

SUBJECT: Donated Leave	NUMBER: <b>60.025.01</b>
DIVISION: Human Resource Services Division	EFFECTIVE DATE: 6/7/10
APPROVED: Signature of file with Human Resource Services Division	

POLICY STATEMENT: The state of Oregon recognizes the importance of replacing income and continuing benefits when an employee or an employee’s eligible family member suffers serious, long-term health problems.

AUTHORITY: ORS 240.015; 240.145(3); 240.250; 240.551; 659.030(1)(b); OAR 166-300-0035

APPLICABILITY: All employees subject to ORS 240, State Personnel Relations Law, except temporary employees and employees represented by a collective bargaining agreement

ATTACHMENTS: Interagency Donated Leave Transfer (PD625)

DEFINITIONS: Family member: This term applies to the employee’s spouse or domestic partner, and the following for the employee and his or her spouse or domestic partner:

- Parent (includes one who stood in loco parentis (in place of a parent) when the employee was a child)
- Child (and child’s spouse) (includes a child whom the employee stood in loco parentis)
- Sibling (and sibling’s spouse)
- Grandparent
- Grandchild
- The above include step, adoptive and foster
- Members of the immediate household

Parental Leave: Leave from work that is taken for the birth, adoption or placement of a foster child. As used in this policy, Parental Leave does not include pregnancy-related disability, post-partum serious illnesses of either the child or the parent.

See also HRSD State Policy 10.000.01, Definitions; and OAR 105-010-0000

POLICY

- (1) State agencies administer a donated leave program that allows state employees to support other state employees in serious need by donating paid leave time. For bereavement donated leave, refer to State HR Policy 60.000.10.
  - (a) Program Administration
    - (A) The appointing authority administers this policy as the agency’s program. The policy allows an employee to donate vacation leave, compensatory time or both to an eligible employee.
    - (B) The agency may only apply donated leave to an eligible employee as the need occurs and donations

received. The agency credits the recipient of donated leave at his or her regular rate of pay. The amount of leave transferred to the recipient may not exceed the equivalent of the recipient's normal rate of pay. The agency must establish a process to ensure only the appropriate number of hours is transferred. Unaccepted donated leave (i.e., hours never converted to the recipient's sick leave account) will remain in the donor's leave account.

- (C) Unless health insurance contributions are mandatory according to the Family & Medical Leave Act (FMLA), leave donations must first reimburse the agency for its insurance contribution. The agency will then apply the remainder to the employee's salary. The employee assumes the tax liability for the full value of the donation. [Click here for an addendum relating to this language.](#)
- (D) If the recipient of donated leave needs more leave than the initial amount time requested, he or she may submit subsequent requests for donated leave and updated medical certification.
- (E) The agency must consider time taken under this program to be sick leave with pay. The agency must consider these hours to be time worked for purposes of leave accrual and holiday pay.

(b) Eligibility and Request for Donated Leave

A regular status employee may request and be eligible to receive donated leave under either of the following circumstances:

- (i) To recover from or seek treatment for a serious health condition that is expected to continue for at least 15 consecutive calendar days after an employee has used all accumulated leave; and for which the total absence is expected to last at least 30 consecutive calendar days or; [Click here for an addendum relating to this language.](#)
  - (ii) To care for or seek treatment for a family member with a serious health condition which is expected to continue for at least 15 consecutive calendar days following the employee's exhaustion of accumulated leave and the total absence is expected to last at least 30 consecutive calendar days
- (B) An eligible employee must submit a written request for donated leave to the appointing authority.
- (i) If an employee is unable to submit a written request, the appointing authority may accept a written request from a family member or other responsible party.
  - (ii) The request must include the specific amount of time requested based on the projected need.
  - (iii) A certification from an attending physician or practitioner must accompany the request, verifying that a qualifying medical need exists for either the employee or a family member. The certification must state the estimated amount of time the employee will need away from work; it must also be consistent with the amount of time the employee requests. Medical certification obtained for other purposes such as FMLA or OFLA may also be used for the purpose of verifying an employee's eligibility to receive donated leave.
- (C) An employee may not request donated leave for short-term or sporadic conditions or illnesses that are common, expected, or anticipated. This includes, but is not limited to, sporadic, short-term recurrences of chronic allergies or conditions, short-term absences due to contagious diseases, short-term, recurring medical or therapeutic treatments. Each situation must be examined and decided on a case-by-case basis and must be handled consistently and equitably within an agency.
- (D) An employee may not request donated leave when they are eligible to receive or are receiving workers' compensation, and are not on parental leave. [Click here for an addendum relating to this language.](#)

(E) Donated leave can impact long- and short-time disability benefits. Before applying for donated leave while receiving disability benefits, consult the agency payroll office for information on how donated leave will impact your specific circumstances.

