

CITY OF NEW ORLEANS  
CHIEF ADMINISTRATIVE OFFICE

POLICY MEMORANDUM NO. 91(R)

January 22, 1996

**TO:** All Departments, Boards, Agencies and Commissions  
**FROM:** Marlin N. Gusman, Chief Administrative Officer  
**SUBJECT:** LEAVE DONATION PROCEDURES

**I. PURPOSE.**

This memorandum amends the procedures and guidelines for the donation of leave from one employee to another, including the donation of annual leave. This revision brings the administrative policy into agreement with **Civil Service Rule VIII, Section 2.1(g)**, as amended through March 16, 1995.

**II. POLICY.**

An employee may donate annual and sick leave to another employee **only if the recipient employee is suffering from an illness or injury that prevents the employee from performing the job.** The illness or injury does not have to be catastrophic in nature. Each employee requesting a leave donation must provide a doctor's statement verifying the medical condition and the employee's incapacitation.

Leave may be donated for an incapacitation resulting from pregnancy.

Donation of leave must be **strictly voluntary.** Employees are not to be coerced in any manner whatsoever into donating leave.

Appointing authorities shall carefully review all requests for leave donation and approve only those requests that meet the criteria of this policy memorandum and the civil service rule. When receiving leave donation requests, appointing authorities shall consider the requesting employee's past sick leave use.

All requests for leave must be accompanied by a doctor's statement providing a diagnosis and prognosis of the illness or injury and an estimate of the amount of time an employee will need to recuperate before returning to work. If of a confidential nature, the employee must substitute a statement from the doctor indicating that because of illness or injury, the employee is incapacitated and cannot report to work to perform the job. This statement must also provide an estimate of recuperation time needed before returning to work.

**IV. PROCEDURE.**

An employee requesting a donation of leave must submit a completed leave donation form for each employee who is donating leave to the recipient. **Classified recipient employees must submit**

January 22, 1996

the form designated for the classified service and unclassified recipient employees must submit the form for the unclassified service. The civil service status (classified or unclassified) of the leave recipient determines the form to be used. The status of the donor is irrelevant.

Leave donation forms must be fully completed and signed by the appropriate appointing authorities. Completed forms to donate leave to a classified employee shall be submitted to the Civil Service department for final approval by the director of personnel. Completed forms to donate leave to an unclassified employee shall be submitted to the Chief Administrative Office for approval by the chief administrative officer.

Donation requests will be reviewed by Civil Service Department or the Chief Administrative Office to ensure that the recipient has at least six (6) months of consecutive service, the form is properly prepared and signed, a legitimate doctor's statement is attached, the number of days being donated is not excessive, and there are no obvious signs of abuse of the leave donation rule evident in the donation. If the donation request does not meet the criteria of civil service rules or this policy memorandum, the request will be returned unsigned to the originating department.

Upon final approval by the director of personnel or the chief administrative officer, copies of all donation requests will be returned to the recipient's and donor's departments. the departments must then submit leave adjustment forms to the Bureau of Accounting with a copy of the approved leave donation form attached.

The Civil Service Department will keep the original leave donation forms for both classified and unclassified employees.

**V. INQUIRIES.**

Questions concerning this policy memorandum or the civil service leave donation rule may be addressed to the Chief Administrative Office or the Civil Service Department.



Marlin N. Gusman  
Chief Administrative Officer

MNG/FJM/LRF/itb

Attachments: Civil Service leave donation rule  
Leave donation forms

**CITY OF NEW ORLEANS**  
**ANNUAL/SICK LEAVE DONATION FORM**

*(Unclassified Service)*

This form must be filled out completely and submitted to the Director of Personnel to allow for the donation to a unclassified employee of annual or sick leave with pay in accordance with Rule VIII, Section 2.1(g) of the Civil Service Rules. As per CAO Policy Memorandum No. 91, a physician's statement including a diagnosis and prognosis must be attached.

