

LEAVE DONATION PROGRAM

PURPOSE

The purpose of the **Leave Donation Program** is to assist employees faced with a serious medical illness or injury to themselves or an immediate family member by allowing employees to voluntarily transfer accrued vacation hours to another eligible employee within the same department or another County department who has exhausted all other paid leave due to a FML-eligible serious health condition.

SCOPE

This policy applies to all County employees who are eligible to donate or receive leave hours. Members of the Peace Officers Association are excluded from this policy because they participate in a separate leave donation program.

ELIGIBILITY

Only probationary or regular status employees within the County are eligible and may donate and receive leave. The Donated Leave Program is available to all eligible employees across all departments and all participating unions. Non-represented employees in the County may participate in this program irrespective of union participation or agreement

Further eligibility requirements are as follows:

Donating Employee - To qualify as a donating employee, an employee must be a probationary or regular-status employee working half-time or greater and have sufficient vacation accrued to cover donated time.

Requesting Employee - The requesting employee must be on an approved leave that qualified under the Family and Medical Leave Policy (see EPP #10). The employee must also demonstrate a need of at least 40 hours of donated leave.

The period in which an employee may receive donated leave is the period which would otherwise be unpaid because leave balances have been reduced to zero. Employees may not be receiving workers' compensation benefits while receiving donated leave.

QUALIFYING EVENT

To receive donated leave, an employee must apply for and receive approval for leave under the Family and Medical Leave Policy. Employees may request donated leave for a serious health condition affecting themselves or their family member as defined in EPP #10. Donated leave may not be used for reasons other than a serious health condition.

SERVICE ACCRUALS AND OTHER BENEFITS

Donating employees may donate accrued vacation leave. Donated vacation leave will be converted on a straight hour-for-hour basis to the recipient employee's sick leave account.

The recipient employee, while using donated leave, will continue to earn sick leave and vacation leave. If the donated sick leave is unused when the employee returns to work, the recipient employee will retain any balance remaining.

For employees who terminate employment, sick leave on the books as a result of a donation will not be reported to PERS for purposes of calculating retirement benefits in accordance with PERS regulations.

Employees, while using donated leave, will continue to be eligible for County-paid health benefits.

TAX LIABILITY/BENEFIT

The tax liability associated with donated leave will be the responsibility of the recipient, in compliance with IRS Revenue Ruling 90-29. Paid time will be subject to all tax liability associated with regular pay including Federal, State and FICA withholding.

Employees should consult with a tax advisor regarding possible tax advantages of donating leave under this program.

PROCEDURES

Requesting Employee:

Any eligible employee may request a donation of hours by completing the *Request to Receive Donated Leave* form (see Appendix A). If the employee is not capable of applying in writing on their own behalf, a personal representative may make a written request for the employee. Before applying on behalf of an employee, every effort must be made to obtain consent from the employee or, in situations where this is not possible, the employee's guardian. This form is obtained by contacting the Department of Employee Services (DES) Personnel or Risk/Benefits Division.

Requests for leave donation must be submitted to the Risk and Benefits Division, in conjunction with the Family and Medical Leave (FML) application when possible. Applications must be submitted within 15 days of the qualifying event when the need for donated leave is known. This application period may be extended if DES staff determines that the delay in making the request was caused by factors outside the leave recipient's control. The request for donated leave will be reviewed in a confidential and objective manner. All determinations made by DES regarding qualification for donated leave are final.

Each request shall provide the following information concerning the potential leave recipient:

- Name, Employee ID Number, Department, Work Location, Work Phone, Supervisor's Name, and Employment Status;

- Certification from the attending physician or other applicable health care provider with respect to the qualifying condition submitted with the FML application; and
- Any additional information that may be required to verify the information in the leave recipient's request.

The recipient must have exhausted all accumulated leave including compensatory time, personal leave, vacation and sick leave prior to using any donated leave hours. If it can be shown by the requesting employee that during the anticipated period of disability all accrued leave will be exhausted, the request may be made prior to the actual disabling event. The recipient must not be eligible to receive workers' compensation benefits. The recipient employee may receive up to a maximum of twelve-week full-time equivalent (e.g. 480 hours for an employee whose normal work week is 40 hours) donated leave. The period of leave donation may not extend beyond the twelve-week FML entitlement.

