

Title:	<b>Leave Sharing Policy</b>	
Purpose:	To establish a leave sharing program for City employees.	
Issued by:	Employment and Personnel Services	Date: February 15, 2005
References:	Hawaii Revised Statutes (HRS) §78-26; Civil Service Rules §8-5; CS Circulars 17-94 (12-12-94) and 8-98 (12-10-98)	

**I. POLICY**

It is the policy of the City and County of Honolulu (City) to establish a Leave Sharing Program, which allows employees to donate their accumulated vacation leave credits to another employee who has a serious personal illness or injury, or to an employee who has a family member suffering from a serious personal illness or injury.

**II. COVERAGE**

This policy applies to all City employees (as defined in section IIII, Definition of Employee) of the executive branch, including the Board of Water Supply.

**III. DEFINITIONS**

“Appointing Authority” means any department head, agency head, board, commission, or other entity of the City.

“Competent medical examiner” means a doctor of medicine, a dentist or an osteopath.

“Direct share option” means one of two options available where employees specify the leave recipient to whom they voluntarily choose to donate their vacation leave credits.

“Director” means the Director of Human Resources.

“Donor” means an employee who voluntarily submits a written leave donation form to transfer vacation leave credits to a leave recipient or to the leave bank. The employee must have at least 10 days or 4.7 fire fighter shifts of vacation leave remaining after the donation is made. Donations shall be made in 8 hour increments except for:

- 56-hour fire fighters, who shall donate vacation leave credits in shift increments.
- police officers, who shall donate vacation leave credits in increments of their shift hours.

“Employee” means any regular, probationary, limited term or exempt employee who has been employed for at least six continuous months with the City and is entitled to accrue and use vacation leave. Individuals employed on a personal service contract basis are not eligible for this program.

“Family Member” means a family member is an employee's parent, parent-in-law, spouse or child including an adopted child, biological child, or stepchild in a parent-child relationship with the employee; and who requires vigilant medical attention for at least

30 consecutive calendar days. The child must be living with and a tax dependent of the employee. Parent means biological or adoptive.

The parent, parent-in-law or spouse is unable to perform two of the following Activities of Daily Living or Instrumental Activity of Daily Living:

1. *toileting*: ability to go to the toilet, get on and off the toilet, and arrange clothes and clean oneself.
2. *feeding/eating*: ability to get food into the system through normal methods.
3. *continence*: ability to control bowel and bladder function voluntarily and to maintain a reasonable level of personal hygiene.
4. *transferring*: ability to move in and out of furniture and a bed with the aid of equipment (such as a cane, walker, grab bar, or other support devices).
5. *managing medication*: This instrumental activity of daily living is the ability to take the proper medication when required. For example, medication through intravenous application, oxygen mask, or insulin shots. This is only applicable when medication is taken during the employee's regular working hours.

The employee is the primary caregiver to the parent, parent-in-law or spouse.

"Fire Fighter Shift" means a 56-hour fire fighter shift consists of 24 hours. For leave purposes 1 shift shall be equivalent to 16.8 hours for a 40-hour week employee and when a 40-hour week employee donates 8 hours to a 56-hour fire fighter, it shall be equivalent to 11.43 hours.

"Leave bank option" means one of two options available where employees donate vacation leave credits to a central bank without designating a specific leave recipient. Each pay period the Leave Sharing Coordinator shall designate the number of shared leave days to leave recipients who do not receive adequate direct donations.

"Leave recipient" means an eligible employee who is approved by the appointing authority or director to receive donated vacation leave credits.

"Leave Sharing Coordinator" means a person designated by the Director with responsibility for receiving all notices of approved leave recipients and leave donation forms, administering the leave bank option and reviewing appeals from employees whose applications for shared leave have been denied.

"Serious personal illness or injury" means a life threatening illness or injury; or a catastrophic, debilitating illness or injury which incapacitates the employee or employee's family member and prevents the employee from performing the primary duties of his/her position. Further, the medical condition

1. involves either inpatient care (such as hospitalization, hospice, etc.) or continuing treatment by a health care provider,

2. is certified by a competent medical examiner as being the cause of the employee's inability to work or the family member's need for vigilant medical attention, for at least thirty consecutive calendar days, and
3. is not covered under HRS §386.

“Shared leave” means vacation leave credits donated to a leave recipient or the leave bank, which are approved by the appointing authority. All donations are irrevocable.

#### **IV. REQUIREMENTS**

- A. An employee must use all forms of paid leaves (sick leave, vacation leave, temporary disability insurance benefits, compensatory time, including sick leave allowed for family leave, etc.) available before using any shared leave. However, sick leave need not be exhausted when the leave involves a family member.
- B. An employee's absence from duty has been or is expected to be at least 30 consecutive calendar days within a 12 months period.

