



TITLE	POLICY NUMBER	
Donated Annual Leave	DCS 04-35	
RESPONSIBLE AREA	EFFECTIVE DATE	REVISION
Human Resources	12/8/16	3

*This policy does not create a contract for employment between any employee and the Department. Nothing in this policy changes the fact that all uncovered employees of the Department are at-will employees and serve at the pleasure of the appointing authority.*

## I. POLICY STATEMENT

The Donated Annual Leave (DAL) program allows DCS employees who have exhausted all available leave balances and who meet specific eligibility requirements to receive donations of annual leave from other state employees. This policy ensures the proper use of DAL and supplements the Arizona Department of Administration (ADOA) personnel rules by providing guidelines and instructions to supervisors, personnel liaisons, and employees on DAL policies and procedures unique to DCS.

## II. APPLICABILITY

This policy applies to all employees who accrue leave.

## III. AUTHORITY

[A.R.S. § 41-748](#)

Transfer of Accumulated Annual Leave; Definitions

[A.A.C. R2-5A-B602.F](#)

Donation of Annual Leave

## IV. DEFINITIONS

Department: The Department of Child Safety (DCS).

Donor: An employee who is eligible to donate leave to another DCS employee, or to an eligible family member employed in another state agency.

Eligible Recipient: An employee who is eligible to receive a donation of annual leave and who meets the eligibility criteria identified in Section V.A.1.

Employee: Any state employee eligible to accrue leave.

Extended Illness or Injury: An illness or injury expected to last at least three consecutive weeks.

Family: A spouse, natural child, adopted child, foster child, stepchild, natural parent, stepparent, adoptive parent, grandparent, grandchild, brother, sister, sister-in-law, brother-in-law, son-in-law, daughter-in-law, mother-in-law, father-in-law, aunt, uncle, nephew, or niece. (This definition is used for determining which family members employed at another state agency may donate or receive donations.)

Immediate Family: The recipient employee's parent, spouse, or child, whether natural, adopted, foster, or step. (This definition is used for determining whether an employee can be eligible for donations on the basis of a family member's medical conditions.)

Medical Certification: A written statement completed by a medical professional from whom the state will accept certification of the existence of a serious health condition. The statement shall reflect on a prognosis and include the anticipated date of recovery.

Medical Professional: A doctor of medicine or osteopathy, physician's assistant, or registered nurse practitioner licensed in A.R.S. Title 32, or a doctor of medicine licensed and authorized to practice in another state or foreign country. A medical professional from another state or foreign country must provide verification of valid and current licensure in that state or country.

Seriously Incapacitating: An illness or injury that requires a certification from a licensed medical professional that the illness, injury, or a disability requires time away from work for treatment or recovery. This includes an illness or injury caused by pregnancy or childbirth (in which an employee is unable to work due to the employee's pregnancy, childbirth, or medical care associated with the pregnancy or childbirth). This also applies to a member of the employee's immediate family who requires assistance to perform regular daily activities due to the immediate family member's pregnancy, childbirth, or medical care associated with the pregnancy or childbirth. The illness, injury, or disability also involves in-patient care or continuing treatment.

State: The State of Arizona.

Unused Donated Leave: Refers to given donations of annual leave that were not used due to the employee returning to work, being approved for Long Term Disability (LTD), separating from state service, or the need for donated annual leave is otherwise abated.

## **V. POLICY**

### **A. Eligibility to Receive Donated Annual Leave**

1. An employee is eligible to receive DAL if, as certified by a licensed medical professional, the employee meets either of the following conditions:
  - a. The employee is unable to work for three consecutive weeks or more due to:
    - i. a seriously incapacitating and extended illness or injury; or
    - ii. a seriously incapacitating and extended disability that is caused by pregnancy or childbirth.
  - b. The employee needs to care for a member of the employee's immediate family requiring assistance for a period of three consecutive weeks due to:
    - i. a seriously incapacitating and extended illness or injury; or
    - ii. a seriously incapacitating and extended disability that is caused by pregnancy or childbirth.
2. Before any DAL may be used by an eligible recipient, the eligible recipient shall exhaust all available sick, annual, and holiday leave.