The recipient may exercise their option under the program only once in any 12-month period. The County will determine eligibility under this provision by the use of the "rolling 12-month" basis, in which the 12-month period is measured backward from the date the leave request is effective.

Donating Employee:

Vacation time may be donated within 15 calendar days from the date of the "Posted" notice of request for donations. Hours are donated by completing the *Request to Donate Vacation* form as shown in Appendix B, and must be submitted to the department coordinator as indicated on the posted notice.

Leave may be donated in increments of one hour up to a maximum of 40 hours per donor.

DEPARTMENT OF EMPLOYEE SERVICES (DES) RESPONSIBILITY

Requests:

Notification of determination of approval or denial will be made within 10 calendar days of receipt of a request. The determination will be completed by DES staff.

If the request is approved, the employee will be notified of the decision, the maximum amount of donated leave time the employee may receive, and the effective date. See Appendix D for an example.

If the request is denied, the employee is notified of the decision by letter. See Appendix E for an example of this letter.

The request is filed in the employee's Family Medical Leave file with the final decision and all supporting documentation.

The DES/Risk & Benefits Division will approve the *Request for Donation of Vacation Hours* and work with the Department Coordinator to post the request. See Appendix C for an example.

DEPARTMENT RESPONSIBILITY

Due to the emotional atmosphere and high sensitivity surrounding these health conditions and issues, it is extremely important to respect each employee's decision to donate or not donate. It is not acceptable or appropriate to pressure, intimidate or otherwise attempt to convince any employee to take action in a donation issue that is not of the employee's own volition.

A coordinator in the department/division where the requesting employee works will be responsible for coordinating the donation of vacation hours between the donor, recipient and payroll.

The Department Coordinator will receive requests to donate leave, clarify any needed information, and review leave records in conjunction with Payroll. The review process is necessary to verify that leave balances to be donated comply with program policy. Donated vacation requests will be processed by date of submission until the eligible amount of donated leave is reached. Donated vacation requests that exceed the amount for which the employee is eligible will be returned to the donating employee, and will not be transferred. The Department Coordinator will then forward the requests to Payroll.

PAYROLL RESPONSIBILITY

Payroll reduces the donor's vacation balances according to the approved request forms submitted by the Department Coordinator. Payroll will notify the donor of the transfer of leave. Payroll shall retain the Donation Request from each employee for an audit trail.

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 the Payroll Department.

INTERNET LINKS

County Ordinance (<http://www.clackamas.us/code/documents/title2.pdf>)

APPENDIX A

REQUEST TO RECEIVE DONATED LEAVE

Please Type or Print

TO BE COMPLETED BY APPLICANT OR PERSONAL REPRESENTATIVE OF APPLICANT		
Name (Last, First, MI)	Employee ID Number:	
Department Name:	Work Location:	Work Phone:
Employee Status:		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time Number of Hours Per Week: _____		
Leave Balances at End of Last Pay Period:		
Sick _____	Comp Time _____	Number of Hours of Leave without Pay Anticipated for this Medical Event:
Vacation _____	Personal Days _____	_____
<input type="checkbox"/> Please broadcast a county-wide request for me. Optional: Brief summary of any information to be released in general county announcement:		

SIGNATURE OF RECEIVING EMPLOYEE	
_____	_____/_____/_____
Signature	Date

SIGNATURE OF PERSONAL REPRESENTATIVE OF RECEIVING EMPLOYEE	
Your "Personal Representative" will be responsible for coordinating your donated leave.	
_____	_____
Name - Please Print	Relationship to Employee
_____	_____/_____/_____
Signature	Date

SIGNATURE OF RECEIVING EMPLOYEE'S SUPERVISOR	
_____	_____
Name - Please Print	Phone Number
_____	_____/_____/_____
Signature	Date

