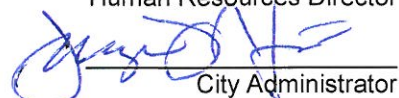


City of Commerce, California  
Human Resources Policy and Procedure Manual

Approved:

  
Human Resources Director

  
City Administrator

Number: III-23 Effective Date: 11/5/13

**SUBJECT:      EMPLOYEE VOLUNTARY LEAVE DONATION PLAN**

**PURPOSE:**

To establish a procedure whereby City employees may, as a humanitarian act, donate a portion of their own accrued vacation, sick leave or comp. time to another employee who has exhausted all of their paid leave as a result of an extended illness or injury to themselves or a member of their immediate family. For the purposes of this policy only, "immediate family", shall be defined as; spouse/domestic partner, children - a biological, adopted or foster child, a stepchild, a legal ward (guardianship or conservatorship), or a child of a person standing *in loco parentis*, parents (step-parents). Personal time, or any other form of compensation cannot be donated through this plan.

Any illness or injury that results in an employee's absence or family member's injury or illness that continues for 30 or more calendar days, shall be eligible under the policy for leave donation allocation at the point the employee exhausts all paid leave balances.

**POLICY:**

The following criteria will be utilized in establishing and maintaining an Employee Leave Donation Plan:

1. The employee for which the contribution is being donated (recipient) must be a benefited employee of the City with at least six months of continuous service. (Part-time benefited employees who are recipients may not utilize donations of hours greater than the number of hours for which they are regularly scheduled.)

2. The recipient employee must have exhausted all of his/her own paid leave (sick leave, vacation, compensatory time, or floating holiday, etc.), and be facing a financial hardship, as a result of inability to work because of the extended illness or injury.
3. The recipient employee must be unable to work as a result of an extended illness or injury to the employee or a member of their immediate family. This may include intermittent, catastrophic illness-related inability to work.
4. Any benefited City employee who has completed at least six months of continuous service may donate a minimum of 2 hours of their accrued vacation, comp. time or sick leave in increments of 1 hour provided that the donor maintains a minimum balance (80 hours for full-time and 40 hours for part-time employees) of vacation and sick leave for their own use. Employee's donating comp time do not need to maintain a balance. Leave donations will be kept anonymous.
5. The total amount of hours donated to any individual shall not exceed 520 hours received in any 12-months unless otherwise approved by the City Administrator.
6. Only the recipient employee for which the "Request for Creation of an Employee Leave Donation Plan" has been established may receive donated hours from said plan. Such donated hours will be added to the employee's sick leave balance, as needed to fund the inability to work. For part-time employees, the maximum number of hours to be paid will be calculated based on the average number of all hours actually paid per week utilizing the employees' record of hours paid for each position maintained by the employee during the ten (10) weeks immediately preceding the non-paid leave.
7. A "Request for Creation of an Employee Leave Donation Plan" Form can be obtained from the Human Resources Department. Requests must be approved by the department head and concurred with by the Human Resources Director and the City Administrator. Any appeals will be resolved by the City Administrator. The decision of the City Administrator is final, and not subject to administrative or civil challenge.
8. The value of donated leave time will be calculated at the donor's regular pay rate, then converted to hours of sick leave at the recipient's regular pay rate to the nearest quarter (0.25) hour to determine the number of leave hours.
9. The plan will be administered so that hours will be used only as needed and in the order donated. For example, if 5 employees donate hours, the first employee's donation shall be exhausted, to be followed in order by use of other donor's hours. Unused donated hours will be returned to the donating employee in increments of no less than 0.25 hour.

**PROCEDURE:**

<b><u>Responsibility</u></b>	<b><u>Action</u></b>
Employee/Requesting Donor	1. Submits to his/her department head a "Request for Creation of an Employee Leave Donation Plan," and supporting medical documentation.

- |                                     |  |
|-------------------------------------|--|
| Department                          | 2. Submits a "Request for Creation of an Employee Leave Donation Plan" on behalf of an employee in case of emergency whereby the employee needing the donation is incapacitated and unable to complete the required forms. Authorization from an authorized representative of the member's family, trustee or guardian is required. The department head may also recommend the establishment of a "Request for Creation of an Employee Leave Donation Plan." |
| Department Head                     | 3. Reviews and approves or denies the request. Forwards the "Request for Creation of an Employee Leave Donation Plan" to the Human Resources Director.   |
| Human Resources Director            | 4. Reviews the request and forwards to the City Administrator.   |
| City Administrator                  | 5. Reviews and approves or denies the request. Considers any appeals of denied requests. The City Administrator's decision is final.   |
| Human Resources                     | 6. Provides "Request and Authorization to be a Donor" form to all City departments and divisions with the recipient employee's name. Advises the requesting department and Finance Department/Payroll Section on the status of the request.  |
|                                     | 7. Collects completed donation forms, verifies donating employees' eligibility, and forwards to Payroll.   |
| Department Head                     | 8. Informs employee on acceptance or denial of request. Ensures that employees are not pressured into donating time by any other employee or supervisor.   |
| Finance Department/Payroll Division | 9. Adjusts vacation, comp time, and sick leave accounts. Maintains a summary sheet of the donation banks for each recipient employee. Uses donations only as needed and in the order of date signed.   |

10. Returns unused donated hours to the donating employee in increments of no less than 0.25 hour immediately upon the employee's return to work or end of employment and notify donor of unutilized hours.



**CITY OF COMMERCE**  
**REQUEST AND AUTHORIZATION TO BE A DONOR TO AN EMPLOYEE LEAVE DONATION PLAN**

Date: \_\_\_\_\_

\_\_\_\_\_ of the \_\_\_\_\_ Department, \_\_\_\_\_ Division,  
(Recipient Name)

has an extended illness or injury and will soon run out of all available leave. We are asking that you consider donating vacation, sick or comp. hours to assist \_\_\_\_\_ and his/her family.  
(Recipient)

**Please be aware you must have and retain 80 hours (full-time) or 40 hours (part-time) of vacation or sick time before you will be eligible to donate any hours.**

Please fill out the form below (read thoroughly) and either:

1. Return to the Human Resources Department through interoffice mail, or
2. Fax the completed form to Human Resources at 323-887-4412.

Thanks to everyone for your donations to a fellow City worker!

**REQUEST AND AUTHORIZATION TO BE  
A DONOR TO AN EMPLOYEE LEAVE DONATION PLAN**

Donating Employee Name(Please Print): \_\_\_\_\_  
Last First MI

ID #: \_\_\_\_\_ Phone #: (Work) \_\_\_\_\_ (Home) \_\_\_\_\_

Title: \_\_\_\_\_ Department/Division: \_\_\_\_\_

I, the above named employee, request and authorize the City of Commerce to transfer \_\_\_\_\_ hours (2 hours minimum) of my own accrued: (please check one box only)

- Vacation leave to \_\_\_\_\_
- Sick leave to \_\_\_\_\_
- Comp. time to \_\_\_\_\_

I understand that the decision to donate may not be withdrawn after it is submitted. Donated vacation, sick or comp. leave will be utilized in order of the date donated. Any unused vacation, sick leave or comp. time will be returned to the donating employee in increments of not less than .25 hour. I also understand that I must retain at least 80 hours (full-time) or 40 hours (part-time) of vacation or sick leave for my own use.

I hereby make this voluntary donation of accrued leave from my account by my own free will.

Employee (Donor) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR HUMAN RESOURCES USE ONLY**