NOTE: In accordance with [A.A.C. R2-5A-B603 \(A\) \(4\)](#) the use of family sick leave for employees meeting the condition in V.A.1.b. shall not exceed 480 hours per calendar year.

#### B. When to Apply for Donated Annual Leave

1. Employees seeking to use DAL are required to provide 30-day advance notice of the seriously incapacitating injury or illness necessitating the use of DAL.
  - a. If leave is foreseeable less than 30 days in advance, the employee must provide notice as soon as practicable – generally, either the same or next business day;
  - b. When the need for leave is not foreseeable, the employee shall provide notice to the employer as soon as practicable under the facts and circumstances of the particular case.
2. Except for unusual circumstances, employees shall comply with the usual and customary notice and procedural requirements for requesting leave as outlined in the [Attendance and Leave](#) policy.

#### C. Eligibility to Donate Annual Leave

1. An employee is eligible to donate annual leave to another employee who has exhausted all available leave balances when:
  - a. the recipient employee has applied for and received approval to participate in the DAL program;
  - b. the recipient employee is employed in the same agency as the donating employee; or
  - c. the recipient employee is a family member of the donating employee and is an employee in another state agency. The recipient employee must meet the criteria in Section V.A.1.a. or V.A.1.b. and be approved through their agency's DAL program.
2. Only annual leave hours may be donated. Employees may not donate sick leave or holiday hours.
3. Donations of annual leave are accepted only in whole hour increments (e.g., 5 hours, not 5.25 hours).
4. An employee donating annual leave shall identify a specific DAL eligible recipient.
5. The DAL form must be signed by the prospective donor.
6. The deadline for donations is the second Tuesday of the pay period prior to the pay date for which the donation is intended.

#### D. Calculation of Donated Hours

1. The number of DAL hours shall be adjusted in proportion to the hourly rate of pay of the donor employee and the recipient employee.
2. The adjustment is calculated as follows:
  - a. Multiplying the actual number of donated hours by the donating employee's hourly rate of pay; and
  - b. Dividing the result by the recipient employee's hourly rate of pay.

Example: Ann makes \$15.00 per hour and donates 3 hours of annual leave to Jenny. Jenny makes \$13.00 per hour.

Calculation:

$$3 \text{ hours} \times \$15 = \$45.00$$

$$\$45 / \$13 = 3.46 \text{ hours of annual leave}$$

(Jenny gets 3.46 hours of annual leave from Ann's 3 hours of annual leave because Ann earns a higher hourly rate than Jenny does.)

E. Duration

1. A recipient employee is limited to using DAL to allow the employee to be absent from work for a maximum of six consecutive months. If the recipient employee applies for LTD by the end of the fifth month of the employee's leave, the recipient employee may continue to use DAL for up to 60 additional days or until LTD benefit payments begin, whichever is sooner.
2. An employee may continue to receive and use DAL on an intermittent basis if the employee provides documentation certified by a licensed medical professional indicating the employee is released to work part time or requires follow up treatment.
  - a. The employee is limited to 1,040 hours of absence (includes the employee's available leave, LWOP, plus leave donated to the employee) or 12 months, whichever is sooner, for each qualifying occurrence. The 1,040 hours/12 months will be calculated from the first day the recipient is unable to work due to the seriously incapacitating illness/injury;
  - b. The employee must comply with the [Modified Duty](#) policy if returning to work on a part-time basis.
3. A recipient may need to extend DAL eligibility for a seriously incapacitating illness/injury that was initially projected to last less than six consecutive months. A request for a DAL extension must be submitted and accompanied by a new signed statement (to include new projected return to work date) from a licensed medical professional. The recipient is responsible for providing all documentation required for an extension of DAL.

F. Unused Donated Leave

All remaining unused donated leave shall be returned to the donor(s) in accordance with [A.A.C. R2-5A-B602 \(F\) \(7\)](#) when the recipient employee is no longer eligible to receive DAL as indicated in Section V.G.1.a-d. DAL recipients cannot donate unused leave to other employees eligible for DAL. All leave unused by the recipient must be returned to their donors.

