

# **RIVERSIDE COUNTY TRANSPORTATION COMMISSION**

## **EXECUTIVE COMMITTEE**

(COMMISSIONERS MARION ASHLEY, BOB BUSTER, ROGER BERG, TERRY HENDERSON, ROBIN LOWE, JEFF MILLER, JEFF STONE, JOHN TAVAGLIONE, MICHAEL WILSON, ROY WILSON)

**9:30 A.M.**

**Wednesday, July 12, 2006**

County of Riverside Administrative Center  
Conference Room A  
4080 Lemon Street, 3<sup>rd</sup> Floor, Riverside

*In compliance with the Americans with Disabilities Act and Government Code Section 54954.2, if you need special assistance to participate in an Executive Committee meeting, please contact the Clerk of the Board at (951) 787-7141. Notification of at least 48 hours prior to meeting will assist staff in assuring that reasonable arrangements can be made to provide accessibility at the meeting.*

- 1. CALL TO ORDER**
- 2. PUBLIC COMMENTS**
- 3. APPROVAL OF MINUTES – To be submitted at the next regular meeting**
- 4. ADDITIONS/REVISIONS** *(The Committee may add an item to the Agenda after making a finding that there is a need to take immediate action on the item and that the item came to the attention of the Committee subsequent to the posting of the agenda. An action adding an item to the agenda requires 2/3 vote of the Committee. If there are less than 2/3 of the Committee members present, adding an item to the agenda requires a unanimous vote. Added items will be placed for discussion at the end of the agenda.)*

## **5. LEAVE DONATION PROGRAM**

### ***Overview***

This item is for the Committee to:

- 1) Approve the Leave Donation Program;
- 2) Approve the revision of the Personnel Policies and Procedures Manual to add Section 5.10, "Leave Donation Program"; and
- 3) Adopt Resolution No. 06-017, *"Resolution of the Riverside County Transportation Commission Amending Its Personnel Policies and Procedures Manual for Accrued Leave Donation Program"*.

## **6. ADJOURNMENT**

## ***RIVERSIDE COUNTY TRANSPORTATION COMMISSION***

|                 |  |
|-----------------|--|
| <b>DATE:</b>    | July 12, 2006  |
| <b>TO:</b>      | Executive Committee                                      |
| <b>FROM:</b>    | Michele Cisneros, Accounting and Human Resources Manager |
| <b>THROUGH:</b> | Anne Mayer, Deputy Executive Director                    |
| <b>SUBJECT:</b> | Leave Donation Program                                   |

### **EXECUTIVE COMMITTEE AND STAFF RECOMMENDATION:**

This item is for the Committee to:

- 1) Approve the Leave Donation Program;
- 2) Approve the revision of the Personnel Policies and Procedures Manual to add Section 5.10, "Leave Donation Program"; and
- 3) Adopt Resolution No. 06-017, *"Resolution of the Riverside County Transportation Commission Amending Its Personnel Policies and Procedures Manual for Accrued Leave Donation Program"*.

### **BACKGROUND INFORMATION:**

Leave donation programs have become a popular method of addressing the short-term financial needs of employees who have exhausted their accrued leave balances as a result of a serious medical hardship or catastrophic illness. The nature of this program is to bridge between disability benefits, if any, and the employee's current salary.

Through this program, donor employees may voluntarily donate accrued leave hours to a donor recipient employee. Staff has established eligibility criteria as well as limitations on the recipient use and the donation of unused sick leave, vacation, administrative, and holiday balances. The program is not intended to cover an employee who is experiencing a normal illness.

This leave donation program can be a positive benefit improvement with limited cost to the Commission because the funding for this leave has already been accrued. The donor employees will also derive satisfaction by giving their leave to a fellow employee in need.

The leave donation program will be included in the Personnel Policies and Procedures Manual as Section 5.10.

Attachments:

- 1) Leave Donation Program – Section 5.10
- 2) Leave Donation Form
- 3) Leave Donation Application
- 4) Resolution No. 06-017

**Section 5.10           Accrued Leave Donation Program**

RCTC shall allow regular employees to donate accrued, unused sick leave, vacation, administrative, and/or holiday balances to other regular and probationary employees who have exhausted all accrued sick leave, vacation, administrative, and holiday balances and who meet the specified criteria.

The program shall permit RCTC regular employees to donate sick leave, vacation, administrative, and/or holiday balances to fellow regular and probationary employees who have a serious medical hardship, to include temporary disability resulting from pregnancy, miscarriage, or childbirth or a catastrophic illness or injury that poses a threat to life and requires inpatient, hospice, or residential health care. An employee's need may arise from his or her own serious medical hardship or catastrophic illness or from his or her need to care for a relative who has a serious medical hardship or catastrophic illness. This program is not intended to cover an employee that has a common illness or injury.

**Section 5.10.1           Criteria to Receive Accrued Leave Donation**

To be eligible, an employee:

- A. must have exhausted all forms of paid leave; i.e., sick leave, vacation, administrative, and holiday balances;
- B. must suffer from a serious medical hardship or a catastrophic illness or injury which requires inpatient, hospice or residential health care;
- C. need to care for a relative who has a serious medical hardship or catastrophic illness;
- D. must complete an application for use of donation leave within five (5) working days after all paid leave time has been exhausted. (In the event the employee is not capable of doing so, the employee's immediate supervisor may act on his or her behalf);and
- E. must present a physician's statement verifying the severity of the serious medical illness, injury, or condition.

