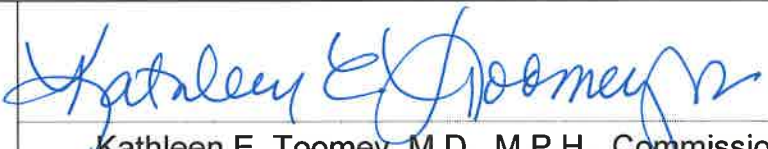




**GEORGIA DEPARTMENT OF PUBLIC HEALTH
POLICY # HR-03432
LEAVE DONATION POLICY AND PROCEDURES**

Approval:	 Kathleen E. Toomey, M.D., M.P.H., Commissioner	AUG 13 '19 15:21 * Date
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1.0 PURPOSE

The purpose of this policy is to permit employees of the Department of Public Health (DPH) to assist other DPH employees who will be absent from work for an extended period due to a personal medical condition or the medical condition of an immediate family member.

2.0 AUTHORITY

The DPH Leave Donation Policy is published under the authority of DPH and in compliance with the following:

- 2.1 State Personnel Board Rule 478-1-.17
- 2.2 DPH Division of Workforce Management, Office of Human Resource Policies

3.0 DEFINITION OF TERMS AND ACRONYMS

- 3.1 DPH – Georgia Department of Public Health
- 3.2 HR – DPH Division of Workforce Management, Office of Human Resources
- 3.3 “Donor” means an eligible employee who has elected to donate leave to another eligible employee.
- 3.4 “Eligible” means meeting the requirements set forth in this policy for leave donation or receipt.
- 3.5 “Extended absence” means a period of absence which is more than ten (10) consecutive workdays.
- 3.6 “Immediate family” means the employee’s spouse, child, parent, grandparent, grandchild, brother, and sister, including active step and in-law relationships. Immediate family also includes any other person who resides in the employee’s household and is recognized by law as a dependent of the employee.
- 3.7 “Medical hardship” means a medical condition of an employee or the employee’s immediate family member that will require the employee’s extended absence and will result in a substantial loss of income to the employee.

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3.8 “Recipient” means an eligible employee who has been authorized by DPH to solicit donations of leave from other DPH employees.

4.0 SCOPE

This policy applies to all DPH employees.

5.0 RESPONSIBILITIES

The DPH Division of Workforce Management, Office of Human Resources (HR) is responsible for issuing and updating procedures to implement this policy.

6.0 POLICY

The DPH leave donation program has been established to permit employees to assist other employees who will be absent from work for an extended period due to a personal medical condition or the medical condition of an immediate family member. Eligible DPH employees (recipients) may request that other DPH employees (donors) donate their annual, sick, or personal leave for use by the recipient as sick leave.

6.1 GENERAL PROVISIONS

- 6.1.1 The donation of leave is strictly voluntary.
- 6.1.2 Donated leave can only be credited to a DPH employee. DPH employees cannot donate leave to or receive donated leave from non-DPH employees.
- 6.1.3 Employees must request and be approved for appropriate leave during the extended absence in order to be considered for participation in the leave donation program.
- 6.1.4 For purposes of this policy, an employee is considered to be on “approved leave without pay” if the employee is on Family and Medical Leave (FML) Without Pay or, if not eligible for FML, the employee has requested and received approval for an Authorized (Regular) Leave of Absence Without Pay.
- 6.1.5 If the employee is on approved FML Without Pay or Authorized (Regular) Leave of Absence Without Pay, or in pay status using donated leave, either the position which the employee occupied or another position of equal grade, pay, and benefits and comparable working conditions will be held for the employee’s return.
- 6.1.6 All types of donated leave (annual, personal and sick leave) are credited to a recipient’s sick leave balance.

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6.1.7 Donated leave can only be used by recipients for absences that qualify for sick leave (see *DPH Absences From Work Policy #HR-03422*).

6.1.8 The identity of donors is confidential and will not be provided by individuals administering the donation process to the recipient or to any other individual unless necessary to administer the donation or required by law.

6.2 ELIGIBLE RECIPIENT

All criteria listed below must be met for an employee to be eligible to solicit and use leave donations.

6.2.1 The employee must be employed in a position entitled to earn and use leave.

6.2.2 The employee must have been continuously employed by a state agency in position(s) entitled to earn and use leave for at least twelve (12) months immediately preceding the request to solicit leave donations.

