



<b>SECTION: HUMAN RESOURCES</b>	<b>REFERENCE NUMBER: A29</b>
<b>SUBJECT: SHARING ACCRUED LEAVE POLICY</b>	<b>EFFECTIVE DATE: 8/01/2023</b>
<b>FROM: CRYSTAL CALDERA, CITY MANAGER</b>	<b>LAST REVISION DATE: 3/29/2011(I)</b>

**A. PURPOSE**

The Shared Leave Policy allows employees who are absent from work for more than forty (40) hours stricken with their own illness or injury, the opportunity for salary continuation after their leave benefit has been exhausted.

**B. SCOPE**

This policy applies to all regular full-time employees who have completed their twelve (12) month probationary period and have exhausted all benefit accrued time.

**C. POLICY**

1. Employees may only donate Personal Leave hours to another full-time regular employee's Major Medical Leave bank.
2. Employees may only donate less than or equal to the number of hours needed to supplement the ill/injured employee's base pay for a specified pay period.
3. Accumulation of donated leave shall not exceed more than twelve (12) weeks or 480 hours into requesting employee's accrued leave bank in a rolling twelve (12) month period measured back from the date the first donated leave time was transferred to an ill/injured employee's major medical leave bank.
4. Employees may not donate their leave to an immediate supervisor.
5. Donating employees must have a minimum of 40 hours remaining in their personal leave bank and 40 hours remaining in their major medical leave bank after donation for their own personal use.
6. Once an employee has donated their personal leave, they forfeit that leave and cannot request that leave back.
7. If the donating employee's pay rate is different from the ill/injured employee, then the leave hours assume the pay rate of the ill/injured employee.
8. No employee acting in an official or unofficial capacity shall take or threaten to take any act or reprisal against any employee or condone such reprisal by other employees, because an employee wishes to not participate in donating leave to a coworker.

**D. PROCEDURES**

1. An employee may request to donate leave to a coworker that is out for their own illness or injury and has exhausted all their leave, by filling out the Authorization Transfer Form (Attachment A).
2. An employee may request a leave donation by submitting a request to the Human Resources Director in writing. The Human Resources Director will submit the request to all employees via email.
3. The donating employee must submit the Authorization Transfer Form to the ill/injured employee's Department Head at least five (5) days prior to the pay period ending date.
4. The Department Head is responsible for immediately forwarding the Authorization Transfer Form (Attachment A) to the Human Resources Director.
5. The Human Resources Director will determine how many hours the ill/injured employee needs for he/she to receive their base pay for the specified pay period. The number of hours donated cannot exceed the number of hours needed to supplement the ill/injured employee's base pay. The Human Resources Officer will notify the donating employee of the exact number of hours donated and/or returned.
6. The Human Resources Director is responsible for notifying the Payroll Clerk of the allowable number of hours to be transferred into a requesting employee's accrued leave at the time payroll is due to the payroll office.

## AUTHORIZATION TO TRANSFER LEAVE

I, \_\_\_\_\_ (Donating Employee) hereby authorize the following transfer to be made from my account for the pay period ending (Date): \_\_\_\_\_.

The number of Personal Leave Hours I have available: \_\_\_\_\_

The number of hours I wish to transfer from my Personal Leave: \_\_\_\_\_

Name of the employee receiving the transfer (donation): \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

I acknowledge and accept that my personal leave hours will be reduced by an amount not greater than what I wish to have transferred; once calculated, the number of hours transferred cannot be returned.

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

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**Human Resource Office Use Only:**

<b>DONATING EMPLOYEE (TRANSFER FROM)</b>	<b>REQUESTING EMPLOYEE (TRANSFER TO)</b>
Personal Leave Hours Available:	Major Medical Hours Available:
Hours Used/Transferred (-):	Hours Needed:
Hours Unused/Returned (=):	Hours Received (+):
Remaining Leave Balance:	Hours Available Balance:

Donating Employee does not have enough accrued Personal Leave and Major Medical time available to donate to employee.

\_\_\_\_\_  
Human Resource Signature