

MONTEREY COUNTY LEAVE DONATION PROGRAM AND SICK LEAVE BANK

RESOLUTION NO. 90-484, AS AMENDED ON DECEMBER 7, 1999

Section 1. Statement of Purpose

It is the purpose of this policy to establish a County-wide Leave Donation Program and Sick Leave Bank for use by County employees who suffer from "medical emergencies," as that term is defined herein. The purpose of the Sick Leave Bank is to permit County employees to voluntarily donate a portion of their accrued leave to fellow County workers who, because of medical emergency have exhausted all of their own accumulated leave time. This policy shall apply to all non-probationary, permanent and seasonal Monterey County employees.

Section 2. Definitions

a. The term "Medical Emergency" as used herein shall be defined as a medical condition of the employee or a family member of the employee which will require a minimum absence of the employee from duty of 80 consecutive hours, and has caused the employee to already have exhausted all paid leave available apart from the Sick Leave Bank plan established herein.

b. The term "immediate family" as used herein shall be defined as the County employee's spouse, child, father, mother, sister, brother, grandparent or grandchild.

c. The term "medical condition" as used herein above shall be defined as a severe illness or injury which is foreseeably expected to incapacitate the County employee, either for an extended medically indicated period of time, or in order to provide care for the immediate family member for an extended medically indicated period of time.

Section 3. Procedure for Donation of Accrued Leave

a. Any non-probationary Monterey County employee may donate a minimum of eight (8) hours of accrued vacation, sick leave, annual leave, or paid time off to a specific County employee whose request for donation from the Sick Leave Bank has been approved or to the Sick Leave Bank in general by completing Part I of the Donor Authorization Form. The form may be obtained either from the employee's own department or from the County Human Resources Division. The donation, once made, is irretrievable and irreversible.

b. The Internal Revenue Service, by its Revenue Ruling No. 90-29, has determined that amounts paid by an employer pursuant to a leave-sharing plan are includable in the gross income of the recipient as compensation, but are not considered taxable income to the donating employee.

c. When the donating employee has completed Part I of the Donor Authorization Form, the department head or his/her designee will complete Part II of the form, verifying that the donating employee has the available hours to donate which are set forth in Part I. If the donating employee is not eligible, the form will be returned to the employee. If the donating employee is

eligible, the form will be sent to the Deputy CAO-Human Resources or his/her designee.

d. All records relating to the donations, maintenance and use of the Sick Leave Bank shall be kept by the County's Human Resources Division in cooperation with the Auditor-Controller. Such records shall be kept confidential.

e. No County employee shall be permitted to contribute to the Sick Leave Bank, who does not have, after the contribution, a minimum of forty (40) hours remaining of combined sick leave and vacation, or forty (40) hours of annual leave, or forty (40) hours of Paid Time Off.

f. Donated leave shall be changed to its dollar value at the donor's basic hourly rate of pay at the time of donation. Donated leave shall be credited to the actual recipient on a dollar-for-dollar basis, at the recipient's base hourly rate of pay, when actually used by a specific County employee.

g. No County employee shall be permitted to contribute more than 120 hours (3 weeks) of leave in any fiscal year.

Section 4. Procedure for Use of Sick Leave Bank Time

a. A non-probationary employee who suffers a "medical emergency" as defined here in above, and who wishes to be considered for the Leave Donation Program, must obtain a Request For Donation Form from his/her own department or from the County Human Resources Division.

b. The employee must submit to the department head or his/her designee the completed Request for Donation Form, together with: written medical verification of his/her condition, or the medical condition of his/her immediate family member; the duration of time off required; and if the employee is eligible for State Disability Insurance (SDI), written verification of approval or denial of SDI benefits. When the medical emergency involves an immediate family member, the employee must supply satisfactory written demonstration that the medical condition of the family member necessitates the employee's personal attendance during the employee's normally scheduled work hours, and that reasonable accommodation by the department is not possible in order to meet the medical need. Upon receipt and review of the completed Request for Donation Form, together with appropriate medical verification and any other supporting materials, the department shall approve or deny the request, and promptly notify the employee of the decision. In evaluating the request, the department shall consider the employee's attendance record prior to the onset of the medical emergency and the operational needs of the department.

c. If the department head approves the employee's Request for Donation Form, it shall promptly be forwarded to the Deputy CAO-Human Resources or his/her designee. Upon receipt, the Deputy CAO-Human Resources or his/her designee will verify with the Auditor-Controller that the recipient has not received the maximum amount of donations and is still eligible for further donations. If the employee is eligible for donations, the Deputy CAO-Human Resources or his/her designee will complete Part III of the Form and submit it to the Auditor-Controller for necessary payment action and adjustment of the recipient employee's paid leave balance. If the employee is ineligible for further donations, the Deputy CAO-Human Resources or his/her designee shall deny the request and return it to the employee.