**Section 5.10.2           Donation of Leave**

An employee who has unused sick leave, vacation, administrative, or holiday hours may donate up to 40 hours per fiscal year to eligible employees. Donations in excess of 40 hours require written approval from the Executive Director. An employee desiring to donate sick leave, vacation, administrative, and/or holiday balances shall complete a Leave Donation Form which specifies the number of hours to be donated and the name of the employee to whom the hours are to be donated. All donations of sick leave, vacation, administrative, and/or holiday balances shall be voluntary, and no employee shall coerce, intimidate, threaten, or financially induce another employee to donate hours. Any

## ATTACHMENT 1

donated accrued leave which is not used by the recipient employee during the occurrence for which it was donated shall be returned to the donor employees on a prorated basis based on the hours of sick leave, vacation, administrative, and holiday balances donated to the recipient employee by all donor employees, and any returned donated accrued leave shall be reinstated to the appropriate balance of each donor employee.

### Section 5.10.3 Receipt of Leave

An employee who meets the criteria may receive up to a maximum 12 weeks (480 hours) donated leave time by submitting the appropriate forms to the Deputy Executive Director. If approved by the Deputy Executive Director, employees will be paid at their current pay rate, not the rate of the donor employee. The employee will not be eligible to continue to accrue sick leave, vacation, administrative, and holiday hours. RCTC sponsored benefits, which include medical, dental, vision, and life insurance will continue for the employee until the last working day of the month that the donated leave is available.

If the donated leave is supplementing short-term disability or worker's compensation benefits, in no circumstances shall the donated leave result in the employee receiving in excess of 100% of his or her current salary.

### Section 5.10.4 Denial of Leave

In the event the employee is denied donation leave, the employee may submit a written request to the Executive Director within ten (10) working days of receiving the denial. A written response shall be issued within ten (10) working days from the date of written request.



# LEAVE DONATION FORM

## I. DONOR

Name: \_\_\_\_\_

SSN: \_\_\_\_\_

Employee #: \_\_\_\_\_

### Sick Leave

\_\_\_\_\_ # hours Sick leave I have in my account at this time

\_\_\_\_\_ # hours Sick leave I wish to donate

\_\_\_\_\_ # hours Sick leave I will have remaining

### Vacation Leave

\_\_\_\_\_ # hours Vacation leave I have in my account at this time

\_\_\_\_\_ # hours Vacation leave I wish to donate

\_\_\_\_\_ # hours Vacation leave I will have remaining

### Administrative Leave

\_\_\_\_\_ # hours Administrative leave I have in my account at this time

\_\_\_\_\_ # hours Administrative leave I wish to donate

\_\_\_\_\_ # hours Administrative leave I will have remaining

### Holiday Leave

\_\_\_\_\_ # hours Holiday leave I have in my account at this time

\_\_\_\_\_ # hours Holiday leave I wish to donate

\_\_\_\_\_ # hours Holiday leave I will have remaining

## II. RECIPIENT OF DONATION LEAVE

Name: \_\_\_\_\_

**I am donating this leave on my own free will and understand that sick leave, vacation, administrative, and/or holiday hours will be deducted from my leave balances and may not be returned.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
This certifies that the donor has sufficient leave balances in his/her leave account to grant this request and still have the minimum allowable balances.

\_\_\_\_\_  
Donor Supervisor

\_\_\_\_\_  
Deputy Executive Director



## LEAVE DONATION APPLICATION

### I. RECIPIENT OF DONATION

Name of employee: \_\_\_\_\_

SSN: \_\_\_\_\_

Home Address: \_\_\_\_\_

I am requesting leave donation as I have a serious medical hardship, catastrophic illness or injury, or need to care for a relative who has a serious medical hardship or catastrophic illness, as provided in section 5.10 of the RCTC Personnel Policies and Procedures Manual.

If/When my paid leave balances are exhausted; I authorize RCTC to request hours from individuals. I understand that my name will be in this request, but that no medical information will be disclosed.

A statement from your physician certifying disability or illness must accompany this application.

\_\_\_\_\_  
Recipient Signature

\_\_\_\_\_  
Date

Approved:

Denied:  Reason: \_\_\_\_\_

\_\_\_\_\_  
Deputy Executive Director

\_\_\_\_\_  
Date

**RESOLUTION NO. 06-017**

**RESOLUTION OF THE  
RIVERSIDE COUNTY TRANSPORTATION COMMISSION  
AMENDING ITS PERSONNEL POLICIES AND PROCEDURES MANUAL  
FOR ACCRUED LEAVE DONATION PROGRAM**

WHEREAS, the Commission has previously adopted personnel policies and procedures establishing the terms and conditions of employment the Commission; and

WHEREAS, the Commission wishes to update its personnel policies and procedures;

NOW, THEREFORE, be it resolved by the Riverside County Transportation Commission as follows;

Section 1. The previously adopted personnel policies and procedures manual of the Commission are hereby amended for the addition of Section 5.10, Accrued Leave Donation Program, set forth in Attachment "A", attached hereto and incorporated herein.

Section 2. This resolution shall take place retroactively to July 6, 2006.

APPROVED AND ADOPTED this 12<sup>th</sup> day of July, 2006.

---

Marion Ashley, Chair  
Riverside County Transportation Commission

ATTEST:

---

Jennifer Harmon, Clerk of the Board  
Riverside County Transportation Commission