6.2.3 The employee must either be in pay status or on approved leave without pay in order to solicit leave donations. The employee is not eligible to solicit or use leave donations if on a contingent leave of absence without pay.

NOTE: An employee who is absent without pay, but has not requested and specifically been approved for FML or Authorized (Regular) Leave of Absence Without Pay, is not eligible to solicit or use leave donations.

6.2.4 In order to use leave donations, the employee must have exhausted all annual, personal, sick and forfeited leave and all available compensatory time.

6.2.5 The employee must have been on approved leave without pay for forty (40) consecutive hours prior to crediting and using donated leave.

NOTE: If the employee accrues leave after beginning a period of approved leave without pay, said accruals can be deferred until the previously referenced forty (40) hour approved leave without pay requirement has been satisfied.

6.2.6 The employee can only use donated leave while absent due to the specific medical hardship for which the donations were solicited.

6.2.7 The employee is not eligible to solicit or use leave donations if the employee was on an attendance plan or undergoing disciplinary or other corrective action for leave abuse or misuse in the twelve (12) month period preceding the request.

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6.2.8 The employee is not eligible to solicit or use leave donations for an absence due to a job-related injury or illness for which Workers' Compensation benefits may be received or a medical hardship resulting from the employee's commission of a crime.

6.2.9 The employee cannot solicit leave donations after returning to work in order to retroactively cover a period of absence. Due to the nature of intermittent leave, leave donations are also not appropriate to cover intermittent absences from work.

6.3 ELIGIBLE DONOR

An employee must meet all criteria listed below in order to be eligible to donate leave to a recipient.

6.3.1 The donor must be a DPH employee.

6.3.2 The donor must have been continuously employed for at least twelve (12) months by a state agency in a position(s) entitled to earn and use leave.

6.3.3 The donor must have a balance of at least sixty (60) hours of annual leave after donation, if donating annual leave.

6.3.4 The donor must have a balance of at least sixty (60) hours of sick leave after donation, if donating sick leave.

6.3.5 In a calendar year, a donor may donate any amount of annual or personal leave so long as the donor retains at least sixty (60) hours of annual leave, but a donor may not donate more than one hundred twenty (120) hours of sick leave. A donation may not be made from a forfeited leave balance.

6.3.6 No exceptions to the leave donation limits are made for employees who are leaving State government and wish to donate sick leave that would otherwise be lost. In accordance with the Rules of the State Personnel Board, departing employees can only donate up to a maximum of 120 hours of sick leave in a calendar year, and a balance of 60 hours of sick leave must remain after donation.

6.4 REQUEST

6.4.1 An employee may submit a request to solicit leave donations no more than forty (40) calendar days prior to going into an approved leave without pay status.

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6.4.2 A completed *DPH Request to Solicit Leave Donations Form # HR-03432* must be submitted to HR by the employee (or the employee's designee if the employee is unable to personally submit the request).

6.4.3 The request must describe the reason for soliciting donated leave.

6.4.4 A medical statement supporting the need for absence must be submitted with the request.

NOTE: The medical statement is confidential and may be shared with individuals only on a need-to-know basis. The statement will be maintained in a confidential file separate from the employee's personnel file.

6.5 DETERMINATION

6.5.1 Approval of a request to solicit leave donations is based on the provisions of this policy.

6.5.2 Leave donation will be applied consistently and in a non-discriminatory manner.

6.5.3 If the request to solicit leave donations is denied, an HR representative or designee will notify the employee of the denial in writing.

6.5.4 If the request is approved, HR will prepare and post a *DPH Solicitation for Leave Donations Notice Form # HR-03432B*.

6.6 SOLICITATION NOTICE

6.6.1 The *DPH Solicitation for Leave Donation Notice* must include the:

- posting date,
- deadline to receive leave donations,
- employee's name and work location,
- Instructions for contacting HR to make a leave donation.

6.6.2 HR will post the *DPH Solicitation for Leave Donation Notice* for at least ten (10) work days.

NOTE: If employees do not receive the maximum amount of donated leave, they may request that the solicitation notice be circulated one additional time during the period of absence or within a three-month period from when the solicitation was originally circulated, whichever is less, to encourage additional donations not to exceed 520 hours.

