



Rancho Los Amigos National Rehabilitation Center

ADMINISTRATIVE POLICY AND PROCEDURE

SUBJECT: LEAVE DONATION PROGRAM

Policy No.: A220

Supersedes: October 30, 2006

Revision Date: July 6, 2013

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PURPOSE

b provide guidelines for employees who would like to donate benefits to another employee under the Leave Donation Program.

POLICY

Employees can donate portions of their vacation and sick leave to another employee who is absent from work due to a serious illness or injury and has exhausted all of his/her earned leave time. In addition, an employee may donate vacation leave to another employee who is absent from work due to a Board declared emergency, and who has exhausted all earned leave benefits except full and part pay sick leave. This program may not be used for maternity leave where an employee is not disabled, but is simply on a leave to provide care for the newborn child.

ELIGIBILITY

Eligibility- Sick Leave (Attachments I & II)

To be eligible for leave donations to cover an absence due to illness or injury, an employee's injury or illness must be of a serious or prolonged nature. All leave hours, such as full and part pay sick leave (including elective and non-elective annual leave), vacation (including vacation in lieu of pay, VILOP), compensatory time off for overtime, and holiday time must be exhausted, and the employee facing the loss of salary and benefits..

An employee receiving benefits for a work related illness or injury under Section 6.20 070 of the County Code or Section 4850 of the Labor Code is not eligible for leave donations. However, an employee who is only receiving state-mandated workers' compensation benefits for such illness or injury is eligible.

An employee who is about to exhaust his/her leave benefits is eligible to receive leave donations and may apply for donations.. Such donated time may not be used until the existing leave time has been used.

Eligibility - Board Declared Emergency Leave (Attachments III & IV)

b be eligible for leave donations to cover absences due to a Board declared emergency, an employee must have exhausted all earned leave time except for full and part-pay sick leave.. Only vacation time

(including VILOP) for non-represented employees, non-elective annual leave can be donated for leaves due to such emergencies

Note: he Board of Supervisors may proclaim a local emergency, defined in State law as a condition of disaster or extreme peril to the safety of persons or property which is beyond the County's ability to handle without outside assistance,

Examples: - Northridge Earthquake, January 1994
- Fire Disaster
- Civil Unrest
-Flood

GUIDELINES

Represented employees can donate time only to another represented employee

Non-represented employees can donate time only to another non-represented employee

Leave donations are entirely voluntary and are to be made in whole-hour increments

Leave donations may be made from an eligible employee in one department to an eligible employee in another department

Only full pay sick leave in excess of 160 hours, vacation time to include VLOP, non-elective and elective annual leave can be donated for leaves due to illness or injury

Donations shall not exceed a total of 1,040 hours to any employee unless specifically authorized by the Department Head.

Any donated leave is irrevocable. Donated leave which remains at the end of an employee's illness, injury, or emergency leave is for the sole use (including payment upon termination) of the employee to whom the leave was donated, except that if the employee dies, the remaining 100% sick leave must be returned to the donor on a "last in first out basis.." However, donated compensatory time that is not used is deemed lost at the end of the calendar year following the year in which it was donated,

PROCEDURES

Requesting to Receive Leave Donations

An employee who wishes to receive leave donations must complete the attached form for represented or non-represented employees:

Request for Leave Donations - Represented Employees - For absences due to illness or mJury
Attachment I

Request for Leave Donations - Non-Represented Employees - For absences due to illness or injury. - Attachment II

Request for Leave Donations - Represented Employees - For absences due to a Board declared emergency. - Attachment III

Request for Leave Donations - Non-Represented Employees - For absences due to a Board declared emergency - Attachment IV

Employee completes the proper leave donation form and submits the form to his/her supervisor

The request form will be forwarded to Human Resources, Payroll Office to ensure that the employee meets all the conditions to receive leave donations Upon approval of a request for donations, Human Resources shall, at the employee's request, post a notice of the eligible employee's need for donations on departmental bulletin boards accessible to employees. Confidential medical information shall not be included in the notice, unless specifically requested by the eligible employee and the employee waives confidentiality as to using such information in writing

Authorization to Donate Leave

An employee who wishes to donate leave time to an employee whose request for leave donations has been approved, must complete the appropriate form for represented/ non-represented employees:

Authorization to Donate Leave - Represented Employees - Attachment V

Authorization to Donate Leave- Non-Represented Employees- Attachment VI

The completed form will be forwarded to the Payroll Office for processing.

