

Administrative Services  
559/591-5900

City Manager  
559/591-5904

Community Development Services  
559/591-5906

Fire/Ambulance Services  
559/591-5931

Parks & Community Services  
559/591-5940

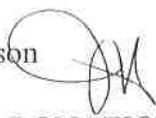
Police Services  
559/591-5911

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## ADMINISTRATIVE SERVICES

February 27, 2001

TO: Department Managers

FROM: Jayne Anderson 

SUBJECT: VACATION DONATION POLICY  
ADMINISTRATIVE POLICY No. 2001-02

In accordance with the City's Memorandum of Understanding with the Dinuba City Employees' Association, Vacation Donation Policy No. 2001-02 has been developed and is authorized for implementation. Attached is a copy for your reference. Please note that this policy only applies to employees represented by the Employees' Association. No other employees are eligible for participation.

The Vacation Donation Policy will be administered by Administrative Services. Blank request forms to either donate or to receive donations of vacation will be housed in and obtained from Human Resources. Requests to receive donations will be discussed with the potential recipient's department manager for approval or denial based upon donation criteria. In all phases of the donation process, confidentiality must be observed.

Please do not hesitate to contact me if you have any questions.

**VACATION DONATION POLICY  
DINUBA CITY EMPLOYEES' ASSOCIATION**

This policy provides a procedure for Dinuba City Employees' Association ("Association") employees to donate vacation time to another Association employee who has suffered a catastrophic injury or illness and has exhausted his/her own leave balances. This policy applies to all employees represented by the Association.

**I. POLICY**

Association employees will be able to donate vacation to another Association employee, hereinafter referred to as "recipient," provided:

- A. The recipient, or a member of his/her immediate family as defined in the Personnel Policies and Practices Chapter 1 G(36) and for whom the recipient is responsible, experiences a catastrophic illness or injury which requires the recipient to be absent from work for an extended period of time; and,
- B. The recipient has exhausted, or will soon exhaust, all accrued balances (sick leave, vacation, comp time, etc.); and,
- C. The recipient has agreed to accept the donation, if approved.
- D. An employee will not be eligible for vacation donation if they are receiving Workers Compensation payments.

For purposes of this policy, a "catastrophic illness or injury" is defined to include an illness or injury which is monumental, unusual, unexpected, immediate in nature, life threatening or debilitating and which incapacitates the employee or a member of their immediate family and which creates a financial hardship for the employee because they have exhausted all of their paid leave balances.

All persons who coordinate the contribution of vacation must emphasize the voluntary nature of the contribution. The distribution and collection of pledge forms must also be done in a way to ensure confidentiality for the donors. The names of the donors will not be made available to the recipient unless the donor requests otherwise.

**II. PROCEDURE**

- A. Requests will be made to the Administrative Services Manager at least one (1) pay period prior to effective date of the donation to the recipient. The Administrative Services Manager will discuss the request with Payroll and with the recipient's department manager to check the potential recipient's leave balances and evaluate the request against the donation criteria. The Administrative Services Manager will make a determination as to whether or not the request qualifies under this policy. Verification of the nature of the catastrophic illness or injury or medical emergency may be required.

- B. If the recipient is dissatisfied with the Administrative Services Manager's determination, a second review may be requested by the recipient. The second review will be made by the City Manager whose decision is final and not appealable.
- C. Donation pledge forms will be made available upon request from Human Resources. The donation forms will include a statement informing the potential donor that all donations are irrevocable once they are credited to the recipient even if there is a change in the recipient's condition. Donations must be made at a minimum of eight (8) hours and in whole hour increments thereafter.
- D. Once the completed donation form is received in Human Resources, it will be verified that the donor has enough vacation to cover the amount of the donation. The donor must have a sufficient leave balance on the books at the time the donation form is submitted. If the donor does not have a sufficient balance, the donation will not be processed and the donation form will be returned to the donor.
- E. After the recipient has exhausted all of his/her own paid leave balances, donations will be processed and credited to the recipient no sooner than one (1) pay period prior to being credited to the vacation leave balance of the recipient. Donations shall be on an hour for hour basis, i.e. for each hour of vacation donated the recipient will receive one hour of vacation. This process may continue until the recipient's status changes so that he/she is no longer eligible for vacation donation or if the recipient has received 12 months of vacation donations during their tenure with the City, whichever occurs first.
- F. The payroll clerk will deduct the donated hours from each donor's vacation balance and add the appropriate number of hours to the recipient's vacation balance. Payments will be made to the recipient based on the normal payroll schedule at the recipient's regular biweekly salary.
- G. A recipient may only be on the vacation donation program and receive donations that total a maximum of twelve (12) months during their tenure with the City.
- H. The City will immediately investigate any allegation of coercion or pressure in the solicitation of transfers for vacation donation and take appropriate action.

**REQUEST TO PARTICIPATE IN  
DINUBA CITY EMPLOYEES' ASSOCIATION  
VACATION DONATION POLICY**

NAME \_\_\_\_\_ DEPT. \_\_\_\_\_

I am requesting to participate in the Dinuba City Employees' Association Vacation Donation program.

Please check one:

I have recently experienced a catastrophic injury or illness. (Please explain.)

\_\_\_\_\_  
\_\_\_\_\_

A member of my immediate family, as defined in Personnel Policies and Practices Chapter 1 G(36), has recently experienced a catastrophic injury or illness. (Please explain and indicate relationship.)

\_\_\_\_\_  
\_\_\_\_\_

I have exhausted or will soon exhaust my sick leave, vacation, and comp time balances. My current balances as of \_\_\_\_\_ are:

(date)

Sick Leave: \_\_\_\_\_

Comp Time: \_\_\_\_\_

Vacation: \_\_\_\_\_

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**EMPLOYEE CERTIFICATION**

I certify that I will accept any donations and I am not eligible nor will I apply for Workers Compensation payments. \_\_\_\_\_ (initial)

I certify that the information contained in this form is a full, true and accurate representation of the facts as stated.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**DEPARTMENT HEAD RECOMMENDATION**

Approve  Deny      Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Department Head Signature \_\_\_\_\_ Date \_\_\_\_\_

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**ADMINISTRATIVE SERVICES**

Approve  Deny      Signature \_\_\_\_\_ Date \_\_\_\_\_

## VACATION DONATION PLEDGE FORM

The Dinuba City Employees' Association Vacation Donation Policy provides an opportunity for employees to donate vacation time to another employee who has suffered a catastrophic injury or illness and has exhausted his/her own leave balances. Donations must be made at a minimum of eight (8) hours and in whole hour increments thereafter. Your donation will remain confidential unless you request otherwise.

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**I understand that my donation of vacation is irrevocable and the donation will remain with the recipient even if there is a change in the recipient's condition.**

I am voluntarily agreeing to donate vacation to:

Recipient \_\_\_\_\_ Department \_\_\_\_\_

I wish to donate \_\_\_\_\_ hours of vacation

\_\_\_\_\_  
Name of Donor Department

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

The completed form shall be sent to Human Resource Services for approval and processing.

FOR CITY USE ONLY	
Current Vacation Balance	_____
Amount Donated	_____
Remaining Balance	_____
Human Resources Review	_____
Payroll Clerk Initials	_____
Date Processed	_____