(c) Donations within the same Agency:

- (A) A regular status employee who works within the same agency as the recipient may voluntarily donate vacation leave, compensatory time, or both to an eligible employee's sick leave account.
- (B) The donor must submit a written request to donate leave to an eligible employee. The donor's request must be processed as per agency program procedures before the transfer of leave occurs. A donor may not donate time that he or she has lost due to leave accrual limits set by HRSD state rule or policy.
- (C) An employee may donate leave only in one-hour increments to a recipient. The agency will base the amount of donated hours on the conversion of the donor's salary rate to sick leave hours at the recipient's base rate of pay.
- (D) Donated hours transfer from the donor's accrued leave as needed by the recipient. If total leave donated exceeds the total amount of leave accepted, the unaccepted leave remains in the donor's accrued leave balance.

(f) Donations between Agencies:

- (A) An employee with regular status in a different agency may, subject to the approval of both agencies, donate leave to an eligible recipient by completing and signing the Interagency Donated Leave Transfer form (PD 625) and submitting it to their agency's appointing authority or designee.
- (B) An appointing authority or designee may disallow the transfer of donated leave between agencies for legitimate business reasons including, but not limited to, restrictions on the use of dedicated funding sources.

(g) Documentation Requirements. Agencies maintain the following documentation in the separate confidential medical file for each request for donated leave for a period of four years from the date of the request:

- (A) Employee's request to receive donated leave with supporting medical certification
- (B) Appointing authority (or designee) approval or denial of request for donated leave
- (C) The donor's authorization to donate leave with appropriate signatures, including the appointing authority or designee, payroll staff, and number of hours donated
- (D) Record of total leave accepted by receiving employee.

(2) Policy Clarification:

- (a) Agencies inform employees that the use of donated vacation leave or compensatory time as sick leave may offset disability payments. The following language is suggested for inclusion on agency donated leave request forms: "I understand that my use of donated vacation leave or compensatory time as sick leave may offset the receipt of any disability payments."
- (b) Donated leave may be taken on an intermittent basis for the same condition and only after an employee has met the initial eligibility criteria listed in (1)(b).
- (c) Reduced Work Schedules: An employee meets the eligibility requirements in (1)(b)(A) when a serious health condition requires a reduced work schedule resulting in partial day absences in excess of 15 calendar days following the exhaustion of accrued leave and whose absence related to the condition exceeds 30 calendar

days, (whether partial or full days) in combination of paid and unpaid leave.

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- (1) Performance Measure: Percent of time donated leave is used to pay for employee insurance and other benefits when the employee is on an approved donated leave not covered by FMLA  
Performance Standard: 100 percent
  - (2) Performance Measure: Percent of time all required documentation is completed and maintained for four years in appropriate payroll files.  
Performance Standard: 100 percent

Interagency Donated Leave Transfer (PD 625)

I \_\_\_\_\_ voluntarily authorize \_\_\_\_\_ to deduct from my  
(Name of Employee/Donor) (Donor's Agency Name)  
accrued vacation and/or compensatory leave balance(s) the number of hours indicated below to be  
used to provide additional hours of paid leave to the person designated. I understand that hours  
donated, once transferred, are not be recoverable.

Hours Donated: Vacation \_\_\_\_\_ Compensatory \_\_\_\_\_

I donate these hours to \_\_\_\_\_ at \_\_\_\_\_  
(Name of individual/donee) (Donee's agency)

Signature of Donor: \_\_\_\_\_ Date: \_\_\_\_\_

Donor Employee I.D. Number: \_\_\_\_\_

Donor's Agency HR/Payroll Office Use Only

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Agency Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Appointing Authority Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Donor's Base/Hourly Rate \_\_\_\_\_

Number of Hours Donated \_\_\_\_\_

Date Request Processed \_\_\_\_\_

Signature of Payroll Processor: \_\_\_\_\_ Date: \_\_\_\_\_

Receiving Agency HR/Payroll Office Use Only

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Agency Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Appointing Authority Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Donor's Base/Hourly Rate \_\_\_\_\_

Number of Hours Donated \_\_\_\_\_

Date Request Processed \_\_\_\_\_

Signature of Payroll Processor: \_\_\_\_\_ Date: \_\_\_\_\_