Family Medical Leave Act (FMLA) benefits will be required to complete FMLA forms located in human resources.
- 4.2 Inappropriate use of the provisions of this policy may result in the cancellation of the donated leave or use of shared leave. In no event, will any shared leave be paid to an employee who chooses to leave the City's employ. The estate of a deceased employee shall not be entitled to a payment for unused shared leave.
- 4.3 An employee or an individual on behalf of the employee wishing to receive donated leave must submit a Request for Shared Leave Form (see attached) to the HR Department. Human Resources will be responsible for verifying the

need and in conjunction with the Finance Department determine eligibility and record maintenance for any approved or denied shared leave. The Finance Department is responsible for adjusting accrued leave balances to reflect the transfer and receipt of donated leave.

- 4.4 Annual leave shall be transferred on an hour-for-hour basis. Records of all leave time transferred will be maintained in the event any unused time is returned at a later date. The value of any leave transferred which remains unused shall be returned to its original value to the employee or employees who donated the leave on a pro rata basis, proportional to the donation. The Human Resources Department will verify the need for shared leave, determine eligibility, and in conjunction with the Finance Department monitor the program and record maintenance.
- 4.5 Amount of Leave Received: The City Manager, in consultation with the Human Resources Director, will determine the amount of shared leave, if any, that the employee may receive. An employee will not receive more than a total of 240 hours of shared leave in any 12-month period. The 12-month period is defined as a 'rolling' 12-month period measured backward from the date an employee uses shared leave.

**5.0 DEFINITIONS:**

None.

**6.0 PROCEDURE:**

**EMPLOYEE REQUESTING LEAVE:**

- 6.1 Shared leave may be requested by an employee needing shared leave or by any individual aware of an employee's need for shared leave if:
  - 6.1.1 The employee suffers, or is required to administer treatment or supervision of an immediate family member suffering from an illness, injury, impairment, or physical or mental condition requiring hospitalization or out-patient medical care of over three consecutive work days which specifically require, by written documentation from a medical practitioner, extended time off.
  - 6.1.2 The employee has depleted or will deplete his/her total accrued sick/vacation leave, combination/major medical leave, compensatory time, holiday time and/or any other paid leave available, which will likely cause the employee to take leave without pay.
  - 6.1.3 Prior to the use of shared leave, the employee has abided by Policy 300-01 Attendance. Failure to provide proper leave notification to the employer in a timely manner and/or receipt of any corrective/disciplinary action for absenteeism or attendance-related problems may be cause for denial of this request.

- 6.1.4 The employee is not eligible for workers' compensation benefits due to a job-related illness or injury.
- 6.2 The employee requesting a donation of paid leave will provide appropriate medical justification and documentation which supports the necessity for the leave and the probable duration of the absence.
- 6.3 Leave may be donated to any eligible regular employee of the City. The name and/or reason an employee is eligible to receive donated leave may be kept confidential if the employee chooses not to release that information; however, this may affect human resources ability to receive donations.
- 6.4 While an employee is on shared leave, he/she will continue to be classified as a City employee and shall receive benefits equivalent to those accrued by other regular employees.
  - 6.4.1 Any benefits received by an employee on shared leave shall be reflected on the records of the department employing the person using the shared leave.

**EMPLOYEE DONATING LEAVE:**

- 6.5 The Human Resources Department will notify employees via electronic mail of the verified request. Any regular employee interested in donating leave must complete a Donation of Shared Leave Form (see attached) available in Human Resources.
- 6.6 All donations of paid leave are voluntary. No employee shall be coerced, threatened, intimidated, or financially induced into donating leave for purposes of this program.
- 6.7 To be eligible to donate paid leave, an employee must have a minimum of ten (10) days accrued paid leave available after the donation of shared leave. Any unused donated leave shall be returned to the donating employee. Donations of paid leave shall be a minimum of four (4) hours. Any donation above the minimum must be in full hour increments.



## LEAVE SHARING REQUEST FORM

I, \_\_\_\_\_, request that I be allowed to receive donated vacation or combination leave. I understand that any leave I am eligible to use, such as sick/vacation, combination/major medical leave, compensatory time and personal holidays, must be exhausted prior to being eligible for shared leave. I acknowledge that these benefits are not being requested for a self-inflicted injury, job-related illness, or injury covered by worker's compensation, injury suffered as a result of secondary employment or in addition to benefits being received through short or long term disability plans.

I hereby authorize Human Resources to release the following information when notifying employees of this request for shared leave:

- My name
- The reason for the leave to be described as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- Do not release any information

I understand that I am responsible for obtaining Family Medical Leave Act forms from Human Resources and returning the physician's diagnosis form as soon as possible in order to be considered for receipt of donated leave.

REQUESTED BY:

VERIFIED BY:

\_\_\_\_\_  
Requestor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Department

\_\_\_\_\_  
Date

APPROVED BY:

\_\_\_\_\_  
City Manager's Signature

\_\_\_\_\_  
Date

### **FOR PAYROLL USE**

Total accrued vacation/combination leave \_\_\_\_\_

Total accrued sick/major medical leave \_\_\_\_\_

Total other leave \_\_\_\_\_



## SHARED LEAVE DONATION FORM

I, \_\_\_\_\_, request that I be allowed to donate \_\_\_\_\_ hours (minimum of four (4) hours and any donation above the minimum shall be in full hour increments) of my vacation or combination leave to \_\_\_\_\_.  
This donation is voluntary.

I certify that the balance of my vacation leave or combination leave accounts, after the deduction of shared leave, will not be lower than 80 hours (or pro-rated hours for part-time employees).

I understand that any leave time not utilized will be returned to my leave accounts.

\_\_\_\_\_  
Donor's Signature

\_\_\_\_\_  
Date

VERIFIED BY:

\_\_\_\_\_  
Finance Department - Payroll

\_\_\_\_\_  
Date

### **FOR PAYROLL USE**

Total accrued combination/vacation leave (before donation) \_\_\_\_\_

Combination/vacation leave hours donated \_\_\_\_\_

Combination/vacation leave balance after donation \_\_\_\_\_