G. Termination of Donated Annual Leave

1. DAL shall cease at any of the following points in time:
  - a. Six months after the seriously incapacitating illness/injury began. See Section V.E. for the exception to the six month duration.
  - b. The end date of the medical condition identified by the licensed healthcare practitioner or the day the employee returns to work full-time.
  - c. The date the employee was approved to receive LTD.
  - d. The date the employee terminates from state service.

## VI. PROCEDURES

A. Applying for the Donated Annual Leave Program

1. An employee who meets any of the eligibility conditions outlined in section V.A.1.a and b of this policy completes the following forms and submits them to the [DCS DAL mailbox](#):
  - a. [Request to Receive Donation of Annual Leave](#);
  - b. [Certification of Health Care Provider for Employee's Serious Health Condition \(WH-380-E\)](#). It is the employee's responsibility to submit this form (even if the employee is not eligible or applying for FMLA) along with all required Donated Annual Leave forms/documentation;
  - c. All signed and dated letters from the licensed medical professional that extend the anticipated date of return to work.
2. DCS Human Resources reviews the submitted donated annual leave request and determines eligibility and notifies the employee and DCS Payroll.
3. Employees receiving donated annual leave shall exhaust all available leave before being eligible to use any annual leave donated to them. Employees and/or supervisors can check the available sick leave, annual leave, and donated annual leave balances on the [Your Employee Service \(Y.E.S.\)](#) website when completing the employee's time entry form.

- a. Employees continue to accrue both sick and annual leave; therefore, any eligible sick leave, and/or accrued annual leave must be used before the employee can use any donated annual leave;
  - b. For absence due to a personal qualifying condition, the receiving employee shall exhaust all annual, sick, and holiday leave;
  - c. For absence due to a family member's qualifying condition, the receiving employee will be able to use 480 hours of family sick leave, if available. The employee shall then exhaust all annual or holiday leave before donated leave may be used.
4. The employee's supervisor shall accurately code the employee's time entry form. Supervisors or Personnel Liaisons may contact DCS Payroll with questions pertaining to time entry form preparation.
  5. Requests to extend DAL must be accompanied by a signed statement (to include length of extension) from a licensed medical professional. The donated leave recipient is responsible for providing all documentation required for an extension of donated annual leave.
  6. An employee's licensed medical professional may allow the employee to return to work part time or intermittently. The employee must comply with the *Modified Duty* policy. In such a case, an employee may continue to use DAL. The maximum duration is 1,040 hours (the employee's available leave, LWOP, plus leave donated to the employee).
- B. Donating Annual Leave to another DCS Employee
1. An employee wishing to donate annual leave to an eligible donated annual leave recipient completes the [Donated Annual Leave Memo](#) and submits the completed form to the [+DCS Payroll](#) mailbox.
  2. If an employee has an annual leave balance in excess of 240 hours (covered employees) or 320 hours (uncovered employees) and wants to donate annual leave, the hours must be donated before the excess leave is lost, no later than the end of the final payroll period for a calendar year. If an employee is granted permission by the DCS Director to keep time accrued above the 240/320 hour limits, and not forfeit it at the end of the calendar year, that time cannot be donated to another employee.
- C. Donating Annual Leave to a Family Member in another State Agency

[A.R.S. § 41-748](#) permits transfers of accumulated annual leave between family members who work for different state agencies.

1. The donating employee completes and signs the [Employee Interagency Annual Leave Donation and Restoration](#) form and submits the completed form to DCS Payroll.
2. DCS Payroll completes the [Employee Interagency Annual Leave Donation and Restoration](#) form, computes the dollar value of the contribution, and forwards the form to the payroll department where the family member is employed.
3. The family member's payroll department computes the hours to be credited to the family member's donated leave account on the basis of the dollar value of the contribution.
4. All unused donated leave shall be returned to the donor(s).

#### **IV. FORMS INDEX**

[Certification of Health Care Provider for Employee's Serious Health Condition \(WH-380-E\)](#)

[Donated Annual Leave Memo \(DCS-1023A\)](#)

[Employee Interagency Annual Leave Donation and Restoration \(GAO-209\)](#)

[Request to Receive Donation of Annual Leave](#)