



**City of Vernon, California  
Human Resources Policies and Procedures**

  
Director Human Resources

  
City Administrator

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Number: V-7 Effective Date: 01/10/2017

**SUBJECT: EMPLOYEE CATASTROPHIC LEAVE DONATION PLAN**

**PURPOSE:**

To establish a procedure whereby City employees may donate a portion of their own accrued vacation, sick leave, compensatory time or in-lieu time to another employee who has exhausted all of their paid leave as a result of a catastrophic illness, extended illness or injury to themselves or a member of their immediate family, upon verification from a medical authority. For the purposes of this policy only, "immediate family", shall be defined as; spouse/domestic partner, children (biological, adopted, step child or foster child), a legal ward (guardianship or conservatorship), or a child of a person standing *in loco parentis*, and parents (step-parents). 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 consecutive 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 permanent employee of the City with at least 12 months of continuous service. (Permanent part-time employees who are recipients may not utilize donations of hours greater than the number of hours for which they are regularly scheduled to work.) The recipient employee must have exhausted all of his/her own paid leave (sick leave, vacation, compensatory time, in-lieu time, etc.), as a result of inability to work because of the catastrophic illness or injury.
2. The recipient employee must be unable to work as a result of a catastrophic illness or injury to the employee or a member of their immediate family.
3. The recipient employee must provide documentation of the catastrophic illness or injury from a qualified health provider in a manner consistent with and as outlined under the FMLA/CFRA.

4. Any permanent City employee who has completed at least 12 months of continuous service may donate a minimum of 2 hours of their accrued vacation, sick leave, comp. time or in-lieu time, in increments of 1 hour provided that:
  - Employees donating vacation time must have a minimum balance (80 hours for full-time and 40 hours for part-time employees) of vacation at the time of donation, for their own use.
  - Employees donating sick leave must have a minimum balance of (80 hours for full-time and 40 hours for part-time employees) at the time of donation, for their own use.
  - Employees donating compensatory or in-lieu time need to maintain at least half of their leave balance as of the time of donation.

The donor may request that the donation be made anonymously.

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 time reports from the previous six month time period.
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 five 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.
10. If the catastrophic illness, extended illness or injury to themselves or a member of their immediate family is covered under Family Medical Leave Act (FMLA)/California Family Rights Act (CFRA), the City will designate such leave as FMLA/CFRA so long as the required criteria is met.
11. The recipient employee shall continue to accrue applicable leaves, so long as they are on paid status. These new leave accruals will be utilized first, followed by any remaining donation time.

12. Donations are not tax deductible for the donating employee. Donated leave time is subject to the recipient's normal payroll deductions and are subject to all taxes as required by law.

**PROCEDURE:**

<b>Responsibility</b>	<b>Action</b>
Employee/Requesting Donor	1. Submits to his/her department head a "Request for Creation of an Employee Leave Donation Plan."
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. 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 and approves or denies 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, compensatory 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 recipient employee's return to work or end of employment and notifies donor of unutilized hours.

**CITY OF VERNON  
REQUEST FOR CREATION OF AN EMPLOYEE LEAVE DONATION PLAN**

Employee (Recipient) Name: \_\_\_\_\_  
Last First MI

Employee ID#: \_\_\_\_\_ Classification: \_\_\_\_\_

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

The below listed employee requests that the City of Vernon set up an employee leave donation plan

\_\_\_\_\_ Emp ID # \_\_\_\_\_

The recipient employee certifies that they will have used all of their available accrued leave (i.e., sick leave, vacation, compensatory time, in-lieu time, etc.) as of \_\_\_\_\_.

The employee cannot return to work for the following reason: \_\_\_\_\_  
\_\_\_\_\_

Requestor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Recommendation of Department Head:**

Approve       Deny

Reason(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Recommendation of Human Resources Director:**

Approve       Deny

Human Resources Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Recommendation of City Administrator:**

Approve       Deny

City Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CITY OF VERNON  
REQUEST AND AUTHORIZATION FOR EMPLOYEE LEAVE DONATION**

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

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

has a serious health condition, catastrophic illness, extended illness or injury to themselves or a member of their immediate family, and will soon exhaust all their leave balance. We are asking that you consider donating vacation, compensatory time, or sick hours to assist \_\_\_\_\_ and his/her family.  
(Recipient)

**Please be aware you must have 80 hours (full-time) or 40 hours (part-time) of vacation or sick time and half of your current balance of compensatory and in-lieu time at the time of donation 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 in person, through interoffice mail **or**
2. Return via email to Lisette M. Grizzelle at lgrizzelle@ci.vernon.ca.us

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

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**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 Vernon to transfer \_\_\_\_\_ hours (2 hours minimum) of my own accrued: (please check one box only)

Vacation leave to \_\_\_\_\_  Compensatory time to \_\_\_\_\_

Sick leave to \_\_\_\_\_  In-lieu time to \_\_\_\_\_

I understand that the decision to donate may not be withdrawn after it is submitted. Donated vacation, sick leave, compensatory time or in-lieu time, will be utilized in order of the date donated. Any unused vacation, sick leave, compensatory time or in-lieu time, will be returned to the donating employee in increments of not less than one quarter (0.25) of an 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, and half of or my compensatory and in-lieu time.

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

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

**Check only if you wish to make your donation anonymously.**