For example, an employee may be out for 30 consecutive calendar days for cancer treatment or for a spouse's cancer treatment and have sufficient leave to cover that period. However, five months later the employee may have depleted his/her leave and may be out one week for cancer treatment or his/her spouse's cancer treatment. At that point in time, the employee may be deemed eligible for shared leave, provided the employee meets all other eligibility requirements established by this policy.

However, should the Director determine that circumstances exist that warrant special consideration, the Director may allow for an exception to an employee whose absence from duty does not meet the above requirements.

For example, an employee suffering from kidney failure symptoms throughout the calendar year has not been absent at least 30 consecutive calendar days. All forms of paid leaves are exhausted and the employee must now take leave every other day for dialysis treatment. It is at this point in time that the employee may be eligible for shared leave, provided the employee meets all other eligibility requirements established by this policy.

- C. An employee's application to become a leave recipient shall be denied if the employee has a disciplinary record of sick leave abuse within the two years preceding the application.
- D. A leave recipient can receive no more than a combined cumulative total of 240 days or 114.3 fire fighter shifts of shared leave credits while employed by the City.

However, the Director may allow for the transfer of up to 120 additional days or 57.15 fire fighter shifts if the Director determines that circumstances exist that warrant special consideration.

- E. Shared leave is applied towards days and hours the employee would normally have worked.

- F. The employee's extended leave does not impose an undue hardship on the department's operations.
- G. Effective date of transferred leaves shall not be earlier than the date the application is filed with the department and all forms of paid leaves available are exhausted. When the leave involves a family member, sick leave need not be exhausted.

However, the Director may allow for a retroactive effective date, should the Director determine that circumstances exist that warrant consideration.

**V. SITUATIONS NOT COVERED BY THE POLICY**

Situations may arise which are not specifically covered by the policy and shall be handled on a case-by-case basis by the Director.

**VI. RESPONSIBILITIES**

**A. Departments and Agencies**

1. Ensure all leave share applications and donation forms are properly completed and employees meet the specified requirements.
2. Determine if the employee's absence would impose an undue hardship on the department's operations.
3. Approve/disapprove leave share applications when an employee has a life threatening illness or injury.
4. Make recommendation to the Director when an employee has a debilitating, catastrophic illness or injury; or when an employee's family member has a serious personal illness or injury.
5. May make recommendation to the Director when an employee's absence from duty does not meet the 30 consecutive calendar days eligibility requirement; when an retroactive effective date is involved; and/or when additional shared leave is requested.
6. Deduct donated leave from donor's leave record through payroll, time and attendance (PT&A) entry.
7. Monitor the employee's or family member's condition to ensure that the leave recipient continues to be affected by the described illness or injury.
8. Notify the leave recipient when he/she is about to exhaust 240 shared leave days or 114.3 workshifts for a 56-hour fire fighter.
9. Notify the Leave Sharing Coordinator when an employee returns to work or separates from employment.

## **B. Department of Human Resources (DHR)**

### 1. Director

- a) Establish procedures for this policy.
- b) Approve/disapprove leave sharing applications for employees suffering from a catastrophic, debilitating illness or injury; or for employees who have a family member with a serious personal illness or injury.
- c) Approve/disapprove requests/appeals for an exception to the 30 consecutive calendar days requirement.
- d) Approve/disapprove requests for a retroactive effective date as provided in IV.G and/or requests for additional shared leave as provided in IV.D.
- e) Designate a Leave Sharing Coordinator.
- f) Issue a City-wide circular to announce that donations may be made.

### 2. Leave Sharing Coordinator

- a) Administer the leave bank.
- b) Transmit donated leave to respective payroll sections.
- c) Maintain a file on each leave recipient.
- d) Notify the appointing authority when a leave recipient is about to exhaust 40 shared leave days or 114.3 fire fighter shifts.
- e) Administer appeals.

## **C. Department of Budget and Fiscal Services, Honolulu Police Department and Board of Water Supply - Payroll Sections**

1. Notify the Leave Sharing Coordinator of the appropriate number of shared leave days or fire fighter shifts each leave recipient requires for the pay period.
2. Process authorized leave charges to the recipient's leave record.
3. Arrange to collect monies paid out to the leave recipient when the leave recipient is affected by the retroactive action of eligibility benefits under HRS §386 or disability retirement status.

## **D. Employee/Authorized Representative**

### 1. Applicant/Authorized Representative

- a) Complete an application form prescribed by the Director to become a leave recipient and acquires appropriate supporting documents.

b) Request the Director for an exception to the 30 consecutive calendar days requirement; for a retroactive effective date; and/or for additional leaves should the medical condition persist.

c) Notify appointing authority of return to work or separation from employment.

2. Donor

a) Complete donor form prescribed by the Director and designate vacation leave credits to a leave recipient or to the leave bank.

b) Donate vacation leave credits subject to forfeiture by December 10.

c) Donate vacation leave credits at least 20 calendar days before separation from service.

