

SAN BERNARDINO MUNICIPAL WATER DEPARTMENT

POLICIES & PROCEDURES MANUAL

POLICY 32.025 - TRANSFER OF BENEFIT HOURS

Date: May 31, 2012
Revision No.: 4
Supersedes: September 2008
First Adopted: September 1990

POLICY:

Water Department employees may transfer vacation or sick leave hours to those Water Department employees whose leave bank(s) are nearly depleted and are in need of leave hours resulting from their own serious to catastrophic illness or the need to care for an immediate family member (child, spouse, parent, stepchild/parent and domestic partners) who has a serious to catastrophic illness.

PROCEDURE:

All donations are applied on a first received basis. Authorizations not used due to the recipient's return to work become invalid. Recipients who will have additional absences related to their illness may request within thirty (30) days after return to work that any unused transferred hours be banked. If no request to bank unused hours is made, the transferred hours will become invalid. Banked leave not used within six (6) pay periods after recipient's return to work become invalid.

Employees receiving disability benefits or Workers' Compensation payments are not eligible for participation in the Transfer of Benefit Hours program.

Requestor/Recipient

An employee who has advance notice of the need for leave due to their or an immediate family member's serious or catastrophic illness and wishes to request a transfer of benefit hours must complete a Transfer of Benefit Hours Request Form and submit the form to his/her supervisor, who will verify the employee's accrued leave balances, sign the request and submit it to the General Manager, or designee, for approval/denial. The General Manager, or designee, will authorize the transfer of hours by sending out a memorandum to all employees when such a request is granted. If the request is denied, a copy of the form will be returned to the requesting employee.

If there is an emergency and/or the employee is incapacitated and unable to make the request for donation leave, a family member or other employee representative may make the request on the employee's behalf by contacting the employee's supervisor or Human Resources. In emergency situations the supervisor may make the request on the employee's behalf. In these situations, the supervisor will complete and submit the Transfer of Benefit Hours Request Form on behalf of the employee.

A recipient who has returned to work, but he/she/family member has a continuing/reoccurring serious to catastrophic illness, may request that the hours that have been donated but not used be banked for use in full day increments for up to six (6) pay periods after the return to work date. Banked hours must be used for said illness only. Requests to bank unused hours for an unforeseen additional or related serious to catastrophic illness that occurs within (thirty) 30 days of returning to work will be considered on a case-by-case basis. A request to bank unused donated leave must be made by completing and submitting a Request to Bank Transferred Benefit Hours form to the supervisor within thirty (30) days of returning to work. Medical certification of the recipient's need for leave is required. The supervisor will sign the request and submit the form to the General Manager, or designee, for denial or approval. The requesting employee will receive a copy of the signed form indicating the decision.

Donated hours can only be used for episodes of illness approved for participation in the Transfer of Benefit Hours program. Any recipient who uses donated hours for absences unrelated to approved episodes of illness will be required to pay the Department back for the inappropriately used hours, which will then be given back to the donating employee(s).

Donor

Employees wishing to donate benefit hours must complete a Transfer of Benefit Hours Donation Form. Employees may transfer up to eight (8) hours from their sick leave or vacation leave accrual balances for the employee in need for each leave of absence.

When the donor's transferred leave is used, the number of hours will be shown on the donor's paycheck with the explanation "Donated Leave". If the recipient does not make a request within 30 days of returning to work to bank any unused transferred leave, the leave will be considered invalid, and the Transfer of Benefit Hours form will be returned to the donating employee to indicate that the transfer has been canceled. If the recipient makes a request to bank unused transferred leave which is approved, the transferred leave will remain available to the recipient for up to six (6) pay periods from the return to work date. If the leave is not used within that time, the transferred leave will become invalid, and the Transfer of Benefit Hours Form will be returned to the donating employee indicating that the transfer has been canceled.

Policy Review

Established:	<u>9/1990</u>
Revised:	<u>2/5/1991</u>
Revised:	<u>3/2/2004</u>
Revised:	<u>9/2008</u>
Revised:	<u>5/31/2012</u>
Review, No changes Board Approved:	<u>7/23/2019</u>
No Changes:	<u>7/2020</u>
No Changes:	<u>7/2021</u>



TRANSFER OF BENEFIT HOURS REQUEST FORM

<i>Employee Name</i>	<i>Position Title</i>
<i>Division</i>	<i>Date</i>

TO BE COMPLETED BY REQUESTING EMPLOYEE:

I am requesting to participate as a recipient in the Transfer of Benefit Hours program. My participation would be a benefit to me at this time because I have a serious or catastrophic illness and will be temporarily incapacitated. Further, a financial hardship is anticipated because I will exhaust all leave balances during this period of incapacity.

