

POLICY STATEMENT NO. 2001-03(P)

VACATION/CTO DONATION PROGRAM

A vacation/CTO donation bank is established to which employees are entitled to voluntarily assign accrued leave time, either on a general basis or as a result of another employee's specifically stated need. The purpose of the bank is to provide a means of authorized paid time off by an eligible employee. Employees eligible to access the bank are those who hold permanent positions as listed in section 3 of the Trinity County Salary Schedule, excluding those unclassified positions. In order to access the bank, an employee must:

1. Have a verifiable long-term illness or injury, i.e., cancer, heart attack, stroke, or disabling injury, or have an immediate family member who has a verifiable long-term illness or injury. For this purpose, long-term is defined as no less than four (4) weeks in duration. Immediate family shall be defined in accordance with section 2.60.520 of the Trinity County Ordinance Code.
2. Have exhausted all accrued leave, sick leave, CTO, holiday credits, or administrative leave, resulting in the employee being in an unpaid status if on approved leave.
3. Not be entitled to combine payment from the bank with other forms of payment from State Disability Insurance, Workers' Compensation, or any other source in such a manner as to exceed the employee's gross salary.
4. Have the concurrence of the appointing authority to assume unpaid leave status.
5. Receive the majority approval of the Vacation/CTO Donation Review committee, comprised of one representative from each of the following: General unit; Management/Confidential unit; Skilled Trades Unit; Deputy Sheriff Association; and one Department Head. Such committee will only accept requests from affected employees or the heads of the departments in which affected employees work.

If determined eligible, the recipient employee may access the bank immediately following approval. The initial period of eligibility will not be more than three pay periods, at which time the recipient may reapply for eligibility. Under no circumstances will total eligibility extend beyond twelve (12) pay periods.

Criteria for Administration of Bank.

1. Requests to donate to or access the bank must be submitted to the Committee on the forms available for these purposes. Forms may be obtained in the County Personnel Office.
2. Donated time must be in increments of one hour, and the balance maintained in the bank will be recorded as total hours. Once donated, time cannot be reclaimed by the donor. At no time will recipients be allowed to individually or collectively draw time from the bank in amounts greater than what is available. In such instances, recipients will be advised that they may/will not receive the total amount requested.
3. If two or more recipients are simultaneously accessing the bank and the bank balance is insufficient to accommodate those recipients' needs, the remaining balance will be divided equally. When additional time is subsequently donated, multiple recipients will simultaneously resume accessing the bank on an equal basis.
4. In the event donations are made on behalf of an individual employee, such time will be credited to the bank for use by that employee, assuming he/she qualifies as a recipient under the above eligibility criteria. If such total donations exceed the total time drawn from the bank by that recipient, the unused balance shall be retained in the bank for use by other recipients.
5. When utilizing the bank, 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.
6. If the bank is being utilized due to the terminal illness of an immediate member of the recipient's family, access to the bank 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 the County Ordinance Code.
7. The recipient of time from the Bank shall bear the total tax liability in accordance with IRS regulations.

ADOPTED: December 8, 2001



Berry Stewart, Chairman
Board of Supervisors of County of
Trinity, State of California

COUNTY OF TRINITY
REQUEST FOR ASSIGNMENT OF
ACCRUED VACATION/CTO

I hereby request that hours of _____ [] vacation [] CTO time now accrued to me be assigned and credited to _____. I understand that this request must be approved by my appointing authority 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 _____. I hereby release the County of Trinity and all 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 _____ of the amount of leave time donated pursuant to this request will be limited to the period of time _____ remains on leave status. If _____ terminates his/her County employment, any amount of my accrued leave time assigned to him/her pursuant to this request that is not used by him/her prior to his/her return to paid County employment status or termination of County employment will be placed in the general bank for use by other eligible County employees.

Signature of Employee

I concur in this request

Title

Signature of Department Head

Department

Signature of CAO

To Payroll: _____

COUNTY OF TRINITY

RECIPIENT APPLICATION
VACATION/CTO DONATION PROGRAM

I hereby make application to access the Vacation/CTO Donation Bank. I understand that in order to qualify as a recipient, I must meet program criteria and receive the approval of the Leave Donation Review Committee.

I have exhausted all of my accrued vacation, sick leave, CTO or administrative leave, and holiday credits and am eligible for leave without pay.

I believe my circumstances qualify as verifiable long-term illness or injury of self or immediate family member, and are described as follows:

(Attach additional sheet, if necessary)

In the event I am determined to be eligible as a recipient, I agree to abide by the terms of the Vacation/CTO Donation Program currently in effect. I understand that I shall hold tax liability for the hours donated to me in accordance with IRS regulations. I understand that becoming an eligible recipient does not guarantee that donated leave time in the Bank will be sufficient to meet my needs. If I am determined to be ineligible, I understand the decision of the Vacation/CTO Donation Review Committee is final and therefore not subject to any form of appeal.

Signature of Employee

I concur in this request, and confirm that the employee has exhausted all accrued Leave. I have authorized a leave of absence through _____.

Title

Department

Date

Signature of Department Head

Vacation/CTO Donation
Review Committee

Date: _____

Action Date

COUNTY OF TRINITY

VACATION / CTO DONATION REVIEW COMMITTEE

DATE:

MEMORANDUM TO:

FROM:

SUBJECT: REQUEST TO ACCESS VACATION/CTO DONATION BANK

This is to advise your request to access the Vacation/CTO Donation Bank has been approved denied .

Reason for denial, (if checked):

circumstances are not verifiable as defined in the Vacation/CTO Donation Program provisions.

You are eligible for accrued vacation, sick leave, CTO, holiday credits, or administrative leave.

Your appointing authority has not approved unpaid leave status.

Should these circumstances change in the future, you may reapply for access to the Bank.