d. If the request for donation is denied, within five (5) working days of receipt of the denial, the employee may request the Deputy CAO-Human Resources to review the department's decision. The request for review must be in writing and must contain all the materials originally submitted to the department. A meeting may be held between the Deputy CAO-Human Resources and the employee and/or his/her representative upon request by either the Deputy CAO-Human Resources or the employee. The Deputy CAO-Human Resources shall issue a written decision within five (5) working days after the date of the meeting, or if no meeting was held, within five (5) working days of receipt of the employee's request for review. The decision of the Deputy CAO-Human Resources shall be final and shall not be the subject matter of a grievance.

e. A County employee may not receive more than 720 work hours (or 90 work days) of donated leave for any one medical emergency in any fiscal year.

f. The department head shall provide to the County Human Resources Division a list of names of individuals who have the authority to approve/deny Sick Leave Bank forms.

g. The County reserves the right to modify and/or terminate approval of an individual County employee's use of leave donation from the County Sick Leave Bank, when an employee and/or immediate family member's medical condition is such as to permit a return to work; or when there are competing needs of different County employees. In the latter circumstance, the Deputy CAO-Human Resources and affected Department heads will take appropriate steps to solicit additional donations to the Sick Leave Bank.

h. If the employee is eligible for donations, but there is not sufficient leave time available in the Sick Leave Bank to cover the foreseeable need of the employee (or of the various employees who have submitted approved contemporaneous Request for Donation Forms, and who are eligible for donations), the Deputy CAO-Human Resources will prepare and circulate a request for donations to the various County departments, asking for voluntary donations of leave time by eligible County employees in order to meet the existing need.

i. The County CAO or designee thereof reserves the authority to review and decide any applications where extenuating circumstances exist which may warrant approval outside the program criterion.

Section 5. Implementation

The Deputy CAO-Human Resources shall develop and implement such other and further procedures as are necessary to implement the Leave Donation Program and operate the Sick Leave Bank.

County of Monterey
Donated Sick Leave Program (Res. No. 90-484)

Application Procedure

- 1) Applicant submits application form, part I completed, to the Department Head or appropriate designee. Applicant must include the date last day worked, the date all leave time has been exhausted or will be exhausted, and the dates of the leave being requested.
- 2) Applicant must include the following with his/her application: Physician's certificate authorizing the leave, State Disability certification if eligible and certification of any other leave-related compensation he/she may be receiving or will be receiving during the leave period being requested.
- 3) Department Head / designee reviews application and request for completeness, accuracy and authorization. If it meets all program criterion and it is authorized, he/she submits approved and signed application with additional required documents to the Assistant CAO - Human Resources / designee. If denied, Department Head / designee should contact applicant and send signed copy of denial to him/her.
- 4) If approved by applicant's department, Assistant CAO/designee will review the application material. If application is complete and it conforms with program criterion, Assistant CAO / designee should approve the request and calculate the amount of time applicant should receive. If denied, Assistant CAO / designee should contact applicant and the department to inform him/her of the reason for the denial.
- 5) The leave time authorized should normally be calculated from the first day all of the applicant's own paid time has been or will be exhausted. The leave time authorized should also be consistent with the dates approved by the department and treating physician.
- 6) The amount of time granted is based on the number of regular work hours during the time being requested.
- 7) The number of hours granted is reduced by any state disability insurance payments for which the applicant is eligible. Other leave-related payments may need to be considered as well.
- 8) Copy of approved application and cover letter is sent to the applicant, the Auditor's Office and the Department Head / designee. Assistant CAO / designee will retain copies.
- 9) Departments report paid leave time for approved applicant during this period in coordination with SDI and/or any other disability-related payments.
- 10.) Requests for additional time need to be submitted in accordance with the same application procedure.

MONTEREY COUNTY LEAVE DONATION PROGRAM – DONATION FORM

Part I: To be completed by the employee and submitted to the Department Head

Name: _____
(Please print)
Employee Number: _____ Social Security Number: _____
Department: _____ Job Title: _____

I hereby authorize the Monterey County Auditor-Controller to deduct accrued leave in increments of eight (8) hours, to a maximum of 120 hours per year, from my leave balance(s) in the amount(s) set forth below:

- Vacation: _____ hours Annual Leave: _____ hours
 Sick Leave: _____ hours Paid Time Off: _____ hours

Furthermore, I authorize the Monterey County Auditor-Controller to deposit the above-referenced amount(s) to one of the following:

- General Sick Leave Bank Fund
 Employee: _____, if eligible*.
(Please print name) Department

* Donations for specified employees will only be applied to employees who have submitted an application to receive funds through the Sick Leave Bank and whose application has been approved.