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6.7 MAKING A DONATION

6.7.1 Leave can only be donated in response to a specific solicitation.

6.7.2 Leave donations must be made in whole eight (8) hour increments.

6.7.3 A donor must complete a *DPH Leave Donation Authorization Form # HR-03232C* to:

- authorize the deduction of leave from an accrued balance;
- identify the recipient; and,
- specify the type and amount of leave to be donated.

6.7.4 The completed *DPH Leave Donation Authorization Form* must be submitted to HR. HR will then do the following:

- certify the donor's leave balance(s);
- subtract the donated leave from the donor's leave balance;
- add the donated leave to the recipient's sick leave balance.

6.7.5 HR will stamp the date and time of receipt on the *DPH Leave Donation Authorization*. The recipient will be advised in writing by HR of the amount of leave donated.

6.8 CREDITING DONATED LEAVE

6.8.1 All types of leave donations, up to a maximum of 520 hours, will be credited as sick leave to a recipient. Donations will be used as needed and in the order received.

6.8.2 Donations received after the maximum has been reached or after the posted deadline will not be accepted and will be returned to the appropriate donor(s).

6.8.3 While using donated leave, the recipient will accrue annual and sick leave if in pay status for the required number of hours in a pay period. This newly accrued leave must be used prior to continuing to use donated leave.

6.8.4 Each individual leave donation will be credited in its entirety. (See exceptions and limitations, below.) Leave donated in excess of what is needed by the recipient will be returned to the donor(s); however, if a

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portion of a leave donation is needed, the remainder, up to forty (40) hours, will not be returned to the donor.

6.8.5 An exception occurs when a leave donation from one donor would result in over 520 hours being received. In this case, the recipient's sick leave balance is credited up to the maximum, and the excess leave is returned to the donor.

6.8.6 Once a recipient has returned to duty, no more than forty (40) hours of previously donated leave may be retained for the recipient's use as sick leave.

6.9 MULTIPLE DONATIONS

6.9.1 Multiple solicitations and donations are permitted for the same recipient; however, no recipient will be credited with more than 1,040 hours of donated leave in any period of two (2) consecutive calendar years.

6.9.2 Multiple donations can be solicited for the same absence if the recipient's medical hardship continues after the recipient has received and used the maximum of 520 hours of donated leave.

6.9.3 The recipient must submit a new *DPH Request to Solicit Leave Donations*, and a new *DPH Solicitation for Leave Donations Notice* must be posted/circulated.

6.9.4 The recipient will not be required to be in an additional approved leave without pay status for a period beyond the forty (40) hours required for the initial leave donation solicitation.

6.9.5 If multiple donations are solicited for different absences, the recipient must meet all requirements for soliciting leave donations for each solicitation, including the requirement to be on authorized leave without pay for forty (40) consecutive hours prior to receiving donated leave.

6.10 PLACEMENT ON FAMILY AND MEDICAL LEAVE

6.10.1 HR must determine if an employee using donated leave is absent for a reason that also qualifies for FML. (See *DPH Family and Medical Leave Policy # HR- 03431.*)

6.10.2 If the employee meets all eligibility criteria for FML, HR will notify the employee of placement on FML.

6.10.3 An employee may be placed on FML without a request from the employee.

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6.11 RETURN TO WORK

6.11.1 If an employee was receiving donated leave due to a personal medical condition, the employee may be required to submit a return-to-work statement from the attending health care provider prior to returning to work.

6.11.2 The medical statement must certify that the essential functions of the employee's position can be performed with or without reasonable accommodation.

6.11.3 Employees who do not provide a required medical statement to HR will not be allowed to return to work.

6.12 PROHIBITED ACTIVITY

6.12.1 No employee may threaten, coerce or attempt to threaten or coerce another employee for the purpose of interfering with rights involving the donation, receipt or use of leave. Such prohibited acts include, but are not limited to, promising to confer or conferring a benefit such as appointment, promotion, or salary increase; or making a threat to engage in, or engaging in, an act of retaliation against an employee.

6.12.2 Donors are prohibited from accepting compensation or gifts from recipients in exchange for leave donations.

6.12.3 Any employee who violates the Prohibited Activity Section will be subject to disciplinary action up to and including dismissal.

