

ORDINANCE NO. 804

AN ORDINANCE OF THE CITY OF WOODLAND, WASHINGTON, AMENDING ORDINANCE NO. 782, PERSONNEL POLICIES, TO ADD A NEW SECTION 10.(g) ENTITLED SHARED LEAVE, PROVIDING FOR THE TRANSFER OF SICK AND/OR VACATION LEAVE BETWEEN EMPLOYEES AND ESTABLISHING THE CONDITIONS THEREFORE.

WHEREAS, City employees historically have joined together to help their fellow employees suffering from an extraordinary or severe illness, injury, impairment, or physical or mental condition which prevents the individual from working and causes great economic and emotional distress to the employee and his or her family; and

WHEREAS, these circumstances may be exacerbated because the affected employees use all their accrued sick leave and vacation leave and are forced to take leave without pay or terminate their employment; and

WHEREAS, the City Council wishes to provide a means for the establishment of a leave sharing program; and

WHEREAS, it is in the best interests of the City of Woodland to allow its employees to participate in leave sharing,

NOW, THEREFORE, THE CITY COUNCIL OF THE CITY OF WOODLAND, STATE OF WASHINGTON, DO ORDAIN AS FOLLOWS:

Section 1. Personnel Policy Amended Section 10. Sick Leave is hereby amended to add (g) Leave Sharing, which reads as follows:

Section 10. Sick Leave

(g) Leave Sharing.

A. The Department Supervisor, with the Mayor's approval, may permit an employee to receive shared leave under this ordinance if:

(i). The employee suffers, or has an immediate family member suffering from an illness, injury, impairment, or physical or mental condition which is of an extraordinary or severe nature and which has caused, or is likely to cause, the employee to: a) go on leave without pay status; or b) terminate City employment;

(ii) The employee's absence and the use of shared leave are documented by a qualified medical professional;

(iii) The employee has depleted or will shortly deplete his or her monthly vacation leave, sick leave and compensatory reserves and is ineligible for any other benefits which might be available, with the exception of state public assistance; and

(iv) The employee has been found to be ineligible for benefits under RCW

Chapter 51.32 (Worker's Compensation) and ineligible to receive or is not receiving disability insurance payments. LEOFF I Members are excluded from giving or receiving under this ordinance; and

(v) The employee has been eligible for sick leave and abided by City rules regarding sick leave use.

B. The Clerk-Treasurer shall determine the amount of sick leave and/or vacation leave, if any, which an employee may receive as outlined in Section (A). The amount of sick leave and/or vacation leave which an employee may receive as a donation shall be based on the expected duration of the absence from work. No employee shall receive more than a total of 90 days.

C. Donated leave shall be utilized in the order of receipt by the Clerk-Treasurer (first in, first out). Such leave shall be donated in eight (8) hour increments.

D. An employee who has an accrued sick and vacation leave balance of more than thirty (30) days may request that the Clerk-Treasurer transfer a specified amount of sick or vacation leave to another employee authorized to receive leave under subsection (A) of this section. To be eligible to donate sick or vacation leave, the donating employee must retain 25% of their accrued sick and vacation leave, or not less than thirty (30) days, after the transfer of shared leave.

E. Transfers of leave authorized by the Department Supervisor and the Mayor under subsection (D) of this section, shall not exceed the approved amount. All donations of shared leave shall be entirely voluntary.

F. While an employee is on leave transferred under this section, he or she shall continue to be classified as a City employee and shall receive the same treatment in respect to salary, wages, and employee benefits as the employee would normally receive if using accrued monthly sick and/or vacation leave. All such current accruals shall also be depleted prior to any continuing use of donated hours.

G. The amount of any leave transferred under this section which remains unused may be returned to the employee(s) who transferred the leave if the Clerk-Treasurer finds that the leave is no longer needed or will not be needed at a future time in connection with the illness or injury for which the leave was transferred. To the extent administratively feasible, the unused leave shall be returned on a pro-rata basis.

Section 2. Severability. The provisions of this ordinance are declared to separate and severable. If any section, subsection, paragraph, sentence, clause, or phrase of this ordinance is declared unconstitutional or invalid for any reason, such decision shall not affect the validity of the remaining portion of this ordinance.

Section 3. This ordinance shall become effective five days after passage, approval and publication as provided by law.

ADOPTED this 16th day of October, 1995.

CITY OF WOODLAND

Robin S. Jones, Mayor

Attest:

Mari E. Ripp, Clerk-Treasurer

Approved as to form:

Patrick Brock, City Attorney

Published: 10-25-95

Effective: 10-30-95

**SUMMARY OF ORDINANCE NO. 804
OF THE CITY OF WOODLAND, WASHINGTON**

On October 16, 1995, the City Council of the City of Woodland, Washington, approved Ordinance No. 804 the main point which may be summarized by its title as follows:

**AN ORDINANCE OF THE CITY OF WOODLAND, WASHINGTON,
AMENDING ORDINANCE NO. 782, PERSONNEL POLICIES, TO ADD A NEW
SECTION 10. (g) ENTITLED SHARED LEAVE, PROVIDING FOR THE
TRANSFER OF SICK AND/OR VACATION LEAVE BETWEEN EMPLOYEES
AND ESTABLISHING THE CONDITIONS THEREFORE.**

The full text of this Ordinance will be mailed upon request.

APPROVED by the City Council at their meeting on October 16, 1995.

Mari E. Ripp, Clerk-Treasurer

Published: 10-25-95

Effective: 10-30-95

CITY OF WOODLAND

REQUEST FOR DONATED VACATION/SICK LEAVE

Date: _____

I request _____ hours of donated sick leave or vacation leave to cover my absence as the result of:

(Check One)

- My personal illness
- The illness of my child, children requiring my being with them.
- The illness of my spouse, requiring my being with him/her.
- The illness of my parent (s), requiring my being with him, her, them.

Enclosed is a statement from a doctor certifying the necessity of my absence.

I am not receiving nor am I eligible to receive any other income from sources such as but not limited to: Worker's Compensation, or disability insurance.

Vac/Sick Leave Recipient (Print)

Vac/Sick Leave Recipient (Signature)

Approved, Appointing Authority

CITY OF WOODLAND

SICK/VACATION LEAVE DONATION FORM

Date _____

I, _____, wish to donate _____ hours of my
sick leave ____ **or** vacation leave ____ to _____.

I understand that this is a gift on my part and I am doing this with no expectation of
repayment, compensation or consideration whatsoever.

Donor Name (Print)

Donor Signature

Approved, Appointing Authority

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