

VOLUNTARY SHARED LEAVE POLICY

This shared leave policy is established whereby City Employees may donate vacation hours to benefit another employee who has, or who may exhaust all leave time, due to a serious illness or injury to the employee or to another family member, AS DEFINED BY THE FAMILY AND MEDICAL LEAVE ACT.

Requests for donated hours due to the length of the employee's service with the City will be evaluated on a case by case basis.

An employee requesting additional leave must exhaust all available leave (i.e. vacation, sick time, comp time) before utilizing donated leave. An employee may request the establishment of a medical leave pool in anticipation of a need for additional leave by submitting a written request to the employee's Division Director.

Upon approval from the Division Director, the Personnel Department will inform City employees of the need for donated hours. A medical leave pool will then be established for the requesting employee.

Donated vacation hours will be used on an hour for hour basis. Employees receiving donated hours will be paid for such hours based on their work schedule, and base hourly pay. No consideration will be given for the dollar value of the leave donated. The maximum amount of donated leave an employee can use is 240 hours annually.

Once a donation is made it cannot be withdrawn. Unused donated hours cannot be carried forward by the requesting employee. All unused donated hours will be returned to the donors on a pro rated basis.

Forms for donating hours are available from, and must be returned to the Personnel Office. All donations of vacation hours are voluntary. All donor names and contributions will be kept confidential except on a need to know basis for accounting/payroll purposes.

Any individual who violates the confidentiality rule of this policy is subject to disciplinary action up to and including termination.

VOLUNTARY VACATION DONATION

I, _____ donate _____ vacation hours to
_____ for their use as sick time for serious illness
or injury as defined by the Family and Medical Leave Act.

Signature

Date

(office use only)

Hours Used Date Used

REQUEST FOR VOLUNTARY SHARED LEAVE HOURS

Employee name: _____

Department: _____

Division: _____

I, _____, would like to request from the Voluntary Shared Leave Program _____ hours. This leave is necessary to care for myself, or other family member as defined by The FMLA.

The individual being treated _____
general medical condition being treated (hospitalization, surgery, etc;) _____

I agree to allow the City to disclose, at the request of the employee donating vacation hours to the voluntary shared leave program in my behalf, the reason why additional hours are needed.

Signature

Date

REQUEST APPROVAL

Supervisor: _____

Division Director: _____

Date: ____/____/____