

**DOUGLAS COUNTY ADMINISTRATIVE  
POLICIES AND PROCEDURES**

**NUMBER:** 200.37  
**EFFECTIVE DATE:** 02/05/98  
**REVISED:** 11/4/99, 12/19/02,  
06/05/03, 05/15/04, 08/05/04,  
10/19/06, 09/18/08, 06/02/11  
09/01/11  
**AUTHORITY:** BOC  
**COUNTY MANAGER:** SM  
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**SUBJECT: HELP PROGRAM**

- I. **PURPOSE:** To establish a mechanism for staff to donate accrued annual or compensatory leave hours to an employee who requires additional leave, which will be available for the eligible employee to use if they have exhausted their own accrued sick leave/vacation hours and other compensatory time, and either themselves or a family member has a catastrophic/life threatening illness or injury.
- II. **POLICY:** Employees who have exhausted all leave (annual, sick, compensatory, and administrative) and are experiencing a personal or family catastrophic/life threatening illness or injury may request annual or compensatory time be donated to them by employees. Employees may donate accumulated annual or compensatory leave hours to a specific employee who has requested additional leave time.
  - A. **ELIGIBILITY:**
    1. **DONOR:** An employee must meet the following eligibility requirements to donate accrued hours to the Pool:
      - Full time or part time regular employee.
      - Served a minimum of 12 months continuous service with the County and successful completion of probationary period.
      - Donor must have sufficient accrued annual and/or compensatory leave time in order to donate leave time to another employee.
    2. **RECIPIENT:**
      - Full time or part time regular employee.
      - Served a minimum of 12 months continuous service with the County and successful completion of probationary period.
      - All personal sick leave, administrative leave, comp time, vacation leave or other compensatory time has been exhausted, or as otherwise stipulated in bargaining unit contracts.
  - B. **DEFINITIONS:**
    1. **Catastrophic Illness or Injury means:**
      - a) The employee is unable to perform the duties of his/her position because of a serious illness or accident which is life threatening or which will require a lengthy convalescence;
      - b) There is a serious illness or accident which is life threatening or which will require a lengthy convalescence in the employee's immediate family.
      - c) Voluntary surgery or other procedures are not considered catastrophic.
    2. **Family Member:** Immediate family defined as: spouse, child, or parent.

**C. PROCEDURE:**

1. An eligible employee may request, on the attached form, that a specified number of hours of his/her accrued annual leave be transferred from his/her leave account to a specific employee.
2. Employees will be allowed to voluntarily transfer up to a maximum of eighty (80) hours of their accumulated compensatory and/or annual leave during any calendar year to another beneficiary employee who is eligible to take paid sick time pursuant to the definition in B above.
3. An employee's donation of annual leave or compensatory leave time will be in four (4) hour increments. Donated annual leave or compensatory leave time will be logged to the account of the beneficiary employee in the order in which it is donated and will be converted to a dollar amount at the hourly rate of the donor employee. The dollar amount will be converted into leave time for the requesting employee. No leave time will be returned to the donating employee.
4. The maximum number of hours that may be transferred to a beneficiary employee is four hundred eighty (480) hours in any calendar year (after the donated time is converted and deposited into the receipt's sick leave bank).
5. The County Manager or Human Resources Manager will approve or deny all HELP Program requests to insure compliance with this policy including the situation meeting the definition of catastrophic.
6. Donated hours will be transferred once the employee's supervisor has approved the leave.

**D. GENERAL PROVISIONS:**

1. Once an employee donates hours to the program, the employee waives any right to said hours, and his/her leave account balance is reduced accordingly.
2. An employee receiving hours from employees will continue to accrue vacation and sick leave hours, and will not lose seniority.
3. A recipient can receive a combined cumulative maximum total of 480 hours during a 12 month period.
4. The County will use a rolling 12-month period measured backward from the date an employee uses any HELP leave. Each time an employee uses leave, the County computes the amount of leave the employee has taken under this policy, subtracts it from the amount donated by employees, and the balance remaining is the amount the employee is entitled to take at that time. For example, if an employee has taken 5 weeks of HELP leave in the past 12 month, he/she could take an additional 7 weeks under this policy.
5. No hours may be advanced from the HELP program.
6. If an employee is incapable of applying for HELP hours, the employee may authorize a representative to request annual or compensatory time from other employees (donors) on the employee's (recipient's) behalf.
7. If an absence is covered under Worker's Compensation, the employee may only receive hours from HELP to supplement temporary disability payments, so that payment received does not exceed regular rate of pay.
8. Employees and their department heads are encouraged to offer and accept light duty in lieu of HELP.

9. This program will be reviewed and reauthorized annually by the County Manager. The County Manager may recommend to the Board of Commissioners to maintain, review or reject the program and subject to existing collective bargaining agreements.

E. **TERMINATION OF HELP HOURS:**

1. Donated HELP program hours will be discontinued:
  - If the leave recipient separates from County employment.
  - If the leave recipient, or the family member, no longer suffers from the illness or injury for which the HELP hours were provided.
2. Donated HELP hours will be rescinded if it is later discovered that the recipient did not meet all of the conditions for program eligibility and the employee will be required to repay hours improperly granted or used.
3. The recipient will be notified in writing whenever the donated HELP leave will be or has been terminated or rescinded. Adjustments will be made to the recipient's compensation and leave records, as appropriate, for any period during which the HELP leave has been terminated or rescinded.

F. **PROHIBITED ACTS:**

An employee will not directly or indirectly intimidate, threaten, harass or coerce any other employee for the purpose of interfering with any right such employee may have with respect to donating, receiving or using HELP hours under this program.

G. **HELP OVERSIGHT AND ADMINISTRATION:**

The program is administered by Human Resources. However Human Resources is not responsible for the solicitation of HELP hours on employee's behalf.

H. **BENEFITS:**

Core employee medical, dental and vision coverage will be paid by the County during HELP leave. Dependent premiums and Enhanced premium coverage cost must be paid directly by the employee.

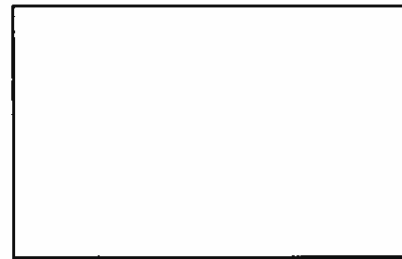
I. **MAINTENANCE OF RECORDS:**

Human Resources will maintain the Program records.

**IV. RESPONSIBILITY FOR REVIEW:** The Human Resources Manager will review this policy as needed or at least once every 5 years.

09/01/11

# HOURLY EMERGENCY LEAVE DONATION FORM



DATE: \_\_\_\_\_

DONOR'S NAME : \_\_\_\_\_ PHONE: \_\_\_\_\_

DONOR'S EMPLOYEE ID #: \_\_\_\_\_

DONOR'S DEPARTMENT: \_\_\_\_\_

I wish to donate \_\_\_\_\_ hours of vacation time / compensatory time (circle one) to the following  
employee: \_\_\_\_\_

DONOR'S SIGNATURE: \_\_\_\_\_

APPROVED BY: \_\_\_\_\_  
Human Resources Date approved

**PLEASE SEND COMPLETED FORM TO HUMAN RESOURCES****FOR HUMAN RESOURCES USE ONLY**

\_\_\_\_ Copy to requester

\_\_\_\_ Copy to Payroll

\_\_\_\_ Copy to FMLA file

Processed by: \_\_\_\_\_

Date Processed: \_\_\_\_\_