**VII. APPEALS**

A. When a leave share application is denied in part or whole, the applicant may appeal the decision in accordance with prescribed procedures.

B. The appeal decision shall be final and conclusive.

**VIII. TERMINATION OF SHARED LEAVE**

A. Shared leave shall terminate--

1. When a leave recipient's appointment ends on a specified date, the shared leave shall not extend beyond that date;

2. When the appointing authority terminates the leave recipient's employment;

3. When the serious personal illness or injury no longer satisfies the definition in III., "serious personal illness or injury" – in which case the shared leave shall terminate on the date determined by either the appointing authority, or the Director;

4. When the employee receives retroactive approval for workers' compensation benefits, disability retirement, or other similar benefits--in which case the shared leave shall terminate on the effective date of the benefits;

5. When the leave recipient separates from service for any reason; or

6. When the employee returns to work.

An exception shall be leave recipients undergoing medical treatment and returning to work on a part-time basis. (Refer to example in IV.B.)

B. The leave recipient shall not receive a lump sum payment for any unused shared leave donated.

**IX. PROHIBITIONS**

- A. An employee shall not directly or indirectly intimidate, threaten, or coerce, or attempt to intimidate, threaten or coerce, any other employee for the purpose of interfering with the right of an employee to donate, not to donate, to receive, or to use vacation leave under this policy.
- B. For the purpose of paragraph A of this section, the term "intimidate, threaten, or coerce" includes promising to confer or conferring any benefit (such as an appointment or promotion or compensation) or effecting or threatening to effect any reprisal (such as deprivation of appointment, promotion, or compensation).
- C. The leave donor must not have solicited nor accepted anything of value in exchange for the donation.

**X. TERMINATION OF LEAVE SHARING PROGRAM**

The Director may terminate this program after 30 calendar days notice has been given to all leave recipients and departments.

Upon the program's termination--

- A. A leave recipient shall remain a recipient to the extent all donated leaves are exhausted and subject to limitations in section VIII.
- B. The departments shall deny all leave share requests and donations on the effective date of the program's termination.
- C. The Leave Bank shall be dissolved after all leave recipients have exhausted their eligibility. Any remaining leaves shall be forfeited.

## **PROCEDURES**

### **I. APPLICATION TO BECOME A LEAVE RECIPIENT**

- A. An employee who has a serious personal illness or injury and exhausted or is about to exhaust all paid leaves available to him/her; or who has a family member with a serious personal illness or injury, completes an application to his or her appointing authority to become a leave recipient. If an employee is not capable of completing the application on his or her own behalf, the employee's representative may complete the application.
- B. The application is a form prescribed by the Director and includes the following information:
  - 1. The employee's name and position title;
  - 2. A brief description of the nature, severity, and anticipated duration of the serious personal illness or injury affecting the employee, or employee's family member; and
  - 3. Any additional information that may be required by the appointing authority and/or Director, including medical documentation.

### **II. APPROVAL/DISAPPROVAL OF APPLICATION TO BECOME A LEAVE RECIPIENT**

- A. The employee's appointing authority shall review the application and determine whether the applicant:
  - 1. Meets the definition of employee as reflected in section III, Definitions
  - 2. Meets the requirements in IV, Requirements;
    - a) The employee's absence does not impose an undue hardship on the department's operations.
    - b) Determines the date the employee's applicable paid leaves are exhausted or about to exhaust.
  - 3. Has an illness or injury that meets the definition of serious personal injury or illness in III, Definitions.
- B. For an employee who has a life threatening illness or injury, within 30 calendar days after the application was received:
  - 1. Upon approval, the appointing authority shall notify the leave recipient (or the employee's representative), that the application was approved and forwarded to the Director, who shall notify City employees that they may donate vacation leave credits to the leave recipient.

2. Upon disapproval, the appointing authority shall notify the employee (or employee representative) that the application was disapproved, the reasons for disapproval and the appeal procedures.
- C. For an employee who has a catastrophic, debilitating illness or injury; or who has a family member with a serious personal illness or injury, within 30 calendar days after the application was received:
1. The appointing authority shall notify the employee (or the employee's representative) that the application was forwarded to the Director for review and upon his/her approval, shall notify City employees that they may donate vacation leave credits to the leave recipient.
  2. Upon approval, the Director shall forward one copy of the approved application to the department and one copy to the employee or employee's representative.
  3. Upon disapproval, the Director shall notify the employee (or employee representative) that the application was disapproved, the reasons for disapproval and the appeal procedures. A copy of the disapproval shall be forwarded to the appointing authority.

