



TRINITY COUNTY

Human Resources Policy

SUBJECT:	Vacation CTO Donation Program
POLICY NO.:	2024-03
INITIAL DATE PREPARED:	December 8, 2001
LAST DATE REVISED:	April 30, 2024
RESOLUTION NO.:	

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I. PURPOSE

A Vacation/Compensatory Time Off Donation Program is established to which employees are entitled to voluntarily assign accrued leave time to another employee as a direct donation, as a result of said employee's need.

II. ELIGIBILITY

Employees eligible to receive a donation of paid leave time are those who hold permanent positions as listed on the Alphabetical Listing of Classifications, excluding those unclassified positions. In order to receive/use donated hours an employee must:

- i. Have exhausted all accrued leave, sick leave, CTO, holiday credits or administrative leave, resulting in the employee being in an unpaid status in the pay period in which the donation is used by the receiving party. A request for donation can be made in advance of this time so that the employee does not go without pay unless no one is willing to donate.
- ii. Not be entitled to combine payment from leave donations with other forms of payment from State Disability Insurance, workers' compensation, 4850 pay, or any other source in such a manner as to exceed the employee's gross monthly salary.
- iii. Have the concurrence of the appointing authority to assume unpaid leave status.
- iv. Must be in good standing with regard to attendance and performance. Good standing will be determined by the most recent performance evaluation unless there has been a more recent discipline.

Under no circumstances shall an employee be eligible to receive leave donations in excess of twelve (12) consecutive pay periods.

III. CRITERIA FOR ADMINISTRATION OF DONATED TIME:

- a. Donated time must be in increments of one (1) hour and will not be calculated based on rate of pay but on number of hours donated.
- b. Once donated, time cannot be reclaimed by the donor unless it is not needed/used by the intended party.
- c. When utilizing the donated time, recipients shall receive their regular rate of pay, as if being on paid leave status. PERS and Social Security will be credited. As with paid leave status, recipients shall continue to be eligible to participate in those health insurance plans to which the County contributes. Recipient will continue to accrue paid time off while using donated leave.
- d. If donated leave is being utilized due to the terminal illness of an immediate member of the recipient's family, access to the paid time off will cease no later than five (5) days after the

death of the family member. Such time frame corresponds with bereavement leave benefits as referenced in Section 2.60.550 in the Trinity County Code.

- e. Upon submitting a request for donations to the Department payroll clerk, the Department shall send an email to all Department employees regarding the request, upon a determination that the employee is eligible based on the foregoing criteria. If no one in the Department is willing to donate time, the payroll clerk will forward the email to the IT department for a disbursement of the email to “all users”. The employee in need of hours may decide whether to share the reason for the need.

This policy shall supersede any previous policies adopted on this topic. All hours left in the leave bank must be used by the end of December 2024. Those hours not used will be deleted.



Dated: 10/4/2024

Ric Leutwyler, Chairman
County of Trinity, Board of Supervisors



TRINITY COUNTY

REQUEST FOR ASSIGNMENT OF VACATION/CTO

I hereby request that _____ hours of my ____ Vacation ____ CTO time now accrued and unused by me be assigned to and credited to _____.
Name of recipient

I understand that this request must be approved by my Department Head and the County Administrative Officer and that if this request is granted, the amount of my accrued leave time will be reduced accordingly.

I hereby represent that the above request is freely made by me and that I will not be compensated for this assignment by any person or entity, including, but not limited to, the County of Trinity or _____.
Name of recipient

I hereby release the County of Trinity and all of its officers, agents and employees from any liability to me for the reduction in my accrued leave time that will result if this request is granted.

I further understand that if this request is granted, the use by _____
Name of recipient
of the amount of leave time denoted pursuant to this request will be limited to the period of time the recipient remains on leave status. If the recipient terminates his/her employment with the County, any amount of my accrued leave assigned to the recipient pursuant to this request that is not used by the recipient will revert back to me.

_____ I would like this donation to remain anonymous.

Employee (Donor's) Name Date

Employee (Donor's) Signature

Title

Department

I concur in this request:

Donor's Department Head Signature Date

Recipient's Department Head Signature Date

CAO Signature Date

Date to Payroll