



ADMINISTRATIVE PROCEDURES

TITLE: Leave Donation Program		PROCEDURE #: 302-A
DEPT: Business Services		DIVISION: Human Resources
EFFECTIVE DATE:	REVIEWED: 12/09	REVISED:

OBJECTIVE: To establish a procedure for the Leave Donation Program.

REFERENCE: Policy # 302

POLICY STATEMENT: The Leave Donation Program allows employees to voluntarily transfer accrued vacation hours to the sick leave account of an eligible employee who has exhausted all accrued leave and benefits. Eligible employees must be unable to return to work due to their own serious illness or injury which is life threatening or which will require a lengthy convalescence. Eligibility for leave donations will require a medical certification indicating eligibility under the above definition. Any exceptions to this policy require approval by the Chief Administrative Officer or designate.

APPLICABILITY: All benefits-eligible county employees who are unable to perform the duties of their position because of a serious illness or injury which is life threatening or which will require a lengthy convalescence.

PROCEDURES:

1. Requesting Employee
 - a. Any employee meeting the definition of a “requesting employee” contained in the policy may request a donation of hours by completing the *Request to Receive Donated Vacation Leave* form (Appendix A). The employee may obtain the form from Human Resources, the department payroll representative or the Human Resources intranet page. Requests for leave donation must be submitted to the department payroll representative, who will forward a copy to Human Resources for review and approval.
 - b. The request for donated leave will be reviewed in a confidential and objective manner. All determinations made by Human Resources regarding qualification for donated leave are final.
 - c. The requesting employee shall provide the following information:
 - 1) Name, Employee Number, Department, Work Location, Work Phone, and Employment Status;

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- 2) Medical certification from the attending physician or other applicable health care provider with respect to the qualifying condition submitted with the FMLA application which meets the applicability definition under the policy; and
 - 3) Any additional information that may be required to verify the information in the recipient's leave request.
- d. The requesting employee must have exhausted all accumulated leave and benefits, including compensatory time, personal holidays, vacation leave, sick leave and compensation credits prior to being eligible to use any donated leave hours. If it can be shown that all accrued leave will be exhausted during the anticipated period of leave, the request may be made prior to the actual qualifying event. The requesting employee must not be receiving workers' compensation time loss benefits.
 - e. The period that an employee may receive donated leave is the period of FMLA/OFLA qualified leave that would otherwise be unpaid because leave balances and benefits (i.e., compensation credits) have been reduced to zero. Therefore, the maximum amount of donated leave available for employees who work 40 hours per week will not exceed 480 hours, and the maximum hours of donated leave available for employees who work 37.5 hours per week will not exceed 450 hours in a qualifying event. The county will determine eligibility under this provision by the use of the rolling 12-month basis referenced in the Family Medical Leave Policy.
 - f. A lifetime maximum of 600 hours may be donated to the affected employee during the tenure of their employment with Marion County. There is no assurance made by the County that the affected employee will receive any donations due to the voluntary nature of this policy.

2. Donating Employee

- a. An employee may donate vacation hours by completing the *Authorization to Donate Vacation* form (Appendix B) and submitting it to the department payroll representative.
- b. Leave may be donated only in hour increments.

3. Human Resources Responsibility

- a. Human Resources will determine, within 5 working days of receipt of the request, whether the request for leave donation is consistent with the policy.
- b. If the request is approved, Human Resources will notify the department payroll representative of the decision.
- c. If the request is denied, Human Resources will notify both the department payroll representative and the employee. The employee will be notified by letter (Appendix D).

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- d. The request will be filed in the employee's Family Medical Leave file with the final decision and all supporting documentation.
- e. The department payroll representative will generate an e-mail to department employees providing notification of the request for donated leave. If sufficient vacation hours are not donated to cover the qualifying absence, the department payroll representative will generate an all-county e-mail requesting vacation leave donations. HR will provide a standard notice format that should be used for this purpose (Appendix E).

4. Department Responsibility

- a. Department payroll representatives will notify the requesting employee of their eligibility for donated leave (Appendix C).
- b. The department representative will collect *Authorization to Donate Vacation Leave* forms from all donating employees.
- c. Payroll representatives will verify that the donating employees have the hours available that they want to donate and will then forward the *Authorization to Donate Vacation Leave* forms to Payroll for processing.

