



DEPARTMENT OF HUMAN RESOURCES

VOLUNTARY DONATION OF HOURS

I. PURPOSE

The purpose of this policy is to outline the City of El Centro's procedure for donating vacation, annual or compensatory leave hours. Donating leave hours is the practice of giving the time to another employee on a strictly voluntary basis for a specific cause such as a serious illness, injury or a Family Medical Leave Act (FMLA) qualifying event as specified in the City's Personnel Rules and Regulations, Section 12.7.

II. POLICY

It is the policy of the City of El Centro to establish and follow procedures for employees to voluntarily donate accumulated vacation, annual or compensatory leave hours for another employee who is unable to work due to an illness, injury or a FMLA qualifying event.

III. APPLICABILITY

This policy applies to all permanent employees.

IV. PROCEDURE, ELIGIBILITY AND USE

1. Employees may not solicit or distribute lists for donation of hours.
2. Employees wishing to donate hours must do so on a strictly volunteer basis.
3. Employees wishing to donate hours must complete the Donation of Hours Request form which is available the Human Resources Department or it can be found on the J Drive: common folder-Human Resources-forms.
4. Submit the Donation of Hours Request form for approval to their Department Head, Human Resources and City Manager.
5. Employees may not donate more than eighty (80) hours per incident.
6. Employees may not donate sick or administrative leave.
7. Employees donating hours to another employee must retain eighty (80) hours of vacation or annual leave for their own personal use.
8. Donated hours are converted into an equivalent number of sick time hours, regardless of differences between participants' pay rates.
9. Donated hours will be transferred to the designated recipient per pay period as it needed.
10. Donated leave hours that have been transferred will not be returned to the donor.
11. Donated leave hours that have not been transferred will remain with the donor.
12. The recipient employee must use the donated time to manage his or her own illness or injury.
13. The recipient employee must have exhausted all of their available paid leave options (sick, vacation, annual, administrative or comp time).
14. The condition must be certified by a physician to verify that the time off is due to an illness or injury.
15. Donated leave may run concurrently with FMLA.

CITY OF EL CENTRO

HUMAN RESOURCES DEPARTMENT

REQUEST TO DONATE ANNUAL, VACATION OR COMPENSATORY LEAVE HOURS

Number Of Hours Being Donated: _____

Type of Hours Being Transferred: _____

Employee Receiving Donated Hours: _____
(Annual, Vacation or Compensatory hours only)

Department of Employee Receiving Donated Hours: _____

Employee Donating Hours: _____

Department of Employee Donating: _____

SIGNATURE OF EMPLOYEE DONATING HOURS

DATE

DEPARTMENT HEAD SIGNATURE (of employee donating hours)

DATE

HUMAN RESOURCES SIGNATURE

DATE

CITY MANAGER'S SIGNATURE

DATE

FINANCE SIGNATURE

DATE COMPLETED

Forward this form to Human Resources Department after the Department Head has signed and dated for the completion of this process.