I understand that my donation of accrued leave to the County's Sick Leave Bank is irrevocable and irreversible.

Donor signature Date

**Part II: To be completed by the Department Head or his/her designee.
If approved, please forward to the CAO-Human Resources or his/her designee.
If denied, please return to the employee.**

The donation is:

- Approved – The above employee has sufficient accrued hours of the type indicated to make the desired donation of accrued leave, and will have at least forty (40) hours of accrued leave remaining after deduction of the donated hours.
 Denied – The above employee does not have sufficient accrued hours of the type indicated to make the desired donation, or will not have at least forty (40) hours of accrued leave remaining after deduction of the donated hours.

Authorized Signature Date

Part III: To be completed by the Deputy CAO – Human Resources or his/her designee.

- Approved Denied Other _____

Signature Date

To be completed by SLB Administrator:

Donor Valuation: \$ _____ x _____ Sick / Vacation / Annual / PTO hours = \$ _____

Total value: \$ _____ / recipient hourly wage, \$ _____ = _____ hours

MONTEREY COUNTY LEAVE DONATION PROGRAM - APPLICATION TO RECEIVE DONATIONS

I hereby request paid leave donations be made available to me from the County's Sick Leave Bank, through the County's Leave Donation Program. In making this request, I acknowledge that I have received, read, and understood a copy of Monterey County Resolution No. 90-484, describing the County-wide Leave Donation Program. I understand that any decision to approve or deny my request by the County shall be final and cannot be the subject of a grievance. Furthermore, I understand that Sick leave hours shall only be approved for use commencing from the date I provide all of the required information to the County and ending on the last day of the absence from work as stated on my physician's certificate.

I acknowledge and understand that this request must include:

1. Written medical verification (physician's certificate) of the medical emergency with duration of time off required.
2. Written verification of approval or denial of State Disability Insurance (SDI) if I am covered by SDI.
3. Information pertaining to any monies I am receiving, or may receive, as a result of this emergency (i.e., workers compensation, disability, accident insurance, income replacement policies, third-party reimbursement, etc.)
4. Physician's note explaining why the emergency requires my personal presence during normal working hours and cannot otherwise be reasonably accommodated by the department, if the donation is requested in order to care for a member of my family.

I understand that leave donations received by me will be included in my gross income for the tax year in which received and will be reported as taxable income on my W-2 form. I further understand that leave donations received by me have a cash value only and do not cause me to be eligible for flexible credits or other benefits and do not absolve me from paying for my own insurance premiums if I am determined to be ineligible for FMLA or Workers Compensation benefits.

PART I: To be completed by the employee and submitted to the Department Head

Name (please print): _____ Social Security Number: _____
Address: _____ Employee Number: _____
Telephone (home): _____ Department: _____
Job Title: _____

The request is based upon: My own medical emergency A family member's medical emergency

I am requesting Sick Leave Bank donations for the period of _____ through _____

Date Applicant Signature

PART II: To be completed by the Department Head or his/her designee. If approved, please forward to the CAO-Human Resources or his/her designee. If denied, please return to the applicant.

Last day worked: _____ First day of unpaid status (all accruals exhausted) _____

The request for donations is: Approved to be forwarded to the CAO/HR for consideration Denied - Return to applicant.

Date Signature

PART III: To be completed by the CAO-Human Resources or his/her designee.

This request for donation is:

Approved for _____ hours (cash value of: _____) for the period of _____ through _____

First approval Second approval Final approval / application closed

Denied Other _____

Date Signature

To: Sick Leave Bank Administrator

From: Dr. _____
(Please print name)

Subject: County employee, _____
(Please print name)

Date: _____

Your employee, _____ (please print) is under my care for a health condition that is addressed in terms of the following:

- | | <u>Circle one</u> |
|--|-------------------|
| 1. The condition was unforeseeable | yes no |
| 2. The condition was of a sudden onset | yes no |
| 3. The condition was critical in nature such that failure to provide immediate treatment could have resulted in loss of life or limb | yes no |
| 4. First day of absence: _____ | |
| 5. The employee may return to modified duty | yes no |
| - if yes, when: _____ | |
| • if yes, please attach a list of applicable work restrictions | |
| - if no, the employee is to remain off work until:
_____ | |
| 6. The employee may return to full duty | yes no |
| - if yes, when: _____ | |

7. If the employee has already been removed from work for 30 days or more, please respond to the following as well:

- The health condition that originally removed the employee continues to be critical in nature yes no
 - o if no, when may the employee return to modified duty*?

 - * please attach a list of applicable work restrictions
 - o if no, when may the employee return to full duty?

Physician signature: _____