REFERENCES: Ordinance No. 94-0042 - Chapter 6..21
Los Angeles County Code No.6 21.010

Revised: July 31, 2003
March 21, 2010 GL I:mm
July 6, 2013 AC

REQUEST FOR LEAVE DONATIONS - REPRESENTED EMPLOYEES
(For Absences Due To Illness or Injury)

I hereby apply to receive full pay sick leave and/or vacation which may be donated to me by other represented employees. I understand that to receive any donated leave time, I must be absent from work due to a serious injury or prolonged illness, and have exhausted all my paid leave time.

Print Name

Employee Number

Department

Pay Location

Job Title

Duration of Leave (if known)

Signature of employee requesting leave

Date

I approve this request. I have verified that the employee requesting leave donations is eligible to receive such donations.

Signature of Department Head/Designee

Date

**REQUEST FOR LEAVE DONATIONS -NON-REPRESENTED EMPLOYEES
(For Absences Due To Illness or Injury)**

I hereby apply to receive full pay sick leave and/or vacation, and/or non-elective annual leave which may be donated to me by other non-represented employees.. I understand that to receive any donated leave time, I must be absent from work due to a serious injury or prolonged illness, and have exhausted all my paid leave time

Print Name

Employee Number

Department

Pay Location

Job Title

Duration of Leave (if known)

Signature of employee requesting leave

Date

I approve this request. I have verified that the employee requesting leave donations is eligible to receive such donations

Signature of Department Head/Designee

Date

REQUEST FOR LEAVE DONATIONS- REPRESENTED EMPLOYEES
(For Absences Due To Board Declared Emergency)

I hereby apply to receive vacation time which may be donated to me by other represented employees. I understand that to receive any donated vacation time, I must be absent from work due to a Board declared emergency, and have exhausted all my vacation (including VILOP), accrued overtime, and holiday time.

Print Name

Employee Number

Department

Pay Location

Job Title

Duration of Leave (if known)

Signature of employee requesting leave

Date

I approve this request. I have verified that the employee requesting leave donations is eligible to receive such donations

Signature of Department Head/Designee

Date

REQUEST FOR LEAVE DONATIONS- NON-REPRESENTED EMPLOYEES
(For Absences Due To Board Declared Emergency)

I hereby apply to receive vacation time and/or non-elective annual leave which may be donated to me by other non-represented employees. I understand that to receive any donated leave time, I must be absent from work due to a Board declared emergency, and have exhausted all my vacation (including VILOP), accrued overtime, non-elective annual leave, and holiday time

Print Name

Employee Number

Department

Pay Location

Job Title

Duration of Leave (if known)

Signature of employee requesting leave

Date

I approve this request. I have verified that the employee requesting leave donations is eligible to receive such donations.

Signature of Department Head/Designee

Date

AUTHORIZATION TO DONATE LEAVE- REPRESENTED EMPLOYEES

I hereby donate to the employee named below the leave time indicated:

I donate _____ hours of vacation

I donate _____ hours of full pay sick leave

Name of employee to whom this leave is being donated

Department of employee to whom this leave is being donated

I understand that such leave may only be donated to another represented employee. I also understand that any leave donation is irrevocable, and that I may donate any of my current or deferred vacation time, but only that portion of full pay sick leave in excess of 160 hours.

Signature of employee donating leave

Print Name

Department of employee donating leave

Employee Number

Date

Completed forms are to be forwarded to your payroll office for processing

AUTHORIZATION TO DONATE LEAVE- NON-REPRESENTED EMPLOYEES

I hereby donate to the employee named below the leave time indicated:

I donate _____ hours of vacation

I donate _____ hours of full pay sick leave

I donate _____ hours of non-elective annual leave

Name of employee to whom this leave is being donated

Department of employee to whom this leave is being donated

I understand that such leave may only be donated to another non-represented employee. I also understand that any leave donation is irrevocable, and that I may donate any of my current or deferred vacation time, any non-elective annual leave, but only that portion of full pay sick leave in excess of 160 hours.

Signature of employee donating leave

Print Name

Department of employee donating leave

Employee Number

Date

Completed forms must be forwarded to your payroll office for processing.