

**CALHOUN COUNTY
BOARD OF COMMISSIONERS
POLICY STATEMENT**

| | | | |
|---|--|---|--------------------------|
| SUBJECT: Paid Time Off Donation | DATE APPROVED: 10/6/16 | EFFECTIVE: Immediately | POLICY NO. 373 |
| | | REPLACES: 373 Adopted 4/12/04 | |

PURPOSE:

To allow employees to donate and receive Paid Time Off (PTO) to other employees in certain circumstances.

POLICY:

Employees may donate PTO to other employees that are experiencing personal illness, injury, or who have a family member in need of care for the same. PTO may also be donated and received to help support charitable causes, such as the United Way campaign and volunteerism. Employees wishing to donate PTO time must complete the Employee PTO Donation Form in Appendix A.

Completed form(s) must be received in the Human Resources Department for processing at least one week prior to the next pay date, or it may be delayed until the following pay period. Differences in the rate of pay between the person donating time and that of the person receiving the subsidy shall not be considered or calculated in this process. One day donated is one day received.

PTO donations related to an employee's personal illness, injury, or who have a family member in need of care for the same, will require additional approval from the receiving employees Department Head or Elected Official before the time will be transferred by Human Resources. In these instances, the employee may be required to provide medical documentation to support the request, if needed. The employer may also limit the amount of the PTO that can be donated, with the maximum amount being twelve weeks.

In case of conflicting language between the provisions of this policy and the provisions of a collective bargaining agreement, the provisions of the collective bargaining agreement prevail. No exceptions to this policy or change in procedures shall be allowed.

Appendix A

PTO DONATION FORM

| | |
|---------------------------------------|--|
| Name of Donating Employee: | |
| Department: | |
| Phone Number: | |
| Reason for Request: | |
| # of PTO Hours Being Donated: | |
| PTO Recipient (If Applicable): | |
| PTO Recipient Department: | |

Approval Signatures Required:

I understand that upon receipt of this form by the Human Resource Department, the PTO requested above will be deducted from my PTO bank and credited to the named recipient. The PTO cannot be returned or this authorization revoked after the transfer has occurred.

| | | | |
|---------------------------|--|--------------|--|
| Donating Employee: | | Date: | |
|---------------------------|--|--------------|--|

PTO donations related to an employee's personal illness, injury, or who have a family member in need of care for the same, will require additional approval from the recipient and their Department Head or Elected Official before the time will be transferred by Human Resources.

| | | | |
|--|--|--------------|--|
| Recipient Employee: | | Date: | |
| Department Head/Elected Official: | | Date: | |
| Human Resources Representative: | | Date: | |
| Notes/Comments: | | | |