### **III. EXCEPTIONS REQUESTED**

When an employee whose absence from duty does not meet the 30 consecutive calendar days eligibility requirement; and/or seeks a retroactive effective date, provided the employee meets all other requirements in section IV, Requirements:

- A. The employee shall make written request to the Director stating the specific reasons for the exception and attach it to his/her application. Both are submitted to the appointing authority.
- B. The appointing authority may make a written recommendation to the Director and attach it to the application.
- C. Upon approval, the Director shall notify the employee (or the employee's representative) and appointing authority in writing.
- D. Upon disapproval, the Director shall notify the employee (or the employee's representative) that the request for an exception was disapproved, the reasons for disapproval and the appeal procedures. A copy of the disapproval shall be forwarded to the appointing authority.

### **IV. TRANSFER OF VACATION LEAVE**

- A. Departments/Agencies shall receive leave donations and determine whether the employee is an eligible donor as defined in section III, Definitions. Enter the number of vacation leave hours available (which includes the leave donated to the leave recipient) on the donation form.
  1. Upon approval, Departments/Agencies shall deduct donated leave from the employees' leave balance by entering into the payroll time and attendance

system the donated leave charges using the "VAC" code accompanied by the reason code "V7." Since the maximum number of leave hours chargeable on one day is 24, use multiple entries if necessary. Indicate on the top of each Leave Sharing Donation Form the week start date of the PT&A that the donated leave was charged-off on.

2. Departments/Agencies shall forward the approved original (green) and 1 copy to the Leave Sharing Coordinator, and 1 copy to the donor.
3. The Leave Sharing Coordinator shall deposit the vacation leave credits into the appropriate account.
4. Each pay period, upon notification by the respective Payroll Section, the Leave Sharing Coordinator shall forward the appropriate number of vacation leave credits needed for each leave recipient. The original donation form shall be sent to the Payroll Section and a copy filed by the Leave Sharing Coordinator.

**B. Leave bank option**

1. An employee voluntarily submits a written request on a leave donation form to the employee's appointing authority to transfer vacation leave to the bank at any time except when the leave is subject to forfeiture. Forfeitable leave must be submitted by December 10 of the calendar year.
2. On or about November 1 of the year, the Leave Sharing Coordinator shall solicit donations for the leave bank.
3. Shared leave from the bank shall only be used after all direct share donations are exhausted.
4. In the event more than one leave recipient requires assistance from the bank and there are insufficient reserves to cover all recipients for that pay period, leave recipients shall receive an equal amount of leaves.

**C. Direct share option**

1. An employee voluntarily submits a written request on a leave donation form to the employee's appointing authority to transfer a specified number of his/her vacation leave hours to a specified leave recipient.
2. Any unused leave credits shall be deposited into the leave bank.

**V. ADDITIONAL LEAVES**

- A. Each quarter, the Director shall circulate to departments the names of leave recipients to announce that leave donations can be made on their behalf. However, leave recipients who shall reach the maximum allowable leaves within the same quarter shall be excluded from the announcement.

- B. An employee or employee representative may make request in writing to the Director for an additional 120 days provided the employee continues to meet the requirements in IV.D, Requirements.
  - 1. The request shall include the specific reasons for the additional days and be submitted through the appointing authority.
  - 2. The appointing authority shall determine if the employee's extended absence does not impose undue hardship on the department's operations.
  - 3. The appointing authority may attach in writing a recommendation to the Director.

## **VI. RETROACTIVE ELIGIBILITY OF BENEFITS**

When a leave recipient is affected by a retroactive action of eligibility benefits under HRS §386, or disability retirement status:

- A. The affected Payroll Section will make arrangements to collect monies paid out to the leave recipient.
- B. When monetary payments are received, the Payroll Section notifies the Leave Sharing Coordinator in writing of the equivalent leave share credits to be deposited into the leave bank.

## **VII. APPEALS PROCEDURE**

If an application is denied in whole or part, it may be appealed in writing to the Leave Sharing Coordinator.

- A. The appeal must be filed within 10 working days after receipt of denial. The employee or his/her authorized representative's written request shall include:
  - 1. A copy of the application for shared leave or request for exception;
  - 2. The facts in support of reconsideration;
  - 3. The remedy, which the employee is seeking.
- B. If requested by the employee or deemed necessary by the Leave Sharing Coordinator, the Coordinator shall schedule a meeting, within 15 working days after receipt of the employee's request for review, with the employee, or the employee's representative, to present any materials, additional facts, documents, or other evidence to the Coordinator who shall make a full and fair review of each application.
- C. On the basis of the review, the decision of the Coordinator shall be final and conclusive. Written notice of the decision shall be given to the employee within 10 working days from the date of the appeal meeting, if a meeting is held. If a meeting is not held, a written notice shall be given within 20 working days after receipt of the employee's request for review, or at a mutually agreed later date based upon receipt of additional documentation, whichever is later.

