




OREGON DEPARTMENT OF FISH AND WILDLIFE POLICY

Human Resources Division

Title:	Donated Leave	HR_460_12
Supersedes:	HR_460_12, Dated April 16, 2007	
Applicability:	Executive and management service employees. Refer to labor agreement for classified represented employees.	
Reference:	ORS 240.015; 240.145(3); 240.250; 240.551; 659.030(1)(b); OAR 166-300-0035, State Policy 60.025.01	
Effective Date:	November 1, 2010	Approved: 

I. PURPOSE

To provide eligible employees access to a donated leave program that allows state employees to support other state employees in serious need by donating paid leave time. This program allows an employee to donate vacation leave, compensatory time, or both, to an eligible employee's sick leave account, based on the conversion of the donor's salary rate to sick leave hours at the recipient's salary rate. For bereavement donated leave, refer to HR_460_03 - Special Leaves with Pay.

II. DEFINITIONS

A. Family Member: This term applies to the employee's spouse or domestic partner, and the following for the employee and his or her spouse or domestic partner:

- Parent (includes one who stood in loco parentis (in place of a parent when the employee was a child)
- Child (and child's spouse) (includes a child whom the employee stood in loco parentis)
- Sibling (and sibling's spouse)
- Grandparent
- Grandchild
- The above include step, adoptive and foster
- Members of the immediate household

B. Parental Leave: Leave from work that is taken for the birth, adoption or placement of a foster child. As used in this policy, Parental Leave does not include pregnancy-related disability, post-partum serious illnesses of either the child or the parent.

III. POLICY

The department recognizes the importance of replacing income and continuing benefits when an employee or an employee's eligible family member suffers serious, long-term health problems.

A. Program Administration

1. The Human Resources Division Administrator administers this policy as the department's program. This policy allows an employee to donate vacation leave, compensatory time, or both to an eligible employee

2. The department may only apply donated leave to an eligible employee as the need occurs and donations are received. The department credits the recipient of donated leave at his or her regular rate of pay. The amount of leave transferred to the recipient may not exceed the equivalent of the recipient's normal rate of pay. The department must establish a process to ensure only the appropriate number of hours is transferred. Unaccepted donated leave (i.e., hours never converted to the recipient's sick leave account) will remain in the donor's leave account.
3. Unless health insurance contributions are mandatory according to the Family & Medical Leave Act (FMLA), leave donations must first reimburse the department for its insurance contribution. The department will then apply the remainder to the employee's salary. The employee assumes the tax liability for the full value of the donation.
4. If the recipient of donated leave needs more leave than the initial amount of time requested, he or she may submit subsequent requests for donated leave and updated medical certification.
5. The amount of leave transferred to the requesting employee's sick leave account will not exceed the hours necessary to cover the qualifying absence. The department will set forth a process for transferring only the appropriate number of hours of sick leave.
6. The department must consider time taken under this program to be sick leave with pay. The department must consider these hours to be time worked for purposes of leave accrual and holiday pay.

B. Eligibility and Request for Donated Leave

1. A regular status employee may request and be eligible to receive donated leave under either of the following circumstances:
 - a. To recover from or seek treatment for a serious health condition that is expected to continue for at least 15 consecutive calendar days following the employee's exhaustion of accumulated leave and the total absence is expected to be at least 30 consecutive calendar days or;
 - b. To care for or seek treatment for a family member with a serious health condition which is expected to continue for at least 15 consecutive calendar days following the employee's exhaustion of accumulated leave and the total absence is expected to be at least 30 consecutive calendar days.
2. An eligible employee must submit a written request for donated leave to the Human Resources Division Administrator.
 - a. If an employee is unable to submit a written request, the Human Resources Division Administrator may accept a written request from a family member or other responsible party.
 - b. The request must include the specific amount of time requested based on the projected need.
 - c. A certification from an attending physician or practitioner must accompany the request, verifying that a qualifying medical need exists for either the employee or

a family member. The certification must state the estimated amount of time the employee will need away from work; it must also be consistent with the amount of time the employee requests. Medical certification obtained for other purposes such as FMLA or OFLA may also be used for the purpose of verifying an employee's eligibility to receive donated leave.

3. An employee may not request donated leave for short-term or sporadic conditions or illnesses that are common, expected, or anticipated. This includes, but is not limited to, sporadic, short-term recurrences of chronic allergies or conditions, short-term absences due to contagious diseases, or short-term, or recurring medical or therapeutic treatments. Each situation must be examined and decided on a case-by-case basis and must be handled consistently and equitably within the department.
4. An employee may not request donated leave when eligible to receive or receiving workers' compensation, or when on parental leave.
5. Donated leave can impact long- and short-time disability benefits. Before applying for donated leave while receiving disability benefits, consult the department payroll office for information on how donated leave will impact your specific circumstances.

