



City of Riverside, California  
Human Resources Policy and Procedure Manual

\_\_\_\_\_  
Human Resources Director

*City of Arts & Innovation*

\_\_\_\_\_  
City Manager

Number: V-3 Effective Date: 11/12 TBD

**SUBJECT: EMPLOYEE LEAVE DONATION PLAN**

**PURPOSE:**

To establish a procedure whereby City employees may, as a humanitarian act, donate their own accrued vacation leave to another employee who has exhausted all of their paid leave as a result of a serious, non-job related injury or illness to themselves or a member of their immediate family. Sick leave, compensatory time (except for IBEW Field and Supervisory Units), holiday accruals, or any other form of compensation cannot be donated through this plan.

**POLICY:**

The following criteria will be utilized in establishing and maintaining an Employee Leave Donation Plan:

1. The employee for which the contribution is being donated (recipient) must be a benefited employee of the City with at least twelve months of continuous service. (Part-time benefited employees who are recipients may not utilize donations of hours greater than the number of hours for which they are regularly scheduled.)
2. The recipient employee must have exhausted all of their own paid leave (sick leave, vacation, compensatory time, ~~or~~and floating holiday), and be facing a financial hardship
3. There must be a non-job related qualifying serious health condition as defined in by the City's Family, Medical, and/or Pregnancy Disability Leave Policy (Policy #V-4) ~~Policy V-4~~, to the recipient employee or a member of the recipient employee's immediate family. and ~~the~~ The recipient employee must be eligible for leave under the City's Family, Medical, and/or Pregnancy Disability Leave Policy (Policy #V-4). A serious illness or injury resulting from the commission of a crime is ineligible for leave donations under this policy
4. Any benefited City employee who has completed at least six months of continuous service may donate a minimum of 2 hours of their accrued vacation leave in increments of 1 hour provided that the donor maintains a minimum balance of two weeks of vacation for their own use. Employees in the IBEW Field and Supervisory Units may also donate their compensatory time bank in the same manner as the donation of accrued vacation leave for other employees.  
~~The donor may request that the donation be made anonymously.~~

5. The total amount of hours donated to any individual shall not exceed 520 hours in any calendar year (or 780 hours for Fire personnel assigned to 24 hour shifts).
6. Only the recipient employee for which the "Request for Creation of an Employee Leave Donation Plan" has been established may receive donated hours from said plan. Such donated hours will be added to the employee's sick leave balance, as needed.
7. A "Request for Creation of an Employee Leave Donation Plan" Form can be obtained from the Human Resources Department website or the City's intranet. Requests must be approved by the department head and ~~concurred with by~~ the Human Resources Director. ~~Any a~~ Appeals may be filed with the ~~will be resolved by the~~ City Manager.
8. The value of donated leave time will be calculated at the donor's regular pay rate, then converted to hours of sick leave at the recipient's regular pay rate to the nearest half (0.5) hour to determine the number of leave hours.
9. The plan will be administered so that hours will be used only as needed and in the order donated. Unused donated hours will be returned to the donating employee in increments of no less than one hour.

**CITY OF RIVERSIDE  
REQUEST FOR CREATION OF AN EMPLOYEE LEAVE DONATION PLAN**

Employee (Recipient) Name: \_\_\_\_\_  
Last First MI

Employee ID#: \_\_\_\_\_ Classification: \_\_\_\_\_

Department: \_\_\_\_\_ Division: \_\_\_\_\_

The above listed employee requests that the City of Riverside set up an employee leave donation plan on their behalf. [The employee acknowledges that his/her name, department and division will be released in an effort to encourage donations to the leave plan.](#)

The recipient employee certifies that they will have used all of their available accrued leave (i.e., sick leave, vacation, compensatory time, floating holiday) as of \_\_\_\_\_, and that being on an unpaid status would cause them financial hardship.

The employee cannot return to work for the following reason:

**PLEASE ATTACH SUPPORTING MEDICAL STATEMENTS FROM ATTENDING PHYSICIAN(S)**

Employee's (recipient) signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Recommendation of Department Head:**

\_\_\_\_\_ Approve \_\_\_\_\_ Deny

Reason(s):

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Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Recommendation of Human Resources:**

\_\_\_\_\_ Approve \_\_\_\_\_ Deny

[Reason\(s\):](#)

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Number: V-3 Effective Date: ~~11/12~~TBD

Human Resources Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

COPIES OF FINAL RECOMMENDATION TO BE SENT TO: HUMAN RESOURCES, ORIGINATING DEPARTMENT

## CITY OF RIVERSIDE

## REQUEST AND AUTHORIZATION TO BE A DONOR TO AN EMPLOYEE LEAVE DONATION PLAN

Date: \_\_\_\_\_

The City of Riverside has established an Employee Leave Donation Plan on behalf of \_\_\_\_\_  
 ("Employee") —of the \_\_\_\_\_ Department, \_\_\_\_\_ Division. T  
(Recipient Name)

has a serious health condition and will soon run out of sick leave and vacation time. We are The employee is asking that you consider donating **vacation, or compensatory time bank (IBEW Field and Supervisory Units)** -hours to assist- the Employee and his/her family.  
(Recipient)

**Please be aware you must have and retain two weeks of vacation time before you will be eligible to donate any hours.**

Please fill out the form below (read thoroughly) and either:

1. Return to the Human Resources Department through interoffice mail, or
2. Fax the completed form to Human Resources at 826-2529.

~~Thanks to everyone for your donations to a fellow City worker!~~

**REQUEST AND AUTHORIZATION TO BE  
A DONOR TO AN EMPLOYEE LEAVE DONATION PLAN**

**Donating Employee Name (Please Print):** \_\_\_\_\_  

**Last**
**First**
**MI**

**Employee ID #:** \_\_\_\_\_ **Phone #: (Work)** \_\_\_\_\_ **(Home)** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Department/Division:** \_\_\_\_\_

I, the above named employee, request and authorize the City of Riverside to transfer \_\_\_\_\_ hours (2 hours minimum) of my own (Select One):

\_\_\_\_\_ aAccrued vacation leave OR  
 \_\_\_\_\_ Compensatory time bank (IBEW Field and Supervisory Units)

-to \_\_\_\_\_ sick leave account.  
 \_\_\_\_\_ (Recipient Employee)

I understand that the decision to donate may not be withdrawn after it is submitted. Donated vacation leave, or compensatory time bank (IBEW Field and Supervisory Units) will be utilized in order of the date donated. Any unused vacation leave, or compensatory time bank (IBEW Field and Supervisory Units), will be returned to the donating employee in increments of not less than 1 hour. I also understand that I must retain at least 2 weeks of vacation for my own use.

I hereby make this voluntary donation of accrued vacation leave, or compensatory time bank (IBEW Field and Supervisory Units), from my account ~~by of~~ my own free will.

Employee (Donor) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

☐  Check only if you wish to make your donation anonymously.

**FOR HUMAN RESOURCES USE ONLY**