

**Human Resources Department
The City of Burleson**

Policy Name: Shared Leave Donation Policy

Effective Date: 12/12/2008

Revised: 01/10/2019

1.0 General Policy Statement:

- 1.1 The purpose of this policy is to outline provisions where employees may donate available sick and vacation hours to the benefit of another employee who has a catastrophic medical condition, resulting from a non-work related injury or illness, or a member of the immediate family residing in the primary residence.
- 1.2 Donated hours will be limited to the need for paid leave when the employee's own paid leave is exhausted, and no other form of wage compensation is available.
- 1.3 Shared sick or vacation leave may not be used for maternity leave for a healthy baby delivery nor for a work related illness/injury.

2.0 Responsibility:

- 2.1 The City Manager & Deputy City Managers: It is the responsibility of the City Manager and Deputy City Managers to review, consider, approve or deny requests.
- 2.2 The Human Resources Director: It is the responsibility of the Human Resources Director, or designee, to accept requests, meet with employees regarding circumstances of need, review medical certifications, make recommendations, and initiate the needed paperwork to ensure approved requests are processed correctly and rejected requests are documented and employees are notified.
- 2.3 Directors: It is the responsibility of the Directors to provide input if needed, recommendations, provide information on projected time away or reduced schedule if applicable.
- 2.4 Payroll Staff: It is the responsibility of the Payroll Staff to assist Human Resources in making entries to the payroll system to deduct and add hours as approved.

3.0 Receiving Leave Donation Increments and Limits:

- 3.1 Donation time added to an eligible employee's balance will be approved in 160 hour increments (or less if leave need is less or other provisions noted in 3.3 apply)
- 3.2 Eligible employees may receive no more than 1040 hours while employed with the City.

3.3 Donated time will only be applied to satisfy the time needed for approved leave, up to:

3.3.1 Each 160-hour increment approved, or

3.3.2 the amount donated, or

3.3.3 maximum allowable donation, or

3.3.4 disability plan claim(s) approved and waiting period met for payment to begin.

4.0 Employee Eligibility to Request Donation:

4.1 The need to be off must qualify under the provisions of the Family Medical Leave Act both in medical necessity, length of service provisions, and maximum allocated hours.

4.2 A physician has documented the need for the employee to be off beyond the expiration of the employee's available paid leave hours.

4.3 The employee has not already received the maximum allowable hours of time outlined in this policy.

4.4 The employee has not been given written discipline or verbal warning (as documented by the department head) about the abuse of vacation or sick leave benefits in the prior 12 months.

5.0 Employee Giving Leave Donation Criteria and Limits:

5.1 Has been employed with the City at least six months.

5.2 Will have at least eighty (80) hours of leave balance remaining in the leave banks from which they are donating.

5.3 Maximum of 24 hours allowed per individual employee donation

5.4 Sick leave donated is not considered taken sick leave when determining the percentage used to calculate sick leave payout.

5.5 Not all hours authorized for donation may be deducted; calculation for what is deducted from donators is as follows:

5.5.1 The amount of leave time needed by the requesting employee (160 hours at a time or less) divided by the number of donators (not to exceed each donating employee's authorized donation amount nor the total amount donated). This gives an equal amount to deduct across all donators.

6.0 Procedures to Apply to Receive Shared Leave Donations from Employees:

6.1 Contact Human Resources for the appropriate form, complete form, and provide physician documentation, which must specify best medical estimate of leave duration.

6.2 Human Resources will review, make recommendations, secure approvals, and notify employee with the decision for donation.

6.3 If approved, Human Resources will send out the notification to City employees eligible to donate; information sent out will not include confidential information. Donation period will be open for 1 week.

7.0 Procedures to donate:

7.1 Review vacation and sick balance on most recent pay stub to establish if there are enough available hours, complete donation form, and submit to Human Resources.

8.0 Other Provisions:

8.1 The value of donations will be calculated at the value of the receiving employee's rate of pay.

8.2 If the employee dies while receiving donated hours, the beneficiary of record will receive up to 160 hours or whatever is remaining in the donation balance that is unused, whichever is less.

8.3 If an employee elects to retire or resign employment while receiving donated vacation hours, he/she forfeits donated hours and they are not paid as part of the exit wages.

Request to Receive Shared Leave Donation



Employee Name: _____

Department: _____ Title: _____ Hire Date: _____

I am requesting shared sick or vacation leave hours for (check one):

_____ Self _____ Immediate family member residing in the residence

Note: The employee must have used all of his/her unused leave balances before being eligible to use donated shared sick or vacation leave.

Eligibility:

- Must be for leave needed for a non work related catastrophic illness or injury for self or immediate family member residing in the residence.
- The need to be off qualifies under the provisions of the Family Medical Leave Act both in medical necessity, length of service provisions, and maximum allocated hours.
- A physician has documented the need for the employee to be off beyond the expiration of the employee’s available, unused leave hours.
- The employee has not been given written discipline or verbal warning (as documented by the department head) about the abuse of vacation or sick leave benefits in the prior 12 months.
- The maximum number of hours an employee may receive during employment with the City of Burleson is 1040 hours, and the employee has not already received the maximum allowable 1040 hours of time.
 - Donation time is approved in 160 hour increments (or less if leave need is less or donated hours didn’t equal 160)
 - Donated time will only be applied to satisfy the time needed for approved leave, up to:
 - Each 160-hour increment approved, or
 - the amount donated, or
 - max allowable donation, or
 - until other disability plan claim(s) approved and waiting period met for payment to begin

Release of Information: The Human Resources Director will let employees know of the need for leave donations on your behalf without releasing confidential information.

_____ Please initial if you would like us to provide your home address for cards/flowers if asked.

Signature: I reviewed the Shared Leave Donation guidelines, agree to the provisions, and my request is made in good faith.

Employee Signature

Date

Request Status: _____ **Approved** _____ **Denied**

Human Resources

Date

City Manager

Date

Authorization to Donate Shared Leave Hours

Employee Donator Name: _____

Department: _____ **Title:** _____ **Hire Date:** _____

Donating to Employee: _____

I would like to donate from:

- Vacation balance: _____ hours
- Sick balance: _____ hours

Criteria to Donate Hours:

- Must be employed with the City at least 6 months
- Maximum donation is 24 hours
- Must have at least 80 hours of balance remaining in the benefit bank(s) from which donating

Donation Information:

- Sick leave donation is not considered taken sick leave when determining the percentage used to calculate sick leave payout.
- We may not deduct all hours as authorized above; see calculation below:
 - The approved increments of leave time needed by the requesting employee (not to exceed the allowable amount per policy) divided by the number of donators. This allows an equal share across all donators (not to exceed the donating employee's authorized amount nor exceed what was donated in total).

Release of Information: Employees who are approved to receive donations may request the names of those who have donated on their behalf. Please indicate below if you allow the release of your name (check one).

_____ Anonymous donation - do not release my name

_____ Release of my name is acceptable

Employee Donator Signature: _____

Donation Request Status: _____ Approved _____ Denied

Human Resources Initials: _____