**SECTION I: GENERAL INFORMATION**

**DONOR INFORMATION**

Name: \_\_\_\_\_ SS# \_\_\_\_\_ Dept: \_\_\_\_\_

Amount of Sick Leave Remaining: \_\_\_\_\_, as of \_\_\_\_\_  
(date)

Amount of Annual Leave Remaining: \_\_\_\_\_, as of \_\_\_\_\_  
(date)

**RECIPIENT INFORMATION (unclassified employee)**

Name: \_\_\_\_\_ SS# \_\_\_\_\_ Dept: \_\_\_\_\_

Amount of Sick Leave Remaining: \_\_\_\_\_, as of \_\_\_\_\_  
(date)

Amount of Annual Leave Remaining: \_\_\_\_\_, as of \_\_\_\_\_  
(date)

Consecutive Service Date \_\_\_\_\_ (recipient must have six (6) months of service)

**SECTION II: TO BE COMPLETED BY DONOR**

I hereby agree to donate \_\_\_\_\_ of my accumulated sick leave and/or \_\_\_\_\_ of my accumulated annual leave to the employee listed as the recipient above. I certify that this donation is made without coercion, implied or otherwise, and is strictly voluntary. I am also aware that in making this donation I relinquish all future claims to the donated leave, regardless of the medical condition of either the recipient or myself.

\_\_\_\_\_  
(donor's signature)

\_\_\_\_\_  
(date)

**SECTION III: TO BE COMPLETED BY APPOINTING AUTHORITIES**

I hereby approve the above donation of leave with pay:

\_\_\_\_\_  
(donor's appointing authority)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(recipient's appointing authority)

\_\_\_\_\_  
(date)

**SECTION IV: TO BE COMPLETED BY THE CHIEF ADMINISTRATIVE OFFICER**

\_\_\_\_\_  
(Approved, Chief Administrative Officer)

\_\_\_\_\_  
(date)

**CITY OF NEW ORLEANS**  
**ANNUAL/SICK LEAVE DONATION FORM**

*(Classified Service)*

**This form must be filled out completely and submitted to the Director of Personnel to allow for the donation to a classified employee of annual or sick leave with pay in accordance with Rule VIII, Section 2.1(g) of the Civil Service Rules. As per CAO Policy Memorandum No. 91, a physician's statement including a diagnosis and prognosis must be attached.**

---

**SECTION I: GENERAL INFORMATION**

**DONOR INFORMATION**

Name: \_\_\_\_\_ SS# \_\_\_\_\_ Dept: \_\_\_\_\_

Amount of Sick Leave Remaining: \_\_\_\_\_, as of \_\_\_\_\_  
(date)

Amount of Annual Leave Remaining: \_\_\_\_\_, as of \_\_\_\_\_  
(date)

**RECIPIENT INFORMATION (classified employee)**

Name: \_\_\_\_\_ SS# \_\_\_\_\_ Dept: \_\_\_\_\_

Amount of Sick Leave Remaining: \_\_\_\_\_, as of \_\_\_\_\_  
(date)

Amount of Annual Leave Remaining: \_\_\_\_\_, as of \_\_\_\_\_  
(date)

Consecutive Service Date \_\_\_\_\_ (recipient must have six (6) months of service)

---

**SECTION II: TO BE COMPLETED BY DONOR**

I hereby agree to donate \_\_\_\_\_ of my accumulated **sick leave** and/or \_\_\_\_\_ of my accumulated **annual leave** to the employee listed as the recipient above. I certify that this donation is made without coercion, implied or otherwise, and is strictly voluntary. I am also aware that in making this donation I relinquish all future claims to the donated leave, regardless of the medical condition of either the recipient or myself.

\_\_\_\_\_  
(donor's signature)

\_\_\_\_\_  
(date)

---

**SECTION III: TO BE COMPLETED BY APPOINTING AUTHORITIES**

I hereby approve the above donation of leave with pay:

\_\_\_\_\_  
(donor's appointing authority)

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(recipient's appointing authority)

\_\_\_\_\_  
(date)

---

**SECTION IV: TO BE COMPLETED BY THE DIRECTOR OF PERSONNEL**

\_\_\_\_\_  
(Approved, Director of Personnel)

\_\_\_\_\_  
(date)

RULES OF THE  
CIVIL SERVICE COMMISSION  
CITY OF NEW ORLEANS

RULE VIII

- 2.1 (g) Subject to the prior approval of the director of personnel, an appointing authority may allow an employee to donate sick leave with pay or annual leave to another employee subject to the following conditions:
1. the recipient must have been employed with the city for a period of not less than six (6) months.
  2. donated annual leave shall be converted to sick leave and added to the recipient's sick leave balance.
  3. the donor relinquishes all future claims to the donated leave, regardless of the medical condition of either the donor or recipient.
  4. the donation must be strictly voluntary, without coercion, implied or otherwise, and must be certified in writing by the donor in advance of the actual transfer of sick leave from the donor to the recipient.
  5. in cases where an employee is donating leave with pay to an employee in another organization unit, the approval of both appointing authorities is required.
  6. following approval, the appointing authority/authorities must submit all the necessary leave adjustment forms to the Finance Department with appropriate documentation.