

## **Facts about LEAVE DONATION for Prosecuting Attorneys' Council of Georgia (PAC)**

PAC policy allows for employees to solicit leave donations from other PAC state-paid employees for use to cover their own medical conditions or to use to care for a family member or legal dependent.

Certain medical and administrative conditions must be met for the leave donation program to be approved for use by an employee.

Employees who participate in leave donation either by soliciting or donating must have been employed continuously for at least 12 months in a state-paid position in a DA's office or at PAC.

To be eligible to solicit leave donations, an employee must have exhausted all available accrued, forfeited and compensatory time and must be on authorized leave without pay for eighty consecutive hours before being awarded donations.

If an employee elects to solicit leave donations, no more than 40 days prior to going on leave without pay status, a Request to Solicit Leave Donations form (Attch. 1) should be completed, with a Certification of Serious Health Condition for Family Leave form attached.

Human Resources (HR) will approve the Request to Solicit Leave Donations form and will work with the employee to complete a Solicitation Notice (Attch. 2), which will be distributed to all divisions and will be in effect for 10 business days.

The donation of leave is strictly VOLUNTARY.

Employees wanting to donate leave will complete the Leave Donor Authorization form (Attch. 3) and submit it to HR for certification and processing.

An employee may donate any amount of annual or personal leave, in whole hours, but must have a remaining annual leave balance of at least 60 hours after donation is processed.

An employee may donate up to 120 hours of sick leave, in whole hours, but must have a remaining sick leave balance of at least 60 hours after the donation is processed.

Forfeited leave is not eligible for donation.

The identity of leave donors will be confidential, not to be released to the employee receiving the leave or to the general public.

All donations will be credited as sick leave not to exceed 520 hours (or the total amount of leave earned by the recipient whichever is less) for the calendar year. Any donations that cause the total to exceed the 520 hours will be returned to the donor.

Multiple donations for the same employee are permitted, if the recipient has been continuously employed by the state for at least 3 years, up to a maximum of 1040 hours in any two consecutive calendar year periods.

Newly accrued sick and annual leave will be used before donated leave. Recipient can be credited up to a maximum of 40 hours sick leave upon return to duty.

**PAC REQUEST TO SOLICIT LEAVE DONATIONS**

Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Work Location \_\_\_\_\_ Extension \_\_\_\_\_

Division/Office/Facility \_\_\_\_\_

I request to solicit and receive donated leave from other PAC employees for my use as sick leave because of the following:

\_\_\_\_\_ Personal Illness or disability, **or**

\_\_\_\_\_ Care of \_\_\_\_\_ (name of family member/dependent), who is my

\_\_\_ Child    \_\_\_ Spouse    \_\_\_ Parent    \_\_\_ Brother/Sister    \_\_\_ Other Legal Dependent

I understand that in order to solicit leave donations, the attending health care provider **MUST** complete the **CERTIFICATION OF SERIOUS HEALTH CONDITION FOR FAMILY LEAVE** form. As evidenced by my signature below, I authorize the release of information from the attending health care provider concerning (1) my medical care and/or treatment, or (2) the medical care and/or treatment of my child, spouse, parent, brother, sister, or other legal dependent to my employer.

\_\_\_\_\_  
(Signature of PAC Employee or Employee's Designee)

\_\_\_\_\_  
(Date)

-----  
Name of Employee's Supervisor  
(Please PRINT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
(Date Request Received)

\*\*\*\*\*

\_\_\_ Request Approved

\_\_\_ Request Denied

\_\_\_\_\_  
(Name and Signature of HR Director)

\_\_\_\_\_  
(Date)

**NOTE:** *The CERTIFICATION OF SERIOUS HEALTH CONDITION FOR FAMILY LEAVE form must be completed by the attending health care provider and submitted with this request.*

**PAC SOLICITATION FOR LEAVE DONATIONS NOTICE**

Posting Date \_\_\_\_\_ Deadline for Receiving Donations \_\_\_\_\_

Name of Employee (Recipient) \_\_\_\_\_

Work Location \_\_\_\_\_

Employee Statement \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

The PAC employee listed above has been authorized to solicit accrued leave for the following reason:

\_\_\_\_\_ The employee’s personal illness or disability, **or**

\_\_\_\_\_ To care for the employee’s immediate family member’s illness or disability

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All leave donated by PAC employees to the above employee will be credited as sick leave.

To donate accrued leave to this employee, please complete and submit the PAC LEAVE DONATION AUTHORIZATION form to the Human Resources Office prior to the posted deadline date. For further information on how to donate leave or to obtain forms, please contact:

Chantalia Cooper, Director of Human Resources 404-969-4010

THE DONATION OF ACCRUED LEAVE IS VOLUNTARY.

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I agree that this PAC SOLICITATION FOR LEAVE DONATIONS NOTICE is satisfactory and should be circulated and/or posted within PAC and its Judicial Circuits.

\_\_\_\_\_  
Signature of Employee or Employee’s Designee

\_\_\_\_\_  
Date

**PAC LEAVE DONATION AUTHORIZATION**

Section I. *To be completed by the donor*

In accordance with the Leave Donation policy, I donate

\_\_\_\_\_ hours of my accrued annual leave  
\_\_\_\_\_ hours of my accrued sick leave  
\_\_\_\_\_ hours of my personal leave

to be used by \_\_\_\_\_  
Name of Employee (Recipient) Work Location

I understand that the above amount(s) of donated leave will be deducted from my accrued annual, and/or sick, and/or personal leave balances and will not be available for my use.

\_\_\_\_\_  
Donor's Name (PLEASE PRINT) Extension Employee ID Number

\_\_\_\_\_  
Donor's Signature Date

***This donation will not be processed without the donor's signature.***

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Section II. *To be completed by Human Resources Assistant (as Leave Keeper)*

_____	Leave Amount(s)	Donated	AFTER Donation
Date and Time Received in HR	Annual	_____	_____
	Sick	_____	_____
	Personal	_____	_____

HR Assistant (as Leave Keeper) should refer to the "Making a Donation" Section, Leave Donation, for instructions on processing a leave donation.

\_\_\_\_\_  
HR Assistant's Signature (as Leave Keeper) Date

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Section III. *To be completed by the Director of Human Resources*

Amount of Leave Donated \_\_\_\_\_  
Amount of Leave Returned \_\_\_\_\_  
Date/time received in HR Dir.'s Office \_\_\_\_\_  
Signature \_\_\_\_\_