

POLICY NUMBER:

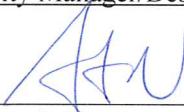
APM- 1- 92

DATE:

10/21/2021

ISSUED BY:

Arthur Noriega, V
City Manager/Designee



SIGNATURE

CITY OF MIAMI



ADMINISTRATIVE POLICY

SUBJECT:

DONATION OF LEAVE TIME

Purpose To establish procedures for allowing City employees to donate leave time to other City employees.

This Administrative Policy supersedes all previous directives on this subject.

Procedures

Donation of Leave Time

1. In those instances where a permanent full-time employee or an employee's family member, as defined by the Family Medical Leave Act, is affected by a serious non job-related illness or injury which causes the total depletion of their sick leave, vacation leave, and compensatory leave, City employees may donate vacation, sick and/or compensatory leave to the affected employee's time bank.
 - i. The above criteria also applies to employees during the workers' compensation holding period or upon denial of workers' compensation benefits.
 - ii. The affected employee shall have the option to decide whether donations are elicited from only the department in which they work or citywide.
2. To receive a donation of time, the requesting employee must have full-time permanent status and have a minimum of twelve (12) months creditable service with the City.

3. The time being donated will be prorated according to the following formula:

Hourly rate of donor * the number of hours donated ÷ the hourly rate of the recipient = the number of hours credited to the recipient.

4. The maximum number of hours permitted for donation shall be determined by the Director of Human Resources or designee on a case-by-case basis.
5. In order to effectuate a donation of time, the department shall complete the attached form entitled "Donation of Hours Request" and submit same to the Division of Labor Relations for approval.
6. All donated leave time is **non-refundable**.



City of Miami
DONATION OF LEAVE TIME REQUEST

REFERENCE: City of Miami Administrative Policy No. 1-92

OVERVIEW	The City of Miami allows for a Donation of Leave Time to give employees a chance to offer assistance in the form of donated leave time to fellow colleagues, in accordance with APM 1-92. While the policy establishes a mechanism for leave transfers, participation is entirely voluntary.		
	1. Name of employee making request or donating hours: 2. Title:		
EMPLOYEE DATA	3. Department: 4. Division (if applicable):		
	5. Employee ID No.: 6. Hourly Rate of Pay:		
	7. <input checked="" type="checkbox"/> I am requesting approval to donate leave time as indicated to the employee designated below.		
	8. Name of employee to receive donation:		9. Title
	10. Department:		11. Division (if applicable):
12. Employee ID No.:		13. Hourly Rate of Pay:	
14. Type and Number of hours to be donated: <input type="checkbox"/> Sick _____ Hours <input type="checkbox"/> Comp. Time (Earned) _____ Hours <input type="checkbox"/> Vacation Time _____ Hours		15. Total Number of Hours to be Received:	
16. PRORATION FORMULA: \$ _____ x _____ / \$ _____ = _____ hrs to be credited in box 15 hrly rate #6 # hrs donated hrly rate #13			
17. Reason for Donation:			
18. * I agree to donate said hours to referenced fellow employee in accordance with the provisions of APM1-92. I understand that this option is irrevocable.			
<hr/> Donating Employee Signature		<hr/> Date	

<input type="checkbox"/> Approved <input type="checkbox"/> Disapproved		<hr/> Labor Relations	<hr/> Date	FINANCE (PAYROLL) USE ONLY
				Processed Payroll Date: <hr/> <hr/>
				Processed By: <hr/>