7.0 REVISION HISTORY

REVISION #	REVISION DATE	REVISION COMMENTS
0	February 11, 2012	Initial Issue
1	June 20, 2017	Annual Review and Update
2	May 28, 2019	Section 3.0, 6.3.5, 6.9.4 to comply with revised State Board Rule 478-1-.17

8.0 RELATED FORMS

HR-03432A – DPH Request to Solicit Leave Donations Form

HR-03432B – DPH Solicitation for Leave Donations Notice

HR-03432C – DPH Leave Donation Authorization Form



HR 03432A
REQUEST TO SOLICIT LEAVE DONATIONS

Employee's Name: _____ Employee ID: _____
Division/Office: _____ Work Unit: _____
Work Address _____ Work Phone: _____
Home Phone: _____

I request to solicit and receive donated leave from other DPH employees for my use as sick leave due to a medical hardship.

I understand that in order to solicit leave donations, the attending health care provider must provide a medical statement supporting the need for my absence. As evidenced by my signature below, I authorize the release of information to my employer from the attending health care provider concerning (1) my medical care and/or treatment, or (2) the medical care and/or treatment of my spouse, child, parent, brother, sister or other legal dependent.

Signature of DPH Employee or Employee's Designee

Date

RECEIPT BY IMMEDIATE SUPERVISOR

[] Recommended [] Not Recommended Reason:

Name of Supervisor Receiving Request

Date Request Received

APPROVAL BY HUMAN RESOURCES

[] Request Approved [] Request Denied

Reason Denied:

Date Request Received:

[Empty box for Date Request Received]



HR 03432B
SOLICITATION FOR LEAVE DONATIONS

PLEASE POST IN A PROMINENT LOCATION

Posting Date: _____ Deadline for Submissions _____
Employee's Name _____ Division/Office _____
Work Location _____

The DPH employee listed above has been authorized to solicit leave due to a medical hardship.

All leave donations will be credited as sick leave. Any amount of annual or personnel leave may be donated, but no more than 120 hours of sick leave may be donated in a calendar year. Leave donations must be made in increments of whole hours and the minimum donation is 8 hours. Recipient can receive a maximum of 520 hours of all types of leave donations. Leave in excess of what is needed by the recipient will be returned to the donor(s); however, if a portion of leave donated is needed, the remainder up to 40 hours, will not be returned to the donor.

The donation of leave is voluntary and the names of donors will remain confidential.

To donate leave to this employee, please complete HR-03432C - LEAVE DONATION AUTHORIZATION FORM and submit to OHR by the deadline noted. Forms may be obtained on the DPH Intranet, PHIL, HR Forms at https://gets.sharepoint.com/sites/DPHIntranet/PHIL/Pages/Human%20Resources.aspx.

AUTHORIZATION BY EMPLOYEE SOLICITING LEAVE

I agree that this SOLICITATION FOR LEAVE DONATIONS notice is satisfactory and should be circulated and/or posted as written.

Signature of Employee or Designee _____ Date _____

APPROVAL

Office of Human Resources _____ Date _____



HR 03432C

LEAVE DONATION AUTHORIZATION FORM

DONOR INFORMATION

Donor's Name: _____ Employee ID: _____

Name of Recipient of Leave: _____

AUTHORIZATION OF DONATION

I certify that I have been continuously employed for at least 12 months by a state agency in a position entitled to earn and use leave and I am currently an employee of the Department of Public Health.

I understand that after my donation I must have a balance of 60 hours of sick leave and 60 hours of annual leave remaining (forfeited leave may not be used). Furthermore, I may not donate more than 120 hours of sick leave in a calendar year. There is no restriction on the amount of annual or personal leave that can be donated.

I understand that I may not donate sick leave if I have tendered my resignation or I have been notified of termination.

In response to a Solicitation for Leave Donations, I elect to donate the following leave:

_____ hours of Sick Leave 8 hour minimum donation
_____ hours of Annual Leave Must be in whole hour increments
_____ hours of Personal Leave

I understand that this donation will be deducted from my accrued sick, annual and/or personal leave. If a portion of donated leave is not needed or the recipient reaches the maximum donated leave allowed, it will be returned to me.

I understand that the donation of leave is voluntary and the names of donors will remain confidential.

I agree to the transfer of the leave specified above to the recipient named.

Signature of Donor _____ Date _____

Completed forms should be sent to Department of Public Health, Office of Human Resources 2 Peachtree St NW, Suite 16-417, Atlanta, GA 30303 or e-mail to DPH-HR@dph.ga.gov or fax to 404-656-4450.

COMPLETED BY OHR

Table with 4 columns: Leave Type, Number of Hours, Transfer Date, Date Request Received. Rows for Sick, Annual, and Personal leave.