

## **Ordinance 2024-12**

### **Ordinance amending City of Portland Employee Handbook**

#### **310 Sick Leave Benefit Donations**

Sick leave benefit donations may be available for eligible employees who do not have adequate paid time off for personal or family illnesses and injuries. Eligible employees may voluntarily donate paid time (sick or personal time) directly to another employee in need and who meets the following criteria:

- A. The receiving employee is a regular full-time employee with the City of Portland.
- B. The receiving employee needs personal leave related to either their own personal matter, personal health or serious health condition of a family member. Family member for purposes of this policy, includes: spouse, child, sibling, and parent.
- C. The receiving employee has exhausted all of their sick and personal paid time off and all but 1 week of vacation time.
- D. The receiving employee is not receiving paid worker's compensation or short-term disability leave.
- E. The receiving employee is not permitted engage in outside employment while using sick leave benefit donations.
- F. The receiving employee may use the donated time intermittently, but must be used within 90 days of donation. If time is not used within 90 days, the donated time is forfeited.
- G. The receiving employee will be taxed on the time provided in accordance with Internal Revenue Service (IRS) rules and regulations.
- H. A Request for Sick Leave Benefit Donations Form MUST be filled out by the receiving employee and approved by the Mayor, Clerk-Treasurer and their Supervisor or Department Head.
- I. The donating employee MUST fill out a Request for Sick Leave Benefits Donation Form and be approved by the Mayor, Clerk Treasurer and their Supervisor or Department Head.
- J. The donating employee must verify with the Clerk Treasurer that they have enough unused paid time to cover the amount of the donation prior to completing the form.
- K. The donating employee may not reduce their remaining paid time off to less than 5 days (or 40 hours).
- L. The donating employee may make donations in no fewer than half or full-day increments.
- M. Once the donation has been approved, and the employee donates the sick leave time, the time will no longer be available to that employee even if the receiving employee does not use the donated sick leave benefits within the 90 days.

N. Rules and regulations of the Americans with Disabilities Act and its Amendments Act (ADAAA) apply receiving and donating employees.

**\*\*Sick Leave Benefits Donation Form is attached to this policy\*\***

This Ordinance was duly passed in regular session of the Common Council of the City of Portland, Jay County Indiana on the 1<sup>st</sup> day of July, 2024.

## Sick Leave Benefit Donation - Request Form

Sick leave benefit donations may be available for eligible employees who do not have adequate paid time off for personal or family illnesses and injuries. Eligible employees may voluntarily donate paid time (sick or personal time) directly to another employee. See the approved policy for questions related to eligibility.

Receiving Employee \_\_\_\_\_

Department \_\_\_\_\_ Supervisor \_\_\_\_\_

Purpose of requested sick leave benefit days:

\_\_\_\_\_

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

Approved by:

\_\_\_\_\_  
Mayor

\_\_\_\_\_  
Clerk Treasurer

\_\_\_\_\_  
Supervisor

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Donating Employee \_\_\_\_\_

Department \_\_\_\_\_ Supervisor \_\_\_\_\_

Amount of Sick/personal time available \_\_\_\_\_

Amount of sick leave donation \_\_\_\_\_

Person to receive the donated time \_\_\_\_\_

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

Approved by:

\_\_\_\_\_  
Mayor

\_\_\_\_\_  
Clerk Treasurer

\_\_\_\_\_  
Supervisor

Date filed with the Clerk Treasurer \_\_\_\_\_