Start Date of Leave: _____ Expected date of return to work: _____

I anticipate that my accrued leave will be exhausted on: _____

My signature below certifies that I understand:

1. I must be on an approved medical leave and provide appropriate medical certification (attached);
2. Leave transferred to me may only be used once all of my leave balances are exhausted;
3. I must not be receiving disability benefits or worker's compensation payments in order to receive donated leave;
4. The identity of donors to my leave bank shall not be made known to me;
5. My participation in the Transfer of Benefit Hours program is subject to the provisions outlined in Policy No. 32.025 – Transfer of Benefit Hours;
6. If my request is approved, transferred leave will be done on a strictly voluntary basis and if no donations are received, I may be placed on leave without pay;
7. Leave transferred to me can be used only in connection with this illness;
8. If additional leave is needed due to THIS illness after I return to work I must complete and submit a request to bank unused leave transferred to me within 30 days of returning to work and I must provide medical certification of the need for leave; and
9. My name will be used to solicit donations.

Employee (or Representative) Signature *Date*

To Be Completed by Employee's Supervisor:

I have verified that this employee's will exhaust all accrued leave balances during this leave.

Comments:

Supervisor Signature *Date*

To Be Completed by General Manager, or Designee

Approved Denied Comments:

General Manager Signature *Date*

Distribution: Original – Payroll. Copies: (1) Requesting Employee, (1) Supervisor (1) Human Resources



REQUEST TO BANK TRANSFERRED BENEFIT HOURS

<i>Employee Name</i>	<i>Position Title</i>
<i>Division</i>	<i>Date</i>

TO BE COMPLETED BY REQUESTING EMPLOYEE:

I am requesting that unused benefit hours transferred to me for use during my recent serious or catastrophic illness, which started on _____, be banked and available for my use as I will have additional absences due to this illness. I have attached a copy of my approved Transfer of Benefit Hours Request Form for this illness.

Date Returned to Work: _____ Begin Date of Additional Leave: _____ Anticipated End Date: _____

Additional Leave will be: Continuous Intermittent

My signature below certifies that I understand:

1. I must be on an approved medical leave and provide appropriate medical certification of the need for continuous or intermittent leave(attached);
2. Banked leave may only be used once all of my leave balances are exhausted;
3. I must not be receiving disability benefits or workers' compensation payments in order to bank donated leave;
4. The identity of donors shall not be made known to me ;
5. My participation in the Transfer of Benefit Hours program is subject to the provisions outlined in Policy No. 32.025 – Transfer of Benefit Hours;
6. If my request is approved, transferred leave will be banked for a period no longer than 6 pay periods (approximately 90 days) from the date I returned to work (as indicated above) and any unused leave will become invalid
7. Banked leave transferred to me can be used only in connection with this illness; and
8. If there are no transferred hours to bank, I must submit a new Transfer of Benefit Hours Request Form for approval;
9. Once my banked hours are exhausted or 90 days has elapsed since my return to work, whichever occurs first, if additional leave is necessary, I must submit a new Transfer of Benefit Hours Request Form for approval.

Employee (or Representative) Signature *Date*

To Be Completed by Employee's Supervisor:

Comments:

Supervisor Signature *Date*

To Be Completed by General Manager, or Designee

Approved Denied Comments: _____

General Manager Signature

Date

Distribution: Original – Payroll. Copies: (1) Requesting Employee, (1) Supervisor (1) Human Resources



TRANSFER OF BENEFIT HOURS DONATION FORM

<i>Employee Name</i>	<i>Position Title</i>
<i>Division</i>	<i>Date</i>

TO BE COMPLETED BY DONATING EMPLOYEE:

In accordance with Department Policy 32.025, I am requesting that my leave hours be transferred to the employee who is in need of donations of benefit hours for time off due to a serious or catastrophic illness as designated below.

_____ Hours of my accrued vacation leave

OR

_____ Hours of my accrued sick leave

Be transferred to:

Recipient: _____

Division: _____

My signature below certifies that I understand:

1. I may not donate more than eight (8) hours of my vacation or sick leave accruals to this employee per leave;
2. Donated leave will be available for use by the recipient for a maximum of six (6) pay periods following the recipient's return to work;
3. I have sufficient leave balances to cover the transfer I am requesting;
4. The Department will not make the identity of donors known to the recipient;
5. My donation is completely voluntary and is subject to the provisions outlined in Policy No. 32.025 – Transfer of Benefit Hours.

Donating Employee Signature

Date

Employee No.

To Be Completed by Donating Employee's Supervisor:

I have verified that this employee has sufficient leave balances to accommodate request.

Comments:

Supervisor Signature

Date

To Be Completed by Division Director, or Designee

Approved Denied Comments:

Division Director Signature

Date

Distribution: Original – Payroll. Copies: (1) Donating Employee, (1) Supervisor (1) Human Resources