

SUBJECT: Donated Leave	NUMBER: 60.025.01
DIVISION: Human Resource Services Division	EFFECTIVE DATE: 12/06/06

APPROVED: **Signature on file with the Human Resource Services Division**

POLICY STATEMENT: The state of Oregon recognizes the importance of income replacement and continuation of benefits in the event of serious, long-term health problems of an employee or for an employee to care for an eligible family member with serious, long-term health problems. State agencies administer a donated leave program to allow, state employees to support other state employees in serious need through, the donation of paid leave time.

AUTHORITY: ORS 240.015; 240.145(3); 240.250; 240.551; 659.030(1)(b); OAR 166-300-0035

APPLICABILITY: Classified unrepresented, management service, unclassified executive service and unclassified unrepresented employees

ATTACHMENTS: Interagency Donated Leave Transfer (PD625)

DEFINITIONS: 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.

See also HRSD State Policy 10.000.01, Definitions; and OAR 105-010-0000

POLICY

(1) The state of Oregon recognizes the importance of income replacement and continuation of benefits in the event of serious, long-term health problems of an employee or for an employee to care for an eligible family member with serious, long-term health problems. State agencies administer a donated leave program to allow, state employees to support other state employees in serious need through, the donation of paid leave time.

(a) Program Administration

(A) The appointing authority will administer HRSD State Policy 60.025.01, Donated Leave as the agency's program policy. 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.

(B) The agency will ensure that program administration is consistent, clearly defined, and appropriately documented.

(C) The agency may allow the transfer of leave to and from another Executive Branch agency. Agencies deciding to allow the transfer of leave to and from other agencies will use the Interagency Donated Leave Transfer Form (PD 625), an addendum to this policy. The sending and receiving agencies must both approve of the action prior to the transfer taking place.

- (D) Unless health insurance contributions are mandated, pursuant to the Family & Medical Leave Act (FMLA), leave donations will be used to reimburse the agency for costs incurred for insurance contributions. The agency does not assume any tax liabilities that would not otherwise accrue to the employee.
- (E) While the employee is on FMLA designated leave, the agency will not use donated hours to pay for insurance benefits. The agency will continue to pay health insurance and basic life insurance until the first of the month following exhaustion of FMLA. After this time, the agency, will use donated leave to pay for insurance benefits.
- (F) 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 agency will set forth a process for transferring only the appropriate number of hours of sick leave.
- (G) Hours received under this program and taken as sick leave with pay will be considered as time worked for purposes of leave accrual and holiday pay.

(b) Request for Donated Leave

(A) An employee may request donated leave under either of the following circumstances:

(i) To recover from or seek treatment for 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 or;

(ii) To care for or seek treatment for a family member or equivalent of each for domestic partners (spouse and parents thereof; children, including adopted children, and spouses thereof; parents; brothers and sisters and spouses thereof; and any individual related by blood or affinity whose close association with the employee is the equivalent of a family relationship) 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.

(B) Donated leave may not be requested 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 an agency.

(C) An eligible employee must submit a written request to the appointing authority in order to receive donated leave. If an employee is unable to submit a written request, the appointing authority may accept a written request submitted on behalf of the employee by a family member or other responsible party. The request must include the specific amount of time requested based on the projected need. It must be accompanied by certification from an attending physician or practitioner 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 to be absent from work and be consistent with the amount of time requested by the employee.

