



## **The City of Palm Springs Medical Emergency Leave Sharing Plan**

### **Purpose**

The City of Palm Springs (“City”) Medical Emergency Leave Sharing Plan (“Plan”) was established so that City employees have a mechanism to help fellow employees experiencing a medical emergency and have a bonafide need for additional paid time off benefits.

Benefits may not be converted to cash or other benefit.

### **Definition**

For purposes of this policy, a “medical emergency” means a medical condition of the employee or an immediate family member of the employee that will require the prolonged absence of the employee from duty and will result in a substantial loss of income to the employee because the employee will have exhausted all paid leave.

### **Procedure**

All leave donations and requests for receipt of donated leave must be approved by Human Resources. Human Resources may allow a donation or a request in full, deny it outright, or allow it at a reduced number of hours. The decision whether or not to allow a leave donation or the receipt of donated leave is made at the sole discretion of Human Resources and is not subject to any grievance procedure.

In order to qualify for leave donations, an employee must submit a written application describing the medical emergency to Human Resources. The application should include appropriate verification of the need for leave from the employee’s or family member’s medical provider. The application must also specify the number of leave hours requested. The employee may, but is not required to, voluntarily include information about the nature of the medical emergency in order to inform prospective leave donors. Although an employee is ineligible to receive donated leave while he or she has accrued leave available, a donation application may be submitted prior to the anticipated date that all leave balances will be exhausted.

Upon receipt of a valid request for donations from an eligible employee, Human Resources shall prepare a notice to all City employees of the eligible employee’s need for donations. Confidential medical information shall not be included in the posted notice unless voluntarily provided by the requesting employee for this purpose.

All donations are entirely voluntary. Donations are irrevocable, as donated leave is deemed to be surrendered to the City. The employee donating leave may not claim a charitable deduction tax credit or any other credit or deduction on their individual tax return to reflect the leave donation.

Donations must be made in whole-hour increments. Donations must be a minimum of 4 hours and cannot exceed 40 hours per donating employee. The donor employee cannot donate leave which would reduce their combined leave to less than forty (40) hours.

**Request to Receive Donated Leave Under  
City of Palm Springs' Medical Emergency Leave Share Plan**

I, \_\_\_\_\_ (Recipient Employee), would like to participate in the City of Palm Springs' ("City") Medical Emergency Leave Share Plan ("Plan"). I certify that I qualify for benefits under this plan as follows:

I have a medical emergency as defined under the City's Plan affecting me or a member of my immediate family.

I have submitted the required medical certification form. A doctor's certification of FMLA/CFRA/PDL qualified illness or injury satisfies this requirement.

I anticipate my leave will start \_\_\_\_\_ and will end \_\_\_\_\_. I understand that these dates may change. If the date(s) change, I agree to notify my supervisor immediately.

If my request is approved, I understand and agree to the following:

1. I must exhaust all of my paid leave balances prior to utilizing donated leave.
2. I will continue to utilize all accrued leaves prior to utilizing donated leave.
3. I will pay federal and state income taxes at the time of donated leave usage.
4. Donated hours will not be credited to my personal leave accrual hours but will be maintained in a separate donated leave account.
5. Human Resources will circulate a request for donated leave to all City employees. No information regarding me or the nature of my request will be shared.
6. There is no guarantee that my leave time will be covered by donated leave hours.
7. I may be in an unpaid status once donated leave hours are exhausted.
8. I will apply for any benefits available to me during my leave, including state disability and paid family leave.
9. Any other paid benefits will be coordinated with donated leave.
10. In no event will I receive more than my regular pay.
11. If approved, I am eligible to participate under the City's Plan for a maximum of three (3) months.

Recipient Employee Name (print): \_\_\_\_\_ DATE: \_\_\_\_\_

Recipient Employee Signature: \_\_\_\_\_

HR Approval Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

**Request to Donate Leave Under  
City of Palm Springs' Medical Emergency Leave Share Plan**

Pursuant to the City of Palm Springs' ("City") Medical Emergency Leave Share Plan ("Plan"), I, \_\_\_\_\_ (Donating Employee) wish to irrevocably donate to the City's donated leave account as follows:

Vacation \_\_\_\_\_ hours

Sick Leave \_\_\_\_\_ hours

Annual Leave \_\_\_\_\_ hours

Other (specify: \_\_\_\_\_): \_\_\_\_\_ hours

I understand that the leave donation is irrevocable – once donated and approved, I cannot revoke my leave donations.

I understand that I may donate a minimum of four (4) hours of leave and in increments of one (1) hour and that I cannot donate leave which would reduce my combined leave to less than forty (40) hours.

I understand that the City will follow the procedures outlined in the City's Plan.

I have read and understand all of the above, and I freely elect to donate a total of \_\_\_\_\_ hours as shown above.

I understand that the hours donated will be subtracted from my balance during a subsequent pay period.

By signing this form, I understand that I have read and understand the City's Medical Emergency Leave Sharing Plan.

Donating Employee's Name (print): \_\_\_\_\_ DATE: \_\_\_\_\_

Donating Employee's Signature: \_\_\_\_\_

HR Approval Signature: \_\_\_\_\_ DATE: \_\_\_\_\_