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**IDAHO DEPARTMENT OF PARKS AND RECREATION
POLICY AND PROCEDURES MANUAL**

PROCEDURE TITLE: Donated Leave

APPROVALS:

Nancy Merrill
Director

HUMAN RESOURCES

Policy Owner

1.0 OVERVIEW AND PURPOSE:

With appointing authority approval, state employees may donate accrued *annual* leave to an eligible state employee for use as paid sick leave, (Ref. Idaho Code 67-5334(2)(g)).

In July 1998, legislation was enacted to allow the transfer of vacation leave to employees with serious or catastrophic illness or injury. Under the conditions of this legislation, accumulated annual leave may be transferred from one benefited state employee to another if the receiving employee or the employee's *immediate family member suffers from a serious illness or injury that necessitates absence from work. That donated annual leave will be converted to sick leave for the eligible receiving employee.

All leave donated and received must be approved by the agency appointing authority. Approvals will be made on a case by case basis with consideration for past use, current request and budget.

* Immediate family member includes spouse, child, foster child, parent, brother, sister, grandparent, grandchild or same relation by marriage (DHR Rule 240.03).

2.0 CRITERIA:

2.1 Receiving Leave:

1. To be eligible to receive donated leave, a person must be a current state employee able to accrue sick and vacation leave. In addition, the receiver (or their immediate family member) must suffer from a serious illness or injury necessitating the employee's absence from work. The Department will designate whether the medical condition will qualify for donated leave.
2. The receiving employee must have exhausted all of their accrued sick and vacation leave as well as any accrued compensatory time before accepting donated leave.
3. An employee may receive a maximum total of one hundred and sixty (160) transferred hours per fiscal year.

2.2 Donating Leave:

1. To be an eligible donor, a person must be a current state employee able to accrue sick and vacation leave.
2. Any single donating employee may transfer a maximum of eighty (80) hours of accrued annual leave per fiscal year.

3. The donating employee must maintain a minimum balance of eighty (80) hours of accrued annual leave. (For example: An eligible employee with a balance of 110 accrued vacation hours may transfer up to 30 hours.)
4. All donated hours must be in full hours; no partial hours will be processed.
5. The minimum donation is four (4) hours.

3.0 CONDITIONS:

- 3.1 Donated leave is voluntary.
- 3.2 Confidentiality of the donor(s) will be maintained.
- 3.3 The nature of the “serious illness or injury” causing the employee to request donated leave will be kept confidential.
- 3.4 Any transfer can occur only after the receiving employee has exhausted all of his or her sick, vacation, and compensatory leave.
- 3.5 Any donated leave that is unused by the receiving employee will not be credited back to the donating employee’s leave balance.
- 3.6 The transferred leave will be converted to sick leave on an hour-for-hour basis for the receiver at the receiver’s current rate of pay.
- 3.7 Donated leave is not tax deductible for the donor.
- 3.8 When requested, eligible employees may donate leave to eligible employees in other State agencies.

4. PROCEDURE:

- 4.1 The employee will notify their immediate supervisor in writing of their request for leave and the number of hours needed.
- 4.2 The supervisor will forward this request to the Payroll Office. The Payroll Office will determine if the condition is eligible for donated leave and if the requesting employee is eligible to receive donated leave.
- 4.3 The Payroll Office will contact the Director or Designee for approval to request donated leave.
- 4.4 Requesting process
 1. If approved, the Payroll Office will notify Department employees of the need for donated leave using the template Leave Donation Request (APPENDIX A), obtain the appropriate signatures on the form Transfer of Vacation Hours/Receipt of Sick Hours (APPENDIX B), process the hours and notify the requesting employee and their supervisor of the results.
 2. If the request is denied, the Payroll Office will notify both the employee and their supervisor.
 3. If the requesting employee needs more leave, they will need to again request it in writing from their supervisor (see Procedure 4.1, 4.2, 4.3).

APPENDIX A

LEAVE DONATION REQUEST

One of our IDPR employees, (Name), has qualified for and is in need of leave donation.

If you choose to donate a portion of your annual leave to this employee, please complete the donation form and fax or send it to Payroll. Please be sure to sign and date the form.

To donate annual leave hours, you must:

- be eligible to accrue sick and annual leave hours;
- must donate a minimum of four (4) hours;
- may donate up to a maximum of eighty (80) hours during the current fiscal year, and;
- must maintain an accrued vacation leave balance of at least eighty (80) hours after the donation.

For more information, please see IDPR's Donated Leave Policy at:

http://parksandrecreation.idaho.gov/assets/content/docs/Personel/donated_Leave.pdf

Thank you for your thoughtful consideration.

APPENDIX B

TRANSFER OF VACATION HOURS/RECEIPT OF SICK HOURS

Donating Agency Required Information

USER	SENDING AGENCY ORG#	EFFECTIVE DATE	ID	TRAN	CHANGE CODE	EARNINGS CODE
			G 1	3 1 0		V H T

DONATING EMPLOYEE SSN (last 4 digits only)	(001)RECEIVING AGENCY ORG #	(002)RECEIVING EMPLOYEES SSN (last 4 digits only)	(207)VACATION HOURS TRANSFERRED

Donating Employee Name (Please Print)

Employee Signature

Date

I, the undersigned, have verified and certify that the above named employee meets all of the following criteria necessary to make him/her eligible to transfer unused vacation hours to another state employees' sick leave balance as provided for in Idaho Code #67-5335.

1. Employee has more than 80 hours of vacation balance after hours have been transferred.
2. Employee will not exceed 80 hours of transferred vacation leave, including this transfer, in the current Fiscal Year.
3. Employee signature is present above on this form.

Appointing Authority Signature:

Date

Receiving Agency Required Information

Receiving Employee's Name (Please Print)

The above named employee meets all of the following criteria necessary to make him/her eligible to receive unused vacation hours from another state employee to be used as sick leave as provided for in Idaho Code #67-5334.

1. The receiving employee is eligible only if he/she or a family member suffers from a serious illness or injury.
2. Employee will not exceed 160 hours received from all other employees, including this transfer, in the current Fiscal year.
3. As of pay period, _____ all of the employee's sick, vacation and compensatory balance will be exhausted, making he / she eligible to receive the above hours.

Appointing Authority Signature:

Date