(c) Program Eligibility Requirements: An employee is eligible to receive donated leave if all the following criteria are met:

(A) The employee has attained regular status and has exhausted, or will as a result of the condition, exhaust all accumulated leave including sick, vacation, compensatory time and personal business leave; and

(B) The employee's absence is expected to continue for at least 15 consecutive calendar days following the employee's exhaustion of accumulated leave and the total leave is expected to be at least 30 consecutive calendar days;

- (C) The employee submits certification from the attending physician which indicates that the leave is necessary as a result of the employee's serious health condition or that of a family member; and
  - (D) The employee 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.
- (d) Requirements for the Use of Donated Leave
- (A) Donated leave may only be accepted by the employee as the need occurs and will be credited at the receiving employee's current regular hourly rate of pay. Unaccepted donated leave (hours never converted to the receiving employee's sick leave account) will remain in the donor's leave account.
  - (B) If a receiving employee needs more than the initial amount of donated leave time requested, subsequent requests for donated leave and medical certification may be submitted.
  - (C) Donated hours received may not exceed the equivalent of the receiving employee's normal rate of compensation.
- (e) Donations within the same Agency:
- (A) An employee with regular status within the same agency as the receiving employee may voluntarily donate vacation leave, compensatory time, or both, to an eligible employee's sick leave account.
  - (B) The donating employee (donor) must submit written authorization to donate leave to an eligible employee. The donor's authorization must be reviewed and approved by the appointing authority or designee before the leave is transferred.
  - (C) Leave can only be donated in increments of one hour or more to a receiving employee's sick leave account. Donated hours are based on the conversion of the donor's salary rate to sick leave hours at the recipient's base rate of pay.
  - (D) A donor may not donate time which has already been lost due to leave accrual limits set by HRSD state rule or policy.
  - (E) Donated hours will be transferred from the donor's accrued leave as needed by the recipient. If total leave donated exceeds the total amount of leave accepted, unaccepted leave will remain in the donor's accrued leave balance.
- (f) Donations between Agencies:
- (A) An employee with regular status in a different agency may, subject to the approval of both agencies, donate leave to an eligible receiving employee by completing and signing the Interagency Donated Leave Transfer form (PD 625) and submitting it to their agency's appointing authority.
  - (B) An appointing authority 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.
- (g) Documentation Requirements. Agencies shall maintain the following documentation for each request for donated leave for a period of four years from the date of the request:
- (A) Employee's request to receive donated leave with supporting medical certification;
  - (B) Appointing authority (or designee) approval or denial of request for donated leave;
  - (C) The donor's authorization to donate leave with appropriate signatures, including the appointing authority/designee, payroll staff, and number of hours donated;

(D) Record of total leave accepted by receiving employee.

(2) Policy Clarification:

- (a) Agencies need to inform employees that the use of donated vacation leave or compensatory time as sick leave may offset disability payments. The following language is suggested for inclusion on agency donated leave request forms: "I understand that my use of donated vacation leave or compensatory time as sick leave may offset the receipt of any 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 (1) (c).
- (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 whose 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 meets the eligibility requirements in (1) (c) (B).

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(1) Performance Measure:	Percent of time donated leave is used to pay for employee insurance and other benefits when the employee is on an approved donated leave not covered by FMLA
Performance Standard:	100%
(2) Performance Measure:	Percent of time all required documentation is completed and maintained for four years in appropriate payroll files.
Performance Standard:	100%

## Interagency Donated Leave Transfer (PD 625)

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, shall not be recoverable.

Hours Donated: Vacation \_\_\_\_\_ Compensatory \_\_\_\_\_

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

Signature of Donor: \_\_\_\_\_ Date: \_\_\_\_\_

Donor Employee I.D. Number: \_\_\_\_\_

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### Donor's Agency HR/Payroll Office Use Only

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Agency Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Appointing Authority Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Donor's Base/Hourly Rate \_\_\_\_\_

Number of Hours Donated \_\_\_\_\_

Date Request Processed \_\_\_\_\_

Signature of Payroll Processor: \_\_\_\_\_ Date: \_\_\_\_\_

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### Receiving Agency HR/Payroll Office Use Only

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Agency Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Appointing Authority Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Donor's Base/Hourly Rate \_\_\_\_\_

Number of Hours Donated \_\_\_\_\_

Date Request Processed \_\_\_\_\_

Signature of Payroll Processor: \_\_\_\_\_ Date: \_\_\_\_\_