

# County of Monterey Board Policy Manual

<b>Policy Name</b> Monterey County <del>Catastrophic</del> Leave Donation Program and <del>Sick-Donated</del> Leave Bank	<b>Policy Number</b>	<b>Page</b> 1 of <u>5</u>
<b>Policy Category</b> Personnel		

**I. Statement of Purpose**

~~It is the purpose of this policy to establish a~~The ~~Catastrophic~~ County-wide Leave Donation Program ~~and Sick-Donated Leave Bank for use by~~aims to assist County employees who ~~are catastrophically ill, or who are caring for a catastrophically ill family member, and who have exhausted all their own accrued leave~~suffer from “medical emergencies”, as that term is defined herein.

The purpose of the ~~Sick-Donated~~ Leave Bank is to permit County employees to voluntarily donate a portion of their accrued leave ~~to the Donated Leave Bank. Direct employee to employee donations are not permitted, however, e~~Employees who are deemed eligible due to ~~a catastrophic have a medical emergency~~condition, ~~have exhausted all of their own accumulated leave time, and have an approved donated leave application~~ may receive funds from the Donated Leave Bank.

~~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, regular~~permanent and seasonal Monterey County employees, ~~with the exception of new hire probationary employees.~~

**II. Definitions**

a. The term ~~catastrophic “m~~Medical ~~e~~Emergency~~condition” as used herein shall be defined as~~means (1) a life-threatening illness or injury of the employee or their family member as determined by the treating physician which is foreseeably expected to incapacitate the County employee from work for an extended period of time, and (2) a medical condition of the employee or family member of the employee which will require a ~~minimum-leave of absence of the employee from duty for a minimum~~ of 80 consecutive hours, and (3) ~~has caused the employee has to already have~~already exhausted ~~ded~~ all ~~available paid accrued~~ leave ~~available apart from the Sick-Donated Leave Bank plan established herein.~~

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- b. The term ~~“immediate family” as used herein shall be defined as means~~ the County employee’s spouse, registered domestic partner, child, stepchild, child of registered domestic partner, father, mother, ~~siblingsister, 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.~~

**III. Background**

Pursuant to Resolution No. 90-484, As amended on December 7, 1999.

**IV. Policy**

It is the policy of the County ~~that to:~~

- a. Permit regular/permanent and seasonal employees who experience a catastrophic medical condition or whose immediately family member has experienced a catastrophic medical condition, and who meets eligible criteria, to receive funds from the Donated Leave Bank.
- b. Permit regular/permanent and seasonal County employees to voluntarily donate a portion of their accrued leave to the Donated Leave Bank. :

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**V. Eligibility**

An employee must meet the following criteria to be eligible to receive funds from the Donated Leave Bank:

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- a. Must be a permanent/regular or seasonal Monterey County employee, with the exception of new hire probationary employees.
- b. Must have a catastrophic medical condition, or care for an immediate family member with a catastrophic medical condition.
- c. Must have exhausted all accrued leave balances.
- d. Must submit an Application to Receive Donated Leave and provide the completed Physician’s Statement.
- e. Must apply for any available short or long term disability benefits or wage replacement benefits.
- f. Must not have received more than 720 hours of donated leave in a calendar year.

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An employee must meet the following criteria to be eligible to donate to the Donated Leave Bank:

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- a. Must be a permanent/regular or seasonal County employees, with the exception of new hire probationary employees, and may contribute up to 120 hours of leave in a calendar year.
- b. An employee may donate sick leave, vacation leave, annual leave, or Paid Time Off (PTO) in any increment between 8 and 120 hours per donation, not to exceed the calendar year maximum.
- c. After a donation, the employee must have a minimum combined balance of forty (40) hours of sick leave, vacation leave, annual leave, or Paid Time Off.
- d. Must submit the Application to Donate Leave.

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**VI. Procedure**

Procedure for Donation of Accrued Leave

a. Any ~~non-probationary~~ permanent/regular or seasonal Monterey County employee, with the exception of new hire probationary employees, ~~may donate a minimum of eight (8) hours of accrued vacation, sick leave, annual leave, or paid time off to~~ may donate to a specific County employee whose request for donation from the Sick Leave Bank has been approved or to the Sick Donated Leave Bank. Employees may donate to the bank in general by completing Part I of the employee section of the Application to Donate Leave or Authorization Form. The form may be obtained either from the employee's own department or from the County Human Resources Division. ~~Department (HRD) or the employee's departmental Human Resources professional.~~ The donations, once made, are irrevocable, irretrievable and irreversible.

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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 taxable gross income of the recipient as compensation,~~ but are not considered taxable income to the employee who donates to the leave bank, donating employee.

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c. ~~When the donating employee has completed Part I the employee section of the Application to Donate Leave or Authorization Form, their departmental Human Resources professional department head or his/her designee will review their eligibility; 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.~~

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I. If the donating employee is eligible, the form will be sent to the Deputy CAO-Director of Human Resources or his/her designee.

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e-II. If the donating employee is not eligible, the form will be returned to the employee.

