1.0 GENERAL

1.1 The provisions of this policy do not supersede the provisions of any collective bargaining agreements or Civil Service rules and regulations, and when in conflict, the specific terms and conditions of the collective bargaining agreement or Civil Service rules and regulations will prevail.

1.2 Occasionally City employees and/or immediate family members suffer from a severe or extraordinary illness, contract a pandemic or serious epidemic disease as declared by the World Health Organization (WHO), the U.S. Centers for Disease Control and Prevention (CDC) or the Spokane Regional Health District, or sustain an injury, and the employee has exhausted their leave balances. Often co-workers who have substantial leave balances may wish to donate some of their leave to those employees. Leave-sharing is the mechanism to accommodate both groups.

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2.0 DEPARTMENTS/DIVISIONS AFFECTED

This policy applies to all non-uniformed employees in all City divisions and departments.
3.0 REFERENCES

City Policy ADMIN 0620-09-22 Illness Leave

4.0 DEFINITIONS

4.1 "Immediate Family" shall have the definition as defined with applicable bargaining agreements.

5.0 POLICY

5.1 Statement of Policy. It is the policy of the City to permit non-uniformed employees to donate vacation time, illness leave and/or compensatory time to a non-uniformed co-worker who is suffering from, or has an immediate family member suffering from, a severe or extraordinary non-job-related illness, injury, or other impairment, is out of vacation time, illness leave, compensatory time, floating holidays, and personal leave (if applicable) and who will imminently go on leave without pay or terminate City employment.

6.0 PROCEDURE

6.1 Eligibility To Receive Shared Leave.

6.1.1 The employee must not be receiving time-loss payments as a result of an on-the-job injury or illness.

6.1.2 The employee’s position must be one in which vacation and illness leave can be accrued and used.

6.1.3 All non-uniformed employees may receive leave under this program if the employee suffers from a severe or extraordinary non-job-related illness, injury, or impairment which has caused, or is likely to cause, the employee to go on leave without pay or which may cause the employee to be terminated from City employment.

6.1.4 An employee may also receive leave under this program if an immediate family member of the employee suffers from a severe or extraordinary illness or injury.

6.1.5 Requests to receive the leave-sharing benefit shall be submitted to a committee composed of one person from the Human Resources Department, one person from the department from which the request
originated, and one person representing the employee’s bargaining unit. The decision of the committee shall be final; however, if the decision of the committee is to deny the request, the requester has the right to petition the committee for reconsideration. The decision of the committee shall not be subject to the grievance procedure.

6.1.6 An employee must have exhausted his/her illness leave, vacation time, compensatory time, floating holidays, and personal leave (if applicable) before receiving shared leave.

6.1.7 An employee receiving the leave-sharing benefit must have abided by the City’s policies respecting illness leave. It is the responsibility of the supervisor to insure that the employee has not abused illness leave before submitting the request.

6.2 Lifetime Maximums.

6.2.1 An employee receiving the leave-sharing benefit shall receive no more than a total of one hundred and twenty (120) days of such leave for each ten (10) years of employment, which shall be non-cumulative at the time of applying for leave sharing.

6.3 Leave Transference Process.

6.3.1 An employee wishing to receive shared leave shall submit a written request signed by the Department Head to the Human Resources Director and attach a detailed statement from his/her physician verifying the severe or extraordinary nature of the condition and expected duration of time off from work. A bargaining unit representative or other person may submit the request on behalf of the employee.

6.3.2 After receiving the request, a committee composed of one person from Human Resources, one person from the department from which the request originated, and one person representing the employee’s bargaining unit will review the request and if approved, the Human Resources Department will notify the employee’s department head who will communicate the employee’s eligibility for leave-sharing to the other employees in that department.

6.3.3 If the employee does not supply adequate documentation from his/her physician, the Human Resources Department will contact the employee or bargaining unit representative and require additional information be supplied. A decision will not be rendered until adequate documentation is supplied.
6.3.4 The decision of the committee shall be final; however, if the decision of the committee is to deny the request, the requester has the right to petition the committee for reconsideration. The decision of the committee shall not be subject to the grievance procedure.

6.3.5 There shall be no retroactive applications of donated leave.

6.4 Donating Leave.

6.4.1 Employees wishing to donate leave shall send the Leave-Sharing Donation form to the Accounting Department Payroll Division for processing.

6.4.2 All donated leave shall be in full days. A day shall be considered eight (8) hours regardless of whether the employee is on a flex schedule or compressed workweek. No differentiation will be made between the salary level of the donor and the recipient.

6.4.3 An employee may donate a total of ten (10) days of vacation time, illness leave, or compensatory time, or any combination that does not exceed ten (10) days, in any calendar year. All donations shall be entered as illness leave in the recipient's account.