- D. However, if the 30 consecutive calendar days requirement is the basis for the appeal, the appeals procedure shall be applied and the Director shall make the decision. The Director's decision shall be final and conclusive.

CITY AND COUNTY OF HONOLULU  
LEAVE SHARING PROGRAM APPLICANT INFORMATION

Rev. 2003

Authorized by Hawaii Revised Statute Chapter 78-26, the City's Leave Sharing Program allows employees to donate their vacation leave credits to an employee who is suffering from a serious personal illness or injury; or to an employee who has a family member with a serious personal illness or injury.

**Applicant Eligibility**

To be eligible for this program, the employee must meet the following conditions:

- Be a regular, probationary, limited term or exempt employee who has been employed for at least six continuous months with the City and is entitled to accrue and use vacation leave. (Individuals employed on a personal services contract basis are not eligible for this program.)
- Exhausted or is about to exhaust all forms of paid leave (vacation leave, sick leave, temporary disability insurance benefits, compensatory time, family leave, etc.). However, sick leave does not need to be exhausted when the leave involves vigilant care for a family member.
- Is suffering or has a family member who is suffering from a life threatening illness or injury, such as cancer or a heart attack; or a catastrophic, debilitating illness or injury which incapacitates the employee or employee's family member and prevents the employee from performing the primary duties of his/her position. Further, the medical condition
  - involves either inpatient care (such as hospitalization, hospice, etc.) or continuing treatment by a health care provider;
  - is certified by a competent medical examiner as being the cause of the employee's inability to work or the family member's need for vigilant medical attention for at least thirty consecutive calendar days; and
  - is not covered under HRS §386, Workers' Compensation Law.

*Family member is defined as the employee's parent, parent-in-law, spouse or child including an adopted child, biological child, or stepchild; and who requires vigilant medical attention for at least 30 consecutive calendar days. The child must be living with and a tax dependent of the employee. Parent means biological or adoptive parent. The parent, parent-in-law or spouse is unable to perform 2 of the following Activities of Daily Living or Instrumental Activity of Daily Living:*

- **toileting:** *ability to get to and from the toilet, get on and off the toilet and arrange clothes and clean oneself.*
- **feeding/eating:** *ability to get food into the system through normal methods.*
- **continence:** *ability to control one's bowel and bladder functions voluntarily and to maintain a reasonable level of personal hygiene.*
- **transferring:** *ability to move in and out of furniture and a bed with the aid of equipment (such as a cane, walker, grab bar, or other support devices).*
- **managing medication:** *This instrumental activity of daily living is the ability to take the proper medication when required. For example, medication through intravenous application, oxygen mask, or insulin shots. This is only applicable when medication is taken during the employee's regular working hours.*

The employee is the primary caregiver to the parent, parent-in-law or spouse.

- Has no disciplinary record of sick leave abuse within the past two years.
- The department determines that the extended leave does not impose an undue hardship on operations.

- Has been or is expected to be absent from work for at least 30 consecutive calendar days within the past 12 months. For example, an employee may be out for 30 consecutive calendar days for cancer treatment or for his/her spouse's cancer treatment and have sufficient leave to cover that period. However, five months later the employee may have depleted his/her leave and may be out for one week for cancer treatment or his/her spouse's cancer treatment. At that point in time, the employee is eligible for shared leave, provided the employee meets all other eligibility requirements. If the employee does not meet the 30 consecutive calendar days requirement, the employee may attach a written request to the Director of Human Resources stating the specific reasons for an exception.

### **File an Application**

Complete a leave sharing application and medical certification form. Submit both to your department personnel officer. Should you have any questions regarding the program, contact your department personnel officer.

### **Leave Application Approved**

Upon approval, the Department of Human Resources circulates a city-wide memo informing employees that vacation leave donations can be made on the leave recipient's behalf. Donations received in the leave recipient's name is posted and credited to his/her account. A leave recipient can receive no more than a combined cumulative total of 240 days or 114.3 fire fighter shifts of shared leave credits while employed at the City. When an employee's or his/her family member's medical condition continues after 240 days, a written request for an additional 120 days or 57.15 fire fighter shifts may be made to the Director of Human Resources through your Department Director. Should the leave recipient return to work with unused shared leave credits in the account, remaining leaves are automatically deposited into the City's Leave Bank. (*The City's Leave Bank is a leave sharing program option where employees voluntarily donate vacation leave credits without designating a specific recipient.*)

### **Workers' Compensation**

Should a leave recipient become entitled to benefits under Chapter 386, HRS (workers' compensation) and shared leave has been granted, all approved shared leave credits are rescinded and the monies paid out must be returned to the City.

### **Termination from the Leave Sharing Program**

A leave share recipient stops receiving leave donations under the following situations:

- the employee's appointment ends on a specified date;
- the employee separates or is separated from service;
- the appointing authority terminates the employee;
- the serious personal illness or injury no longer meets the policy definition;
- the employee receives retroactive approval for workers' compensation benefits, disability retirement, or other similar benefits; or
- the employee returns to work.