C. Donations Within the Department

1. A regular status employee within the department as the recipient may voluntarily donate vacation leave, compensatory time, or both, to an eligible employee's sick leave account.
2. The donor must submit a written request to donate leave to an eligible employee. The donor's request must be processed as per department program procedures before the transfer of the leave occurs. A donor may not donate time that he or she has lost due to leave accrual limits set by the Human Resources Division (HRSD) state rule or policy.
3. An employee may donate leave only in one-hour increments to the recipient. The department will base the amount of donated hours on the conversion of the donor's salary rate to sick leave hours at the recipient's base rebate of pay.
4. The Payroll Office shall convert donated hours to cover the receiving employee's absence on a "first in/first out" basis. Donated hours transfer from the donor's accrued leave as needed by the recipient. If total leave donated exceeds the total amount of leave accepted, the unaccepted leave remains in the donor's accrued leave balance. No employee shall receive donated leave in excess of what is needed to cover the approved absence.

D. Donation Between Agencies

1. An employee with regular status in a different agency may, subject to the approval of both agencies, donate leave to an eligible recipient by completing and signing the Interagency Donated Leave Transfer form and submitting it to the department's Human Resources Division.
2. The Human Resources Division Administrator may disallow the transfer of donated leave between different agencies for legitimate business reasons including, but not limited to, restrictions on the use of dedicated funding sources.

E. Documentation Requirements. The department's Payroll Office and/or Personnel Records Unit maintains the following documentation in a separate confidential medical file for each request for donated leave for a period of four years from the date of the request:

1. Employee's request to receive donated leave with supporting medical certification;
2. The Human Resources Division's approval or denial of request for donated leave;
3. The donor's authorization to donate leave, with appropriate signatures including Human Resources Division and payroll staff, and number of hours donated;
4. Record of total leave accepted by receiving employee.

IV. CLARIFICATION

- A. The use of donated vacation leave or compensatory time as sick leave may offset disability payments.
- B. Donated leave may be taken on an intermittent basis for the same condition and only after an employee has met the initial eligibility criteria listed in (III)(B).
- C. Medical certification obtained for other purposes such as FMLA or OFLA may also be used for the purpose of verifying an employee's eligibility to receive donated leave.
- D. Reduced Work Schedules: An employee meets the eligibility requirements in (III) (B) (1) when a serious health condition requires a reduced work schedule resulting in partial day absences in excess of 15 calendar days following the exhaustion of accrued leave and whose absence related to the condition exceeds 30 calendar days, (whether partial or full days) in combination of paid and unpaid leave.

Attachment A
Attachment B

Request for Use of Donated Leave form
Interagency Donated Leave Transfer form



OREGON DEPARTMENT OF FISH AND WILDLIFE
Request for Use of Donated Leave

DATE: _____
TO: Human Resources Administrator
FROM: _____
SUBJECT: Request to Receive Donated Leave

I request that I be permitted to receive leave donated by other employees of ODFW for the reasons stated below. My Health Care Provider's statement is attached. I understand that my use of donated leave as sick leave may offset the receipt of any disability payments. Donated leave may **not** be used for parental leave which is any leave for the birth, adoption or placement of a child.

HUMAN RESOURCES ADMINISTRATOR USE ONLY:

Approved **Denied**

Human Resources Administrator's Signature Date

PAYROLL USE ONLY:

I have reviewed our records and determined that all accumulated paid leave, including compensatory time has been exhausted, or will be within one week:

- sick leave
- personal leave
- vacation leave
- compensatory time

The employee/recipient is not eligible to receive nor is the employee receiving workers' compensation, disability benefits (PERS disability, or short or long term disability insurance), or on Parental Leave. The use of donated vacation leave or compensatory time as sick leave may offset disability payments.

Payroll Signature Date



OREGON DEPARTMENT OF FISH AND WILDLIFE

Interagency Donated Leave Transfer

I _____ voluntarily authorize _____ to deduct from my
 (Name of Employee/Donor) (Donor's Agency Name)

Accrued vacation and/or compensatory leave balance(s) the number of hours indicated below to be used to provide additional hours of paid leave to the person designated. I understand that hours donated, once transferred, are not recoverable.

Hours Donated: Vacation _____ Compensatory _____

I donate these hours to _____ at _____
 (Name of individual/donee) (Donee's agency)

Donor Employee I.D. Number: _____

Donor's Agency HR/Payroll Office Use Only

Approved _____ Disapproved _____

Agency Head Signature: _____ Date: _____

Approved _____ Disapproved _____

HR Administrator Signature: _____ Date: _____

Donor's Base/Hourly Rate _____

Number of Hours Donated _____

Date Request Processed _____

Signature of Payroll Processor: _____ Date: _____

Receiving Agency HR/Payroll Office Use Only

Approved _____ Disapproved _____

Agency Head Signature: _____ Date: _____

Approved _____ Disapproved _____

HR Administrator Signature: _____ Date: _____

Donor's Base/Hourly Rate _____

Number of Hours Donated _____

Date Request Processed _____

Signature of Payroll Processor: _____ Date: _____