



TAHOE-TRUCKEE SANITATION AGENCY

A Public Agency
13720 Butterfield Drive
TRUCKEE, CALIFORNIA 96161
(530) 587-2525 • FAX (530) 587-5840

Directors

Dale Cox: President
Dan Wilkins: Vice President
Jon Northrop
Blake Tresan
S. Lane Lewis
General Manager
LaRue Griffin

Accrued Paid Time Off Donation Policy

I. Purpose

Accrued leave donation is a mechanism for staff to donate accrued paid sick, vacation, compensatory, or administrative leave hours to another employee who is experiencing, or whose family member has experienced, a catastrophic illness or injury, and who has exhausted their own accrued paid time off.

II. Policy

Employees who have exhausted all applicable paid leave (sick, vacation, compensatory, administrative), and who are experiencing a personal or family catastrophic illness or injury, may request accrued paid time be donated to them by other employees. Employees may donate accumulated but unused paid sick, vacation, compensatory or administrative leave hours to a specific employee who has requested additional paid leave.

III. Eligibility

A. The following eligibility requirements must be met to donate/receive accrued leave:

1. Donor

- Full time employee.
- Served a minimum of twelve (12) months of continuous service with the Agency and successful completion of probationary period.
- Donor must have sufficient accrued leave in order to donate leave to another employee. If donating from either sick accrued leave or vacation accrued leave, the donating employee must maintain a minimum of eighty (80) hours within the leave account from which they donate.

2. Recipient

- Full time employee.
- Served a minimum of twelve (12) months of continuous service with the Agency and successful completion of probationary period.
- All accrued paid time off has been exhausted.

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B. For purposes of this policy, “catastrophic illness or injury” means:

- The employee is unable to perform the duties of their position because of an illness or injury which is life threatening or which will require a lengthy convalescence; or
- The employee’s immediate family member (i.e., spouse, domestic partner, child, or parent) sustains an illness or injury which is life threatening or which will require a lengthy convalescence, and which requires the employee to take leave to care for the family member.

IV. Procedure

An eligible recipient employee must request in writing on the Accrued Paid Time Off Request Form, that a specific number of hours of accrued paid time off be transferred to them.

Donor employees are allowed to transfer voluntarily up to a maximum of eighty (80) hours of their accrued paid time off during any calendar year, to any single beneficiary employee who is eligible under this policy to receive donated time. Donations to another single employee may also be made during the same, or any other calendar year, but donations are limited to a maximum of eighty (80) hours of accrued paid time off from a particular donor to a particular recipient. Donors must complete and sign an Accrued Paid Time Off Donation Form.

Time must be donated in minimum one (1) hour increments and will be transferred to the beneficiary employee on an hour-for-hour basis, regardless of wage rate of donor employee or recipient employee.

Human Resources will review all requests for Accrued Paid Time Off Donations and determine whether or not to approve requests.

V. General Provisions

Once an employee donates hours, the donating employee waives any further right to the donated hours, and their paid time off account balance is reduced accordingly.

If a beneficiary employee terminates employment prior to exhausting donated paid time off, or otherwise does not need a portion of the donated paid time off, the remaining paid time off will be returned to the donating employee(s) in as fair a way as possible as determined by Human Resources.

VI. Denial of Application

The Agency’s Accrued Paid Time Off Donation Policy is not subject to any grievance or appeal procedures. The decision of Human Resources regarding any application for donation requests is final.



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Accrued Paid Time Off Donation Form

I. DONOR EMPLOYEE INFORMATION

Name: _____

Job Title: _____

Department: _____

II. DONATION INFORMATION

I voluntarily wish to donate accrued leave as follows:

Sick	Number of Hours: _____
Vacation	Number of Hours: _____
Compensatory	Number of Hours: _____
Administrative	Number of Hours: _____

I wish to donate accrued leave (designated above) to the following employee: _____

III. EMPLOYEE ACKNOWLEDGEMENTS

- I have read the T-TSA Accrued Paid Time Off Donation Policy.
- I understand and agree that donated time will not be returned to me, except as noted in policy.

IV. EMPLOYEE SIGNATURE

Employee Signature

Date

V. HUMAN RESOURCES REVIEW AND APPROVAL

Human Resources Signature

Date



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Accrued Paid Time Off Request Form

I. REQUESTING EMPLOYEE INFORMATION

Name: _____

Job Title: _____

Department: _____

II. REQUESTOR INFORMATION

I request donated accrued leave as follows (number of hours requested): _____

III. EMPLOYEE ACKNOWLEDGEMENTS

- I have read the T-TSA Accrued Paid Time Off Donation Policy.
- I understand and agree that if I terminate employment prior to exhausting donated paid time off, or otherwise do not need a portion of the donated paid time off, the remaining paid time off will be returned to the donating employee(s) in as fair a way as possible as determined by Human Resources.

IV. EMPLOYEE SIGNATURE

Employee Signature

Date

V. HUMAN RESOURCES REVIEW AND APPROVAL

Human Resources Signature

Date