### **Disability or Service Retirement**

Should the medical condition persist, the employee or employee's representative may be interested in inquiring about disability or service retirement benefits. If the employee has 10 or more years of county and/or state employment, you may contact the State Employees' Retirement System (ERS).

State of Hawaii Employees' Retirement System  
 City Financial Tower  
 201 Merchant Street, Suite 1400  
 Honolulu, Hawaii 96813  
 Phone: 586-1735

Social Security Administration  
 1-800-772-1213

**LEAVE SHARING DONATION FORM**

**PART A – DONOR** (Please type or print clearly)

**PT&A WEEK START DATE CHARGED OFF:** \_\_\_/\_\_\_/\_\_\_

**ADVANTAGE DOCUMENT #:** \_\_\_\_\_

PRINT NAME (LAST)	(FIRST)	(MIDDLE INITIAL)	EMPLOYEE ID NUMBER
DEPARTMENT/DIVISION		WORK PHONE NUMBER	FOR FIRE EMPLOYEES ONLY CHECK HERE IF YOU ARE A 56-HOURS FIRE FIGHTER <input type="checkbox"/>

**READ CAREFULLY**

- Active employees remaining in service must have at least 10 days (80 hours) or 114 hours (for 56-hr. Fire Fighters) of vacation leave credits in their leave account after a donation is made.
- Donations are made in full hourly increments unless the donor is separating from service and is donating his/her remaining leave balance.
- A donor who is separating from service or whose leave is subject to forfeiture must submit his/her donation not later than 20 calendar days before the date of termination or by December 10, respectively.
- Donated leave is immediately deducted from your vacation leave balance.
- Donated leave NOT used by a specified recipient is deposited into the Leave Bank for future use by qualified employees in need of leave sharing. Unused leave may result from sudden death, retirement, return to work or termination.

I am donating \_\_\_\_\_ hours of vacation leave credits to: (check only one)

the Leave Bank

or

\_\_\_\_\_ of the \_\_\_\_\_  
(Recipient's Name) (Department)

*I understand that my donation is voluntary and will not be returned to me; that my leave balance will be decreased by the amount donated; and that this donation could affect the payout of vacation leave upon my termination. I certify that I have not solicited nor received anything of value in exchange for this donation.*

\_\_\_\_\_  
Employee Signature Date

**READ CAREFULLY**

If the leave recipient requests the names of those who helped him/her during this time of need, the City will provide the recipient with this information. If you wish to remain anonymous, the City will not release your name.\* Check this box if you wish to remain anonymous.

**Upon completion, forward to your department personnel officer.**

**PART B - DEPARTMENT** (completed by department personnel officer)

Leave balance (including donated leave) is \_\_\_\_\_ days / hours (circle one) as of \_\_\_/\_\_\_/\_\_\_.

\_\_\_ Donor terminating on \_\_\_/\_\_\_/\_\_\_ and donating vacation leave balance.

\_\_\_ Donor meets eligibility requirements, therefore donation is approved.

\_\_\_ Leave donation is denied for the following reasons:

\_\_\_ Vacation leave balance falls below the required 10 days (80 hours) or 114 hours (for 56-hr. Fire Fighters) when leave is donated.

\_\_\_ Employee has not been employed by the City for six continuous months.

\_\_\_ Other \_\_\_\_\_.

(Return application to employee when denied.)

\_\_\_\_\_  
Department Head or Authorized Signature Date

**Forward original and 1 copy to the Department of Human Resources; and a copy to the donor.**

**PART C - DEPARTMENT OF HUMAN RESOURCES/PAYROLL SECTION ONLY**

Donation for \_\_\_\_\_ hours of vacation leave applied to \_\_\_\_\_ pay period.

\_\_\_\_\_  
(Leave Sharing Coordinator Signature) Date

**\*Note: However, under the Uniform Information Practices Act, leave records are public.**

CITY & COUNTY OF HONOLULU
LEAVE SHARING APPLICATION

Instructions: Complete both sides of this application, the Authorization for Disclosure and Medical Certification Form, and submit them to your or the employee's Department Personnel Office.