6.4.4 Donations of vacation time or illness leave may not bring the donor's balances below thirteen (13) days each.

6.4.5 All donations of leave shall be strictly voluntary and confidential. It shall be done on the Leave-Sharing Donation form, a copy of which is attached. The donor shall designate the recipient.

6.4.6 No employee shall be coerced, threatened, intimidated, or financially induced into donating leave.

6.4.7 Once leave has been donated, it becomes the recipient's leave regardless of any changes in his/her employment status, subject to the maximum stated in Section 6.5.5 below.

6.4.8 If the employee receiving the leave sharing donations passes away before using all donated hours, the employee's beneficiary will receive a maximum pay out of up to ten (10) days in accordance with City policy on payouts. The remaining hours will be deleted from the system.
6.5 Leave-Sharing Bank.

6.5.1 A leave-sharing bank is hereby created. All donations shall be made by completing the Leave-Sharing Donation form. All donations will be applied to the recipient’s illness leave bank.

6.5.2 Except as provided in Section 6.5.5 below, the total of any one employee’s donations to the bank may not exceed ten (10) days in any calendar year. Donating to the bank shall not affect an employee’s right to donate up to ten (10) days to an individual(s).

6.5.3 Only employees who have been approved to receive shared leave and who have exhausted their recipient-specific leave may, with the approval of the committee that approved their leave-sharing request, draw leave from the leave sharing bank with up-to-date supporting documentation from their physician. The amount of leave drawn from the bank shall be the lesser of:

a. the amount needed to cover the balance of their illness;

b. the amount needed to make up their ten (10) year maximum of one hundred and twenty (120) days;

c. half the number of days in the leave sharing bank; or

d. thirty (30) days.

6.5.4 Employees who have been approved to receive shared leave and receive more recipient-specific leave than they need may keep up to ten (10) days of the excess. Donated leave above ten (10) excess days shall be transferred to the leave-sharing bank. Employees may not keep any part of the excess leave that would put them over their one hundred and twenty (120) day ten (10) year maximum.

6.5.5 Donations to the Leave-Sharing Bank.

a. Current Employees:
Non-uniformed employees of the City who have more than nine hundred and sixty (960) hours of sick leave, have surplus compensatory time, or have vacation time or personal leave (if applicable) they are on the verge of forfeiting may donate their surplus leave to the bank in units of a day.

b. Local 270 and Local 270 Prosecuting Attorneys.
Employees who have more than nine hundred and sixty (960) hours of illness leave, have vacation time they are on the
verge of forfeiting, or at the time of resignation have more than one hundred and four (104) hours of illness leave accrued, may donate their surplus leave to the leave-sharing bank.

c. All Other Non-Uniformed Employees.
All other non-uniformed employees who terminate with five (5) or more years of service may donate all accrued illness leave hours in excess of nine hundred and sixty (960) hours to the leave-sharing bank. Employees who retire from City employment may donate all accrued illness leave hours in excess of nine hundred and sixty (960) hours to the leave-sharing bank.

7.0 RESPONSIBILITIES

The Human Resources Department shall administer this policy.

8.0 APPENDICES

Leave Sharing Donation Form

APPROVED BY:

City Attorney (Asst.)

Date

10/20/09

Director – Human Resources

Date

10/26/09

City Administrator

Date

10/28/09
CITY OF SPOKANE

LEAVE SHARING DONATION FORM

TO: PAYROLL

I hereby donate _________ day(s) of my □ vacation time

__________ day(s) of my □ illness leave

__________ day(s) of my □ compensatory time

TO: __________________________________________ OR

□ LEAVE SHARING BANK.

DEPARTMENT: __________________________________________

I acknowledge that this is a voluntary donation and does not drop my vacation or illness
leave balances below thirteen (13) days each.

All donated leave shall be in full days. A day shall be considered eight (8) hours
regardless of whether the employee is on a flex schedule or compressed workweek.

(Print Name of Donor) ________________________________ (SSN or Employee ID# of Donor)

(Signature of Donor) ________________________________ (Donor’s Department)

(Date)

Original: Payroll
Copy: Payroll Clerk of Recipient

INFORMATION CONTAINED IN THIS FORM IS CONFIDENTIAL!
October 20, 2009

TO: Terri Pfister, City Clerk

FROM: Thomas E. Danek, Jr., City Administrator

SUBJECT: PANDEMIC POLICIES

Human Resources recently sent policies regarding Illness Leave, Leave Sharing, Telecommuting and Life Threatening Illnesses and Contagious Diseases to Department Heads and Unions for their review and input as they relate to the recent Pandemic Plan that went into effect October 15th. Having revised those policies, they have been signed and should be made effective immediately. If you have any questions please contact Dave Chandler in Human Resources.

Thomas E. Danek, Jr.
City Administrator

"Spokane – Near Nature, Near Perfect"

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Spokane City Clerk