



**City of Hampton
PERSONNEL ADMINISTRATIVE INSTRUCTION**

DATE: March 23, 1994	CHAPTER: 7	PAI No. 2	
REFERENCES: Section VI	SUBJECT: Leave Donation Program		
<p>I. <u>Purpose:</u> The purpose of this procedure is to establish guidelines for the administration of a voluntary program of leave donation for Permanent full-time City employees. Recipients continue to accrue all benefits while on leave under this program.</p> <p>II. <u>Eligibility for Receiving Donated Leave:</u> All Permanent full-time employees who have completed thirty (30) continuous calendar days of service, are unable to work due to a non-work related injury, temporary disability, or illness lasting at least twenty (20) consecutive work days and are ineligible for short-term disability are eligible to receive donated leave. Participants in the program must be able to provide reasonable assurance to the Department Head, in the form of medical documentation signed by a physician, of the ability to return to work. In accordance with the Personnel Policies Manual, the Department Head may also request medical documentation of the incapacity. Employees filing for disability retirement must provide proof of submitted application to the Virginia Retirement System. All accrued paid leave must be exhausted prior to using donated leave.</p> <p>III. <u>Program Participation Approval:</u> The Department Head, taking into account applicable personnel policies, will be the final approving authority for time off that does not qualify under the Family Medical Leave Act (FMLA) and participation in the leave donation program.</p> <p>IV. <u>Procedures:</u></p> <ul style="list-style-type: none">A. Employees shall request sick leave donations.B. The recipient's department is responsible for communicating the employee's need for leave donation to include the department, name of the individual in need of the donation, the number of hours needed, and the name and phone number of the payroll clerk or person in the recipient's department designated to coordinate leave donations.C. Donation of leave under this program shall be completely voluntary. City employees may donate either sick or annual leave under this program. However, leave received under this program shall be administered under the City's sick leave policies.D. Prior to donating, it is the donor's responsibility to inquire of the recipient's Department Head or designee about the number of hours needed by the			
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requesting employee. Any donated hours not used by the recipient are non-recoverable.

- E. The minimum donation shall be eight (8) hours.
- F. The donor shall complete a Standard Leave Application form, placing the name of the recipient and the number of hours donated in the "Leave Donation" section. The leave form shall be submitted to the donor's Department Head.
- G. For KRONOS users, the donor shall complete a Time Off Request, select the Sick Leave Donation code and enter the number of hours to donate. The donor's supervisor will approve the request.
- H. The donor's payroll clerk or designee shall deduct the hours from the donor's record on the payroll time sheet and forward the Standard Leave Application form to the recipient's payroll clerk. A copy of the leave form shall be retained in the donor's departmental payroll file.
- I. For KRONOS users, the Payroll Manager or designee shall deduct the hours from the donor's appropriate accrued leave balance and add all donated hours to the recipient's leave donation balance. The donor's original Standard Leave Application form shall be maintained in Finance along with the payroll time proof.
- J. The recipient's payroll clerk or designee shall add the hours to the recipient's payroll time sheet as needed each pay period. All leave accrued during the recipient's absence will be used prior to applying donated leave. The donor's original Standard Leave Application form shall be forwarded to Finance along with the payroll time proof.
- K. For Kronos users, the Payroll Manager or designee shall add the hours to the recipient's payroll time sheet as needed each pay period. All leave accrued during the recipient's absence will be used prior to applying donated leave. The donor's original Standard Leave Application form shall be maintained in Finance along with the payroll time proof.
- L. All above actions must be completed prior to the beginning of the payroll period in which the recipient intends to use the donated leave.
- M. An employee shall not be credited with donated leave in excess of the period of eligible absence as approved by the Department Head.
- N. The recipient shall be required to use leave donated under this program in accordance with all applicable policies.

V. Advanced Sick Leave

If the employee does not receive enough donations to cover the period of incapacitation, the employee may request advanced sick leave up to a maximum of ninety-six (96) hours. Advanced sick leave shall be automatically offset when the employee returns to duty and begins accruing sick leave. The employee is ineligible for any additional advanced sick leave

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until the balance is completely offset.

In the event the employee does not return to duty or returns and is separated from employment (except by reason of disability or death) prior to offsetting the advanced sick leave, the balance shall be offset against any monies due the employee upon separation. The Department of Finance shall initiate appropriate action to recover any remaining balance due the City.

Employees who have applied for disability retirement are eligible to receive up to ninety (90) days or a maximum of 720 hours of leave donation. If the employee does not receive enough leave donations to cover the ninety (90) days, they will go into a leave without pay status.

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CITY OF HAMPTON STANDARD LEAVE APPLICATION

Employee Name:	Employee Number:	Date of Request:
Department:	Division:	
<input type="checkbox"/> Annual	<input type="checkbox"/> Total Hours	<input type="text"/> Date/Time
<input type="checkbox"/> Sick	<input type="checkbox"/> Total Hours <input type="checkbox"/> Total Hours Advanced	<input type="text"/> Date/Time
<input type="checkbox"/> LWOP (Leave Without Pay)	<input type="checkbox"/> Total Hours	<input type="text"/> Date/Time
<input type="checkbox"/> Family Medical Leave (FML)	<input type="checkbox"/> Total Sick Hours	<input type="text"/> Date/Time
	<input type="checkbox"/> Total Annual Hours	<input type="text"/> Date/Time
	<input type="checkbox"/> Total LWOP Hours	<input type="text"/> Date/Time
<input type="checkbox"/> Compensatory Time	<input type="checkbox"/> Total Hours	<input type="text"/> Date/Time
<input type="checkbox"/> Leave Donation	<input type="checkbox"/> Total Sick Hours	<input type="checkbox"/> Total Annual Hours
<input type="text"/> Recipient		<input type="text"/> Recipient's Dept
<input type="checkbox"/> Military	<input type="checkbox"/> Birthday	<input type="checkbox"/> Total Hours
<input type="checkbox"/> Education	<input type="checkbox"/> Administrative	<input type="text"/> Date/Time
<input type="checkbox"/> Other <input type="text"/>		
Remarks:		
<input type="text"/>		<input type="text"/>
Employee Signature		Date
<input type="checkbox"/> Approved		
<input type="checkbox"/> Disapproved (Include Reason Below)		
<input type="text"/>		<input type="text"/>
Supervisor's Signature		Date

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