Part I - This Leave Sharing Application is for an employee who is: (Check only one)

- A. suffering from a serious illness or injury which is life threatening (i.e., cancer, heart attack, etc.)
B. suffering from a serious illness or injury, which is catastrophic and/or debilitating (i.e., stroke).
C. caring for a family member who has a serious illness or injury.
If caring for a family member: Are you taking leave intermittently? Yes No

(FIRST & LAST NAME OF FAMILY MEMBER)

(RELATIONSHIP TO EMPLOYEE)

Part II - EMPLOYEE INFORMATION

- 1. Employee Name (LAST) (FIRST) (MIDDLE INITIAL)
2. Social Security Number
3. Mailing Address (NUMBER, STREET, APT. NO. OR P.O. BOX) (CITY) (STATE) (ZIP CODE)
4. Phone No. (HOME) (OFFICE) 5. Position Title
6. Department 7. Division

8. Has employee filed for disability or service retirement? Yes No If yes, provide date filed:

9. EXHAUSTED LEAVES: An employee must exhaust all forms of paid leave available, to be eligible for leave sharing. However, sick leave does not need to be exhausted when the leave is to care for a family member. Employee has exhausted or will exhaust: (Check all that apply below.)

- compensatory time sick leave vacation leave applied for TDI
family leave (when leave is to care for a family member)

Part III - CONFIDENTIAL HEALTH AND MEDICAL INFORMATION:

- 1. Provide a brief description of the illness or injury. (Include the medical diagnosis):
2. This illness or injury involves: (check all that apply)
inpatient care (such as hospitalization, hospice, etc.)
continuous treatment by a health care provider (physical therapy, chemotherapy, monitoring by physician)
no coverage under workers' compensation
vigilant care for a family member for at least 30 consecutive calendar days
employee's absence from work for at least 30 consecutive calendar days
Director of Human Resources approval for an exception to the 30 consecutive calendar days
Director of Human Resources approval for a retroactive effective date
3. Illness or injury began on:
4. Employee is expected to return to work on:

(COMPLETE ON REVERSE SIDE)

5. If the condition is catastrophic and/or debilitating, briefly explain how the illness or injury prevents the employee from performing the primary duties of his/her job:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Describe the tasks to be performed for vigilant care \_\_\_\_\_

If leave sharing is requested to provide vigilant care for a parent or spouse, respond below:

a. The family member is unable to independently perform two of the following:

- toileting: getting to and from the toilet, getting on and off the toilet, and associated personal hygiene.
- eating: ability to get food into the system through normal methods.
- continence: controlling one's bladder and bowel functions.
- transferring: ability to move in and out of furniture and a bed with aid of equipment (such as a cane, walker, grab bar, or other support devices.)
- managing medicine: ability to take the proper medication when required. For example, medication through intravenous application, oxygen mask, or insulin shots. This is only applicable when medication is taken during the employee's regular working hours.

b. Is the employee the primary caregiver?  Yes  No

The City's Leave Sharing Policy allows an employee's representative to complete an application on his or her behalf.

Employee's Representative Name \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE INITIAL)

Hawaii Mailing Address \_\_\_\_\_  
(NUMBER, STREET, APT. NO. OR P.O. BOX) (CITY) (STATE) (ZIP CODE)

Phone Number \_\_\_\_\_ Relationship to Employee \_\_\_\_\_

If this application is approved, a citywide notice to employees is made. Please check one of the following:

I want a description of the serious personal illness or injury distributed citywide, as described below:

\_\_\_\_\_  
\_\_\_\_\_

I do not want a description of the serious personal illness or injury distributed citywide. (The notice to employees will state that they may donate their vacation leave credits to you as you are suffering from a serious illness or injury, or are providing vigilant care for a family member, but will note that for confidentiality reasons, the nature of the illness or injury will not be disclosed).

In cases where a representative is applying for the leave sharing on behalf of an employee, no description is made.

COMPLETE NEXT PAGE

**PART IV - CERTIFICATE OF APPLICANT:**

I HEREBY CERTIFY that all statements made on or in connection with this application are true and correct to the best of my knowledge. I agree and understand that it is my responsibility to provide medical and any other appropriate information. Further, should my application for workers' compensation and/or disability benefits be approved retroactively for this illness or injury, I understand that I will pay back monies to the City for any leave sharing benefits received.

\_\_\_\_\_  
(SIGNATURE OF APPLICANT OR EMPLOYEE'S REPRESENTATIVE)

\_\_\_\_\_  
(DATE)

**Parts I-IV must be completed. Submit this application with the Medical Certification Form**

**DEPARTMENT REVIEW**

\_\_\_\_\_ Employee meets all of the requirements of the City's Leave Sharing Program and is eligible to receive transferred leave donations after exhausting all applicable paid leaves (including TDI) on: \_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_.

CHECK HERE if employee does not qualify for TDI: \_\_\_\_

CHECK HERE if employee is using family leave or will be using family leave: \_\_\_\_

\_\_\_\_\_ Employee does not meet the requirements of the Leave Sharing Program for the reasons stated below and is denied.

\_\_\_\_\_

Denial letter and application forwarded to applicant on: \_\_\_\_\_

\_\_\_\_\_ Forward this application, Authorization for Disclosure and Medical Certification Form to the Director of Human Resources. Recommendation attached, if any.