FOR USE BY DEPARTMENT OF EMPLOYEE SERVICES

<u>EVENT</u>	<u>DATE</u>	<u>STATUS</u>	<u>INITIALS OF PERSON PROCESSING</u>
FML Request Received By DES	_____	_____	_____
Medical Documentation Received	_____	_____	_____
Request for Donated Leave Received by DES	_____	_____	_____
Accrued Leave Verified	_____	_____	_____
Date Paid Leave Exhausted	_____	_____	_____
End of FML Entitlement	_____	_____	_____
Disability and Workers' Comp. eligibility?	_____	_____	_____
Payroll Notified	_____	_____	_____
Notice Sent To Employee	_____	_____	_____

PAYROLL INFORMATION SECTION

This Request is:

Approved*

Denied

 / /
 Date

*Maximum Amount of Donated Leave Eligible for Transfer: _____

DES Approval: _____

 / /
 Date

APPENDIX B

REQUEST TO DONATE VACATION

I request that vacation leave be transferred to _____.
(Receiving Employee's Name)

I have sufficient 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 increments of one hour up to a maximum of 40* hours.

Please Type or Print

TO BE COMPLETED BY LEAVE DONOR	
Name (Last, First, MI):	Employee ID Number:
Department Name:	Work Phone:
Amount of Leave as of End of Last Pay Period: Vacation _____	Amount of Vacation Hours to be Transferred (1 – 40* Hours): _____

SIGNATURE OF LEAVE DONOR	
I would like to remain anonymous to the recipient. ___ Yes ___ No	
_____ Signature	_____ Date

PAYROLL SECTION	
Leave Balance Verified and Meets Requirements: Yes____ No____	
Amount of Leave to be Transferred: _____	
Signature: _____	Date: _____

APPENDIX C

REQUEST FOR DONATION OF VACATION HOURS

TO: ALL COUNTY EMPLOYEES

FROM: (*DEPARTMENT COORDINATOR*)

DATE: (*CURRENT DATE*)

Our fellow employee (*NAME*) is in need of your help. (*NAME*) has been approved for an extended leave for reasons that meet the definition of “serious health condition” under the County’s Family and Medical Leave policy due to an illness of (self, spouse, child, or other family member). This situation has created a hardship because all paid leave (sick, vacation and comp time) has been exhausted. As a result, donated leave has been requested.

If you would like to donate 1 to 40 vacation hours, please contact (coordinator’s name) for a Request to Donate Vacation form. (Coordinator’s name) is acting as the Department Coordinator and will be working with the Department of Employee Services and Payroll to provide for the transfer of vacation hours.

All requests must be submitted by (*date*). **Please submit your request to (Coordinator’s name) and it will be forwarded to Payroll.**

Please contact (Coordinator’s name) in (Department) at (phone) or (e-mail).

Thank you for your consideration.

APPENDIX D

TO: (EMPLOYEE)
(DEPARTMENT}

FROM: Department Of Employee Services

DATE: (CURRENT DATE)

SUBJECT: REQUEST TO RECEIVE DONATED LEAVE

We are pleased to inform you that your Request to Receive Donated Leave has been approved. We will post a request to all employees in your department immediately. (DEPARTMENT COORDINATOR'S NAME) will act as a Leave Donation Coordinator on your behalf.

The maximum amount of donated leave
you may receive is: _____

You may begin using donated leave on: _____

The Leave Donation Coordinator will be responsible for receiving donation requests, verifying the amount of donation leave balances, and submitting requests to donate leave to Payroll for processing.

We hope you are able to return to your job and friends at the County soon. If you have any questions please contact (Analyst name) of the Risk & Benefits Division at (Analyst Phone #).

APPENDIX E

TO: (EMPLOYEE)
(DEPARTMENT)

FROM: Department Of Employee Services

DATE: (CURRENT DATE)

SUBJECT: REQUEST TO RECEIVE DONATED LEAVE

We regret to inform you that your request to receive donated leave has not been approved because it does not meet the eligibility requirements with respect to:

_____ Your absence was not approved under the County's Family Medical Leave policy.

_____ Your illness or injury is job-related and therefore you are eligible to receive Workers, Compensation benefits.

_____ The length of anticipated absence from the job is less than 40 hours, the minimum amount of leave required by the Leave Donation Policy.

_____ We do not have sufficient information from your doctor to make a determination as to whether the illness/injury is seriously incapacitating.

_____ Other:

If you have any questions please contact (Analyst name) of the Risk & Benefits Division at (Analyst Phone #).