	CITY OF HENDERSONVILLE		
		Policy Name:	Vacation/Shared Leave Donation Policy

I. General Policy

The City realizes that in extreme catastrophic situations, employees may be in a situation where personal or family illness requires they be away from work to the point of exhausting all vacation and sick leave. It is during these events when being on leave without pay is a hardship for the employee.

It is the desire of the City to establish a policy whereby employees may donate a given amount of accumulated vacation leave to the employee in need of additional sick leave. Donation of leave will be given hour for hour irrespective of any difference in pay between individuals.

All donations are considered voluntary in nature and solicitation through coercion or intimidation is not permitted.


II. Scope

This policy applies to any employee that accrues vacation and sick leave.

III. Administrative Procedures

A) Receiving Employee:

1. Any employee that accrues or is eligible to accrue vacation and sick leave.
2. Must have a serious medical condition and in all cases submit a physicians' statement of diagnosis, prognosis and estimated duration of medical leave necessary;
3. Must be required to serve as caretaker for a spouse, child or parent experiencing a serious health condition as defined by the Family and Medical Leave Act.
4. Must have exhausted all paid leave (sick, vacation, compensatory time) before requesting and using shared leave;
5. Cannot simultaneously accrue sick or vacation leave or receive Worker Compensation;

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B) Donating Employee:

1. Any employee that accrues or is eligible to accrue vacation leave;
2. May not donate more than 120 hours of vacation in a calendar year;
3. May not reduce his or her vacation balance below 24 hours with the donation;

C) Administrative Review Process

Employees wishing to request or donate shared leave must submit the completed Shared Leave Application with the physician’s statement to his / her Department Head who will forward these forms to Human Resources.

Human Resources and the City Manager will determine whether the employee qualifies for the shared leave program. Approval of shared leave is not automatic. Upon review the Department Head shall forward the Shared Leave Transfer form to Human Resources for approval or non-approval.

If Human Resources recommends non-approval, a statement of the rationale shall accompany the non-approval submission. Non-Approval of Shared Leave could be for but not limited to, any of the following reasons:


1. Abuse of annual / sick leave
2. Pattern of absenteeism
3. Elective Surgery

Employees do not have a right to Shared Leave. It is a privilege offered by the City of Hendersonville. Upon denial of Shared Leave, employees will have no administrative or judicial appeal rights and a grievance cannot be requested based on this denial action.

D) Internal Communications

Persons requesting leave from other employees shall submit their request to their Department Head.

Human Resources will generate notification to all City Departments concerning an employee’s request for vacation donation. All City employees will be notified

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through email of an employee’s request for shared leave. If no donations are received, the employee may request leave without pay.

The following information will be shared:

1. The Employee’s Name
2. Department
3. Number of Hours Requested

E) Closing Date of Donations


All donations are considered voluntary in nature and solicitation through coercion or intimidation is not permitted. The purpose of this is to create a fair system in which employees may donate time to one another without feeling intimidated by an employee or pressured to donate their vacation time. It is ultimately the employee’s choice to donate time to another employee.

F) Confidentiality

The Privacy Act makes medical information confidential. The review and approval of this shared leave process is to remain strictly confidential; no one outside of the employee’s departmental chain-of-command, Human Resources and / or the City Manager will have access to any information submitted for, or on behalf of, the employee. Only individual employees may choose to reveal their donation or receipt of leave. When disclosing information on an approved recipient, only a statement that the recipient has a prolonged illness will be made.

IV. Payroll Procedures

Once the closing date of donations has passed, Human Resources will forward to payroll a copy of the donations. Human Resources will send the department notice of how many hours were donated to the requesting employee. These hours will be credited to the recipients sick leave balance and must be used. Donations cannot be retracted once the employee signs the donation form.

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V. Interactions with Other Forms of Leave

The Shared Leave Policy will work in conjunction with the Family and Medical Leave Act as outlined in Article VII Section 18 Family and Medical Leave of the City’s Personnel Policy.

This policy is being instituted by City Management in accordance with Article I Section 8. Departmental Rules and Regulations and this Shared Leave Policy is a supplement to the Personnel Policy of the City of Hendersonville.



 John F. Connet, City Manager

John F. Connet, City Manager

May 1, 2019

Date

City of Hendersonville
Donation of Vacation Leave

To: Jennifer Harrell, Human Resources Director

RE: Donation of Vacation Leave

From: _____ Employee Number: _____
Employee Name

I hereby donate _____ hours of my accumulated vacation leave to

Employee: _____ Employee Number: _____

I further acknowledge that this time will be deducted from my accumulated vacation leave as needed.

Signed: _____ Date: _____
Employee

Approved: _____ Date: _____
Department Head

Approved: _____ Date: _____
City Manager

City of Hendersonville Shared Leave Application

To: Jennifer Harrell, Human Resources Director

RE: Donation of Vacation Leave

From: _____
Employee Name

I hereby request use of the City's Vacation/Shared Leave Policy.

Number of hours needed: _____

Dates: _____

Reason: _____

Employee: _____ Employee Number: _____

I further acknowledge that this time will be deducted from my accumulated vacation leave as needed.

Employee Signature _____ Date: _____

Approved: _____ Date: _____
Department Head

Approved: _____ Date: _____
City Manager