\_\_\_\_\_ Notified employee on: \_\_\_\_\_

\_\_\_\_\_  
(DEPARTMENT HEAD OR AUTHORIZED REPRESENTATIVE)

\_\_\_\_\_  
(DATE)

**DEPARTMENT OF HUMAN RESOURCES**

\_\_\_\_\_ Employee or family member meets the requirements of the City's Leave Sharing Program.

\_\_\_\_\_ Employee or family member does not meet the requirements and the application is denied for the reasons stated below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Notified employee on \_\_\_\_\_

\_\_\_\_\_ Forward copy to employee's Department on \_\_\_\_\_

\_\_\_\_\_  
DIRECTOR OF HUMAN RESOURCES

\_\_\_\_\_  
(DATE)

CITY AND COUNTY OF HONOLULU  
APPLICATION FOR THE LEAVE SHARING PROGRAM  
**MEDICAL CERTIFICATION FORM**

The City & County of Honolulu's Leave Sharing Program was established to allow employees to donate their vacation leave credits to another employee who is suffering from a serious personal illness or injury; or to an employee who has a family member with a serious personal illness or injury. Your patient or patient's family member is applying for this program and your assistance is requested to describe the nature and severity of the medical condition.

1. Employee Name: \_\_\_\_\_

2. Patient Name (if different from employee): \_\_\_\_\_

3. Indicate which category best describes the patient's medical condition. (Check one)

\_\_\_\_\_ A life threatening illness or injury, such as cancer or a heart attack.

OR

\_\_\_\_\_ A catastrophic, debilitating illness or injury which incapacitates the patient and prevents the employee from performing the primary duties of his/her position.

4. The above condition is not covered under workers' compensation and involves: (Check one)

\_\_\_\_\_ a. inpatient care (i.e., overnight stay) in a hospital, hospice, or residential medical care facility;

OR

\_\_\_\_\_ b. continuing treatment by a health care provider. Continuing treatment means use of a series of prescribed drugs, or therapy requiring special equipment to resolve or alleviate the illness or injury; and continuous monitoring by the treating physician. Treatment does not include routine physical, eye, or dental examinations.

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**THE MEDICAL CONDITION** (Please answer item 5, and either item 6 or 7.)

- 5. a. State the approximate date the condition commenced, and the probable duration of the condition.
  
- b. If the condition is chronic, state whether the patient is presently incapacitated and the likely duration of episodes of incapacity:
  
- c. If additional treatments will be required for the condition, provide an estimate of the probable number of such treatments:
  
- d. If any of these treatments will be provided by another provider of health services (e.g., physical therapist), please state the nature of the treatment:

**(COMPLETE ON REVERSE SIDE)**

**MEDICAL CERTIFICATION FORM**

- e. If a regimen of continuing treatment by the patient is required under your supervision, provide a general description of such regimen (e.g., treatment requiring special equipment; a series of prescribed medications; and return visits to the treating physician for monitoring):

COMPLETE BELOW IF THE EMPLOYEE IS YOUR PATIENT:

- 6. a. If medical leave is required for the employee's absence from work because of his/her own condition (including absences due to a chronic condition), is the employee able to perform work of any kind?

Yes \_\_\_\_\_ No \_\_\_\_\_

- b. If the employee is able to perform some work, describe the kinds of activities he/she can perform.

COMPLETE BELOW IF THE EMPLOYEE'S FAMILY MEMBER IS YOUR PATIENT:

- 7. a. Which of the activities below is the patient unable to perform independently:

- \_\_\_\_\_ toileting: ability to go to the toilet, get on and off the toilet, and arrange clothes and clean oneself.
- \_\_\_\_\_ feeding/eating: ability to get food into the system through normal methods.
- \_\_\_\_\_ continence: ability to control bowel and bladder function voluntarily and to maintain a reasonable level of personal hygiene.
- \_\_\_\_\_ transferring: ability to move in and out of furniture and a bed with the aid of equipment (such as a cane, walker, grab bar, or other support devices).
- \_\_\_\_\_ managing medication: This instrumental activity of daily living is the ability to take the proper medication when required. For example, medication through intravenous application, oxygen mask, or insulin shots. This is only applicable when medication is taken during the employee's regular working hours.

Would the employee's presence to provide psychological comfort be beneficial to the patient's recovery?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

- b. If the patient will need care only intermittently or on a part-time basis, please indicate the probable duration of this need.

**PHYSICIAN'S CERTIFICATION**

I HEREBY CERTIFY that all statements made on or in connection with this application are true and correct to the best of my knowledge. I agree and understand that it is my responsibility to provide medical and any other appropriate information.

\_\_\_\_\_  
(SIGNATURE OF PHYSICIAN) (DATE)

Print Name \_\_\_\_\_  
(FIRST) (MIDDLE INITIAL) (LAST) PHONE NUMBER

Mailing Address \_\_\_\_\_