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

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d.

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e. ~~No County employee shall be permitted to contribute to the Sick Donated 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.~~

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e. ~~Donated leave shall be changed-converted to its dollar value at the donor employee's basic base hourly rate of pay at the time of donation and credited to the Donated Leave Bank.~~

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f. ~~Donated leave is provided from the Donated Leave Bank shall be credited to the actual to the eligible employee recipient on a dollar-for-dollar basis, at the recipient's base hourly rate of pay, when actually used by a specific County employee.~~

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

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Procedure for Use of Catastrophic Sick Donated Leave Donations Bank Time

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a. ~~A permanent/regular or seasonal non-probationary employee, with the exception of a new hire probationary employee, who suffers with a catastrophic medical condition or who provides care for an immediate family member with a catastrophic a "medical emergency condition, may apply to receive funds from" as defined herein above, and who wishes to be considered for the Leave Donated Leave Program Bank, must obtain a Request for Donation Form from his/her own department or from the County Human Resources Division Department.~~

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To Apply:

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a. ~~The employee must meet eligibility criteria as set in Section V.~~

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b. ~~The employee completes the employee section of must submit to the department head or his/her designee the completed Application Form to Receive Request for Donated Leave on.~~

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c. ~~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 SDI benefits. When the medical emergency involves an immediate family member, the employee must supply satisfactorily written demonstration written documentation that satisfactory demonstrates 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. The employee must have the treating physician complete the Physicians Statement Form for Employee or the Physicians~~

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Statement Form for Family Member. When the medical emergency involves an immediate family member, the Physicians Statement must demonstrate that the medical condition of the family member necessitates the employee's absence from work, and that there is no accommodation other than leave that the County can provide to meet the family member's medical need.

d. The employee submits to their departmental Human Resources professional the Upon receipt and review of the completed Application Form to Receive Request for Donated Leave, the Physician's Statement Form for Employee or Physician Statement Form for Family Members, and written certification of receipt of short term or long term disability benefits or any other wage replacement benefit.

Review of Donated Leave Requests:

a. Form, together with appropriate medical verification and any other supporting materials, the departmental Human Resources professional will shall verify eligibility approve or deny the request.

I. If eligible – the application and supporting materials will be forwarded to the Human Resources Department - Employee Benefits Division.

II. If ineligible – The application will be returned to 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.

b. The Employee Benefits Division will review the request.

I. If the eligibility is deemed eligible for donations:

i. The Employee Benefits Division will notify the Auditor-Controller Office of approval and to request payment for the employee. Donated leave funds should begin 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. no earlier than the first day the employee exhausted accrued leave, and should be consistent with the leave of absence dates approved by the department and treating physician.

ii. The amount of time granted is based on the employee's full time equivalent (FTE) at the time of the request.

iii. The donation granted is reduced by any state disability insurance payments and other short term or long term disability benefits or wage replacement

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~~benefit for which the applicant is eligible. Other leave-related payments may need to be considered as well.~~

~~iv. Requests for additional catastrophic donated time must be submitted in accordance with the same application procedure.~~

~~e.ii. If the employee is ineligible for further donations, the Deputy CAO-Director of Human Resources or his/her designee shall deny the request and return it to the employee.~~

~~—If the request for donation is denied the employee has, within five (5) working days of from receipt of the denial, the employee may to request the Deputy CAO-Director of 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-Director of Human Resources and the employee and/or his/her representative upon request by either the Deputy CAO-Director of Human Resources or the employee. The Deputy CAO-Director of Human Resources shall then issue a written decision within five (5) working days after the date of the meeting, or if a no meeting was held, within five (5) working days of receipt of the employee's request for review. The decision of the Deputy CAO-Director of Human Resources shall be final and shall not be the subject to any matter of a grievance procedures.~~

~~C.~~

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

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

~~f.d. 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 Donated Leave Bank when there is an operational necessity, when an employee 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 Donated Leave Bank.~~

~~g.e. If the employee is eligible for donations, but there is not sufficient leave time available in the Sick Donated Leave Bank to cover the foreseeable need approved requests from an eligible 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-Director of Human Resources or designee will prepare and circulate a request for donations to the leave bank to the various County departments, asking for voluntary donations of leave time by eligible County employees in order to meet the existing need.~~

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f. The County Administrative Officer (CAO) or designee thereof reserves the authority to review and decide any applications where extenuating circumstances exist which may warrant approval outside the program criteria/criteria.

h.g. Knowingly submitting false statements on any Catastrophic Leave Donation Program and Donated Leave Bank forms may be grounds for disciplinary action.

### Implementation

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

### 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, Human Resources Assistant CAO / designee should approve the request and calculate the amount of time applicant should receive. If denied, Human Resources 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 work 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.

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- ~~8. Copy of approved application and cover letter is sent to the applicant, the Auditor's Office and the Department Head / designee. Human Resources 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.~~

**VII. Review Date**

- a. This Policy will be reviewed for continuance by [ *date* ].

**VIII. Board Action**

- a. [*Legistar File Number:*           ], [*date* ]