

**SUBJECT:** Hardship & Bereavement Leave

**NUMBER:**

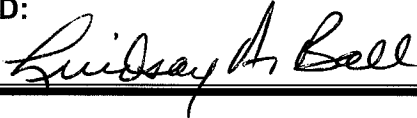
107-04-060

**DIVISION:** Operations Division – Personnel Office

**EFFECTIVE DATE:**

01-01-07

**APPROVED:**



**POLICY/  
PURPOSE:**

It is the policy of the Department of Administrative Services (DAS) to provide a hardship leave process. Employees may donate vacation leave or compensation time to provide added sick leave for eligible employees.

**AUTHORITY:**

DAS-Human Resource Services Division (HRSD) State Policy 60.025.01, 60.000.05; SEIU/OPEU Contract, Articles 56 and 57.

**APPLICABILITY:**

All DAS employees

**ATTACHMENTS:**

Exhibit 1: Request for Hardship Leave  
Exhibit 2: Transfer of Leave for Hardship - Authorization Form

**GUIDELINES:**

**I. ELIGIBILITY REQUIREMENTS TO RECEIVE DONATED MEDICAL LEAVE**

**A. SEIU/OPEU Represented Employees must:**

1. Be in regular status after completing initial (not promotional) trial service.
2. Not be receiving workers' compensation benefits or on parental leave.
3. Provide signed medical documentation that required leave is at least 30 calendar days in length and meets the eligibility requirements of Article 56, Section 2.
4. Have exhausted all accumulated sick, vacation and personal leave, and be in Leave-Without-Pay (LWOP) status at least an additional 15 calendar days before accepting donated leave from agency employees and/or across agency lines (when approved by participating agency directors).

**B. Management, Executive Service & Unrepresented Employees must:**

1. Be in regular status after completing initial (not promotional) trial service.
2. Not be receiving workers' compensation benefits, Public Employee's Retirement System (PERS) retirement benefits, or on parental leave.
3. Provide signed medical documentation that required leave is at least 30 calendar days in length (partial or full-day absences) and meets the eligibility requirements of Policy 60.025.01.
4. Have exhausted all accumulated sick, vacation and personal leave, and be in Leave-Without-Pay (LWOP) status at least an additional 15 calendar days (partial or full-day absences) before accepting donated leave from agency employees and/or across agency lines (when approved by participating agency directors).

## Internal Operations Manual

**POLICY NAME: Hardship & Bereavement Leave**

**POLICY NUMBER: 107-04-060**

### **II. ELIGIBILITY REQUIREMENTS TO RECEIVE DONATED BEREAVEMENT LEAVE**

#### **A. SEIU/OPEU Represented Employees must (not available for Mgmt, Exec Service & Unrepresented):**

1. Be in regular or trial service status.
2. Have exhausted all accumulated sick, vacation, and personal leave before accepting up to 40 hours of donated leave from agency employees and/or across agency lines (when approved by participating agency directors).

### **III. DONATING LEAVE REQUIREMENTS**

**A.** SEIU/OPEU Represented Employees must be in regular status after completing initial trial service to donate vacation leave or compensation time to another employee's sick leave account (either for medical or bereavement reasons) in DAS or across agency lines (when approved by participating agency directors).

**B.** Management and Unrepresented Employees must be in regular status after completing trial service to donate vacation leave or compensation time in minimum one-hour increments to another employee's sick leave account (for medical reasons only – not bereavement) in DAS or across agency lines (when approved by participating agency directors).

### **PROCEDURES:**

#### **Step Responsible Party**

#### **Action**

- |                        |  |
|------------------------|--|
| 1. Requesting Employee | Notifies Personnel in writing of illness or bereavement and requests hardship leave using a " <i>Request for Hardship Leave Form</i> ". Attaches medical documentation stating the need for medical hardship donations.  |
| 2. Personnel Office    | Verifies employee is eligible to receive hardship leave. Notifies the employee and, if eligible, all DAS employees via e-mail using this statement: "(employee's name) from (division) has requested, and is eligible, to accept donated leave. Should you wish to donate vacation or compensation time, please fill out the attached form and return it to (Personnel Manager) in Personnel. If you have any questions, please contact (HR Representative) at (phone)." |
| 3. Donating Employee   | Completes " <i>Transfer of Leave for Hardship Form</i> " and submits form to Personnel.  |
| 4. Personnel Office    | Approves/denies the eligibility of recipient. Sends " <i>Transfer of Leave for Hardship Form</i> " to Payroll.   |
| 5. Payroll Office      | Confirms the eligibility of donor(s). Opens hardship leave account for requesting employee. Converts vacation and/or comp time hours to sick leave hours. Notifies donor employee when the hours will be pulled from their leave bank. Retains hardship forms in Payroll files.  |
| 6. Requesting Employee | Receives notice of donated leave on payroll checks or direct deposit statements.   |

DEPARTMENT OF ADMINISTRATIVE SERVICES

**REQUEST FOR HARDSHIP LEAVE**

**Employee Requesting Hardship Leave:**

Printed name: \_\_\_\_\_

Employee ID or SSN Number: \_\_\_\_\_

Reason: \_\_\_\_\_ Medical

\_\_\_\_\_ Bereavement (SEIU/OPEU only)

I understand that my use of donated vacation leave or compensatory time as sick leave may offset the receipt of any disability payments.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Personnel Review:**

Meets the requirements of contract or policy? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, why: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

E-mail notification/request for hardship sent to DAS Communications Coordinator on \_\_\_\_\_ (date) for agency-wide distribution.

**TRANSFER OF LEAVE FOR HARDSHIP**

**AUTHORIZATION FORM**

I voluntarily agree to donate the designated vacation or compensation hours (referenced below) to the sick leave account of:

\_\_\_\_\_

I understand that any hours donated and used are not recoverable.

Vacation Hours Donated: \_\_\_\_\_

Compensation Hours Donated: \_\_\_\_\_

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

Employee ID Number: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Personnel Appointing Authority: Medical \_\_\_\_\_ Bereavement \_\_\_\_\_  
Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Signature: \_\_\_\_\_

If disapproved, reason why: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_

Payroll Use Only: Donor Total Accrued Hours \_\_\_\_\_

Donor Donated Hours \_\_\_\_\_

Total Hours Remaining \_\_\_\_\_

Date Request Processed \_\_\_\_\_

Signature of Payroll Coordinator: \_\_\_\_\_