5. Payroll Responsibility

- a. Payroll will reduce the donor's vacation balance according to the approved request forms submitted by the department payroll representative. Payroll will notify the donor of the transfer of leave. Payroll shall file the original *Authorization to Donate Vacation Leave* form in the donating employee's payroll master file and a copy in the recipient's payroll master file.
- b. Vacation leave donations will be processed by date of submission until the approved amount of donated leave is reached. Payroll representatives will only submit donated hours needed for the pay period that payroll is processing. Vacation leave donations that exceed the approved amount needed by the employees will be returned to the donating employees and will not be processed.
- c. Upon notification of the donation of hours, Payroll will credit the receiving employee's record with the authorized hours. The hours shall be credited as sick leave. A copy of the approved leave report shall be retained in Payroll.

ATTACHMENTS:

Appendix A – [Request to Receive Donated Vacation Leave](#) (Click here for fillable pdf form)

Appendix B – [Authorization to Donate Vacation Leave](#) (Click here for fillable pdf form)

Appendix C – Approval Letter

Appendix D – Denial Letter

Appendix E – Example of Request for Donation Letter

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APPENDIX A

Request to Receive Donated Vacation Leave

This form must be attached to the Family Medical Leave Request Form

Requesting Employee Information		
Name (Last, First, MI):	Employee Number:	
Department Name:	Work Location:	Work Phone:
Employee Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time Number of Hours Worked Per Week:	Leave Balances at End of Last Pay Period: Sick: Compensatory Time: Vacation: Personal Days: Compensation Credits: Number of Hours of Leave Without Pay anticipated for this Medical Event:	
Signature of Requesting Employee		

Date

Signature of Requesting Employee's Supervisor

Date

Verification by Department Payroll Representative		
	Date	Initials
FMLA Leave Request Received		
Medical Certification Received		
Designation Completed		
Maximum # of Hours Eligible to Receive		
Human Resources		
Request: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		
Approved by: _____ Date: _____		

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APPENDIX B

Authorization to Donate Vacation Leave

I authorize that vacation leave be transferred to:

(Receiving Employee's Name)

I have sufficient vacation leave in my account to cover this amount. I understand that my decision to transfer vacation leave is irrevocable and that such leave may only be donated in hour increments up to a maximum of 40 hours.

Donating Employee Information	
Name (Last, First, MI):	Employee Number:
Department Name:	Work Phone:
Vacation Leave Balance at End of Last Pay Period:	Number of Vacation Hours to be transferred/donated (1-40 hours):
Signature of Donating Employee	

_____ Date _____

For Department Payroll Representative/Payroll Use		
	Date	Initials
Vacation Leave Balance Verified		
Amount of Leave to be Transferred		
Signature: _____ Date: _____		

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APPENDIX C

To:

From: Department Payroll Representative

Date:

Subject: Request to Receive Donated Vacation Leave

We are pleased to inform you that your Request to Receive Donated Vacation Leave has been approved. We will generate requests for donated leave and collect all Authorization to Donate Vacation Leave forms on your behalf.

Donated leave will only apply to the time that you would otherwise be unpaid during your approved Family Medical Leave. With this consideration, the maximum amount of donated leave you may receive is ___ hours. This amount may be adjusted by any leave you accrue during your FMLA/OFLA absence. It is anticipated that you may begin using donated leave on: _____

The Department Payroll Representative will be responsible for receiving donation authorizations, verifying the amount of donation leave balances, and submitting the authorizations to Payroll for processing.

We sincerely hope that you are feeling better soon and can return to your job in the near future.

If you have any questions, please contact:

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APPENDIX D

To:

From: Human Resources

Date:

Subject: Request to Receive Donated Vacation Leave

We regret to inform you that your request to receive donated leave has not been approved. The request has been denied because it does not meet the eligibility requirements in one or more of the following ways:

- Your illness or injury does not qualify under the Leave Donation Program.
- Your illness or injury is job-related and therefore you are eligible to receive workers' compensation.
- The medical certification received from your doctor is insufficient to make a determination as to whether your illness/injury is a qualifying event.
- Other:

If you have any questions, please contact:

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APPENDIX E

_____, an employee with the Marion County (department), has a serious illness or injury and is unable to work. He/she has exhausted all of his/her paid leave and benefits and is requesting vacation donations to cover his/her absence from work. If you would like to donate vacation leave time to this employee, please complete the attached form and fax it to (503- -) or shuttle it to (department payroll rep) . We will accept donations through (date).

Thank you in advance for your generosity.

This all county email is approved by _____.