



TRINITY COUNTY PERSONNEL POLICY

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| SUBJECT: | Vacation/CTO Donation Program |
| POLICY NO.: | 2021-06 |
| INITIAL DATE PREPARED: | December 8, 2001 |
| LAST DATE REVISED: | December 21, 2021 |
| RESOLUTION NO.: | N/A |

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I. PURPOSE

A Vacation/Compensatory Time Off 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.

II. ELIGIBILITY

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:

- i. 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.
- ii. 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.
- iii. Not to 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.
- iv. Have the concurrence of the appointing authority to assume unpaid leave status.
- v. 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, Probation/Peace Officers Association, and one Department Head. Such committee will only accept requests from affected employee(s) or from Department Heads from which the affected employee(s) works.

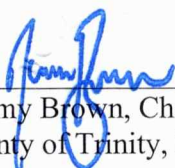
If determined eligible, the recipient employee may access the bank immediately following approval. The initial period of eligibility will not be more than three pay periods, at which time the recipient may reapply for eligibility. Under no circumstances will eligibility extend beyond twelve (12) pay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

III. CRITERIA FOR ADMINISTRATION OF BANK

- a. Requests to donate or access the bank must be submitted to the committee on the forms available for these purposes, see Exhibit A; Request for Assignment of Accrued Vacation/CTO, Exhibit B; Recipient Application Vacation/CTO Donation Program, Exhibit C; Vacation/CTO Donation Review Committee. Forms may be obtained in the County Human Resource's Office.

- b. Donated time must be in increments of one (1) 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.
- c. 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.
- d. 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 they qualify 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.
- e. 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.
- f. 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 Section 2.60.550 in the Trinity County Ordinance Code.

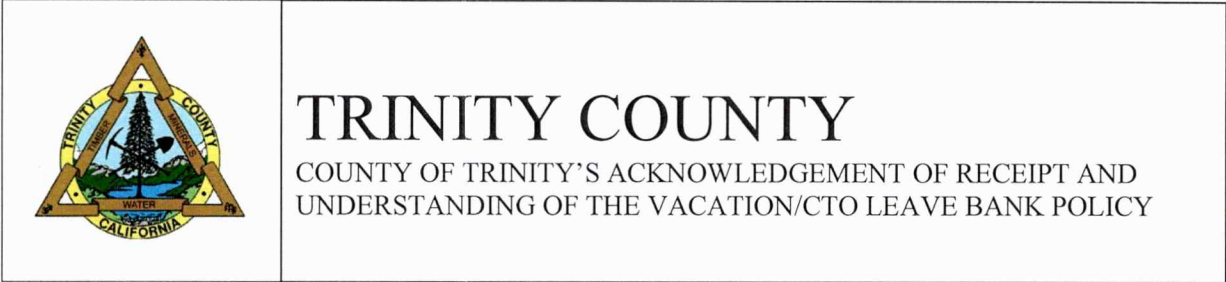
This policy shall supersede any previous policies adopted on December 8, 2001.



Jeremy Brown, Chairman
County of Trinity, Board of Supervisors

Dated: 12-21-2021

VACATION/CTO LEAVE BANK POLICY ACKNOWLEDGEMENT FORM



I acknowledge that I have been given the opportunity to review the Vacation/CTO Leave Bank Policy. I have read and understand my responsibilities under the policy, and I agree to abide by it. I understand that I may be subject to discipline for violating this Policy, or subject to other appropriate sanctions for failing to fulfill my responsibilities as outlined in this policy.

I understand that the Policy is available for my review at any time on the County's website. If I have trouble accessing the Policy, I will contact the Human Resources Department.

Print Name _____

Signature _____

Date _____

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 followed:

(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 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.

Employee Name

Signature of Employee

Title

Department

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

Signature of Department Head

Date

Vacation/CTO Donation Committee:

Action: _____

Date: _____

COUNTY OF TRINITY
REQUEST FOR ASSIGNMENT OF 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 assigned to him/her pursuant to this request that is not used by him/her prior return 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 employees.

Employee Name

Employee Signature

Title

Department

I concur in this request:

Department Head Signature

CAO Signature

Date to Payroll: _____

COUNTY OF TRINITY
VACATION/CTO DONATION 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.