



Personnel and Administrative Policy and Procedure

SUBJECT: Sick Leave Donation Program	EFFECTIVE DATE: January 15, 2008 REVIEWED: May 2011 REVISED: January 1, 2016
CATEGORY: 200 POLICY NUMBER: 200.52	CROSS REFERENCE: AFSCME Article 12; MPEA Article 13

Purpose: To prevent a loss in income to an employee because of a serious personal or family medical issue.

Scope: Any regular status employees working .5 FTE or greater meeting the criteria listed below are eligible to participate in this program. Part time employees working less than .5 FTE, seasonal employees, on-call employees and temporary employees are not eligible to receive donated sick leave.

Eligible recipient: To be eligible to receive donated sick leave from other employees, an employee must:

- a. Have applied for and been approved by the HR Director for a leave of absence due to a serious medical condition under the Family and Medical Leave Act (FMLA) and/or Oregon Family Leave Act (OFLA).
- b. Have exhausted his or her own sick leave bank such that the balance in the employee's sick leave bank is zero.
- c. Have no more than twenty (20) hours of a combination of accrued vacation, administrative, holiday, and fitness/wellness leave. The employee may retain up to sixty (60) hours of comp time.

Eligible donor: To be eligible to donate sick leave to another employee, an employee must:

- a. Have a minimum of two hundred fifty (250) hours of sick leave in their own bank after the donation. This minimum level will be prorated for part time employees.
- b. Donate sick leave in one (1) hour blocks.

Policy: It is the policy of the City of Milwaukie to permit donation of sick leave to employees to prevent a loss in income because of a serious personal or family medical issue. The sick leave transfer program is a voluntary program that allows employees to donate excess sick leave to any employee who experiences a serious health condition that would cause that employee to have a loss in income. The intent of the sick leave donation program is to aid employees with a serious personal or family medical condition, where they otherwise would not have sufficient leave balances to cover that period of absence from work.

Note: This is to cover a serious health condition of the employee or family member. For these purposes serious health condition and family member will be defined the same as under Family Medical Leave (FMLA).

Guidelines for Use: City employees may not directly or indirectly intimidate, threaten, or coerce any other employee for the purpose of interfering with any right such employee may have with respect to donating, receiving, or using accrued sick leave under this program.

Tax Liability:

The tax liability associated with donated leave will be the responsibility of the recipient, in compliance with IRS Revenue Ruling 90-29. Paid time will be subject to all tax liability associated with regular pay including Federal, State and FICA withholding.

Donor Notification: See attachment for sample announcement.

Procedures

1. Application. Eligible recipients may request sick leave transfer by filling out a Sick Leave Transfer Request form, which will include the date the employee qualified under FMLA and the date at which the employee's leave banks will qualify them for transfer as outlined in B.1. If the eligible recipient is not capable of making the request, a personal representative of the eligible recipient may make the request on his or her behalf. This form is submitted to Human Resources. An employee may request that the donation request announcement to other employees be anonymous.
2. Review. The HR Director will review the application, verify the leave balances and notify the employee of the approval or denial of the request within three (3) business days of receipt. If the application is denied, the reason(s) for the denial will be provided to the applicant in writing.
3. Notification of Donor(s). Within three (3) business days of approving a Sick Leave Transfer request, the HR Director will notify City employees.
4. Donations: Any employee may donate sick leave hours per the requirements outlined under "eligible donor." Donors must submit a signed copy of the donation form.
5. Anonymity. Donors shall remain anonymous.
6. Leave Bank Changes. The Human Resources staff will work with Payroll to credit the recipient's bank and reduce the amount of the donor's bank. HR will maintain a file separate from the personnel file with the donated hours information. The hours donated will be multiplied by the donating employee's rate of pay to calculate a total dollar value of the donated leave. That total value of the donated leave will then be divided by the receiving employee's current hourly rate of pay and applied to their accrual bank to cover any time off that would have otherwise been time without pay.
7. Accruals. While an eligible recipient is on leave created through Sick Leave Donation, the recipient will accrue vacation and sick leave as if the recipient were using his or her own leave. The recipient shall use his or her own accrued leave up to the point of eligibility (20 hours or less of vacation, administrative, sick, and fitness/ wellness leave) before continuing to use donated sick leave.
8. Unused Leave. If there is more time donated than is needed, the donated time will be returned to the donating employee on a last donated first returned basis.
9. Notification to the recipient. The HR Director or designee will notify the eligible recipient if the amount donated will or will not cover the anticipated leave.

Responsibilities

Human Resources Director:

- Will review the Sick Leave Donation Program at the end of the calendar year to ensure that it is used as intended. In its review, the City will examine the number of employees who received Family and Medical Leave; the number of employees who requested sick leave donation; the characteristics of these employees, which may include, but is not limited to: protected class status; the number of employees who received donations of leave from donors; and the characteristics of those recipients. The City will also review the program with regards to any liability it has or may pose to the City.
- Will advise and confer with employee unions if there are proposed changes to this program on the basis of that review.

Donor Notification Announcement

(Receiving employee’s name) has been approved as an eligible recipient for sick leave donation. This is a voluntary program, which allows employees to donate excess sick leave to another employee who is experiencing a serious health condition, as defined by Family Medical Leave laws that would cause that employee to have a loss in income. The anticipated duration of the period for which sick leave donation is requested is xxx weeks.

In order to be eligible to donate sick leave, an employee must:

- Have a minimum of 250 hours of sick leave in his/her own bank after the donation. This minimum level will be prorated for part time employees.
- Donate sick leave in one (1) hour blocks.

If you wish to voluntarily donate sick leave and meet the above qualifications, complete the attached form. To be valid, a signed, hard copy of the form must be returned to the Human Resources Director.

Sick Leave Transfer Request Form

Employee Name: _____ **Employee ID #:** _____

I am requesting approval to receive donated leave under this program. I have applied for and been approved for Family Medical Leave and I anticipate my leave banks will be depleted to the extent that I am eligible under the guidelines of the program.

I wish to retain _____ hours of vacation

I wish to retain _____ hours of administrative leave

I wish to retain _____ hours of floating holiday leave

I wish to retain _____ hours of fitness/wellness leave

Total Hours: _____ *Note the combination of retained hours above cannot exceed 20.

I wish to retain _____ all / _____ hours or / _____ none of my comp time accruals.
(Mark your choice for how much comp time you wish to retain.)

If you wish to have the sick leave donation request announced anonymously, check the box.

Employee’s Signature
(or that of a personal representative)

Date

The employee will come within the hours of leave accruals required for participation in the program on _____ date.

Approved by: _____
HR Director

Date

Sick Leave Donation Form

To be completed by the Donating Employee

Employee Name: _____ **Employee #:** _____

HOURS:

Sick Leave Hours Available: _____

Sick Leave Donation: _____
(Donation must be in one (1) hour increments)

Sick Leave Balance: _____
(Remaining balance has to be 250 hours or more)

My signature below authorizes the above amount of sick leave to be transferred to the following employee
_____ under the provisions of the sick leave donation program.

Employee's Signature

Date

Approved by: _____
Human Resources Director

Date