


**GUAM MEMORIAL HOSPITAL AUTHORITY
ADMINISTRATIVE MANUAL**

APPROVED BY:  THEODORE M. LEWIS Interim Hospital Administrator/CEO	RESPONSIBILITY: Human Resources Payroll	EFFECTIVE DATE: May 1993	POLICY NO. 8650-1.216	PAGE 1 of 4
TITLE: LEAVE SHARING PROGRAM				
LAST REVIEWED/REVISED: May 1993, May 2012, 2015				
ENDORSED: EMC 2012, 2015				

PURPOSE:

To implement the provisions of Title 4 GCA Chapter 4 § 4109.2, Leave Sharing Program in a systematic and standard manner.

POLICY:

All employees of Guam Memorial Hospital Authority shall be allowed to voluntarily give their annual leave or sick leave to another employee of any department or agency of the Government of Guam in need of leave in accordance with the procedures and guidelines established by the Leave Sharing Program and the Guam Memorial Hospital Authority.

A. DOCUMENT SUBMISSION DEADLINE:

The filing and completion of the Leave Sharing form shall be submitted timely.

1. Leave recipient may receive donated leave within the specified time limitations provided that all supporting documents are completed and meets the requirement of the Leave Sharing Program and is approved by the immediate supervisor/section head and the Hospital Administrator.
2. A leave recipient requesting to "back pay" leave sharing donation is **limited to no more than one pay period from the current pay period ending of the date of submission to the Human Resources Office.** Any leave hours donated beyond the prior pay period ending to cover any "back pay" will be disapproved and will be returned to the donor. The donated leave must be approved by the immediate supervisor/section head and the Hospital Administrator.
3. It is the recipient's responsibility to submit all documents to the Human Resources Office no later than the Monday before payroll week to provide the Human Resources staff opportunity to meet the payroll deadline. Any late submission will be processed the following pay period through regular payroll run.

B. DEFINITIONS:

For the purpose of the Leave Sharing Program, the terms are defined as follows:

1. **EMPLOYEE** – A person currently employed by the Government of Guam that is entitled to annual and sick leave accrual. An employee is not eligible to receive or donate leave upon separation/termination from the Government of Guam agency or department.
2. **FAMILY MEMBER** – Family members include the following: spouse, common-law spouse (must have lived together for at least 2 years), children and their spouses, adopted children and

their spouses, grandchildren, adopted grandchildren, parents and parents-in law, in loco parentis (reared by an individual, not necessarily biological parent or legal guardian), grandparents, brothers and sisters.

3. LEAVE DONOR – A current employee who voluntarily donates annual or sick leave to a Leave Recipient and is certified and approved to by his/her agency's payroll supervisor.
4. LEAVE RECIPIENT – A current employee who is approved leave of absence by his/her agency, and is certified to be eligible to receive donated annual or sick leave from another employee.
5. MEDICAL EMERGENCY – An employee or family member with a medical condition resulting in the need for medical treatment, incapacitation and/or quarantine that is likely to require an employee's extended absence from duty.
6. SICK LEAVE – An employee may request for sick leave in the event of illness or injury, medical treatment, complications due to pregnancy, childbirth, to prevent/limit the exposure of a contagious disease to others (requires quarantine by medical authority), or to care for a sick family member.
7. ANNUAL LEAVE – An employee may request for annual leave for personal reasons authorized by this program. An employee may opt to use annual leave in lieu of sick leave due to illness or other authorized use of sick leave.

C. SICK/ANNUAL LEAVE DONATION FOR MEDICAL EMERGENCY

1. To be eligible for leave donation, the *Leave Recipient* must meet the following criteria:
 - Accrued annual leave, sick leave and compensatory time must be exhausted.
 - Leave of absence must be for at least ten (10) consecutive work days or more.
 - Medical certification from a licensed physician must be provided to cover the requested leave period.
 - Annual or sick leave request must be approved by the employee's supervisor and department/agency head.
 - The Sick/Annual Leave Donation for Medical Emergency Form must be completed by the appropriate parties (ATTACHMENT A). Final approval for donated leave is with the recipient's appointing authority subject to audit and repeal by the Director of Administration.
2. To be eligible for leave donation, the *Leave Donor* must meet the following criteria:
 - Sufficient hours of accrued annual or sick leave must be available for donation.

D. ANNUAL LEAVE DONATION FOR PERSONAL REASONS

1. To be eligible for leave donation, the *Leave Recipient* must meet the following criteria:
 - Accrued annual leave, sick leave (for medical reasons), and compensatory time must be exhausted.
 - Leave of absence must be for at least five (5) consecutive work days or more.
 - Annual leave request must be approved by the employee's supervisor and department/agency head.
 - Medical certification from a licensed physician must be provided to cover the requested leave period, if applicable.

- The Annual Leave Donation for Personal Reasons Form (ATTACHMENT B) must be completed by the appropriate parties. Final approval for donated leave for personal reasons, other than medical emergency, is with the Director of Administration.
2. To be eligible for leave donation, the *Leave Donor* must meet the following criteria:
 - Sufficient hours of accrued annual leave must be available for donation.
 3. The Director of Administration shall review all requests for donated leave, for non-medical reasons, on a case by case basis. The following are common non-medical justifications for donated leave. However, these reasons do not, in and of themselves, become an authorization for personal leave:
 - Adoption of a child, or to place a child up for adoption
 - Divorce or separation proceedings
 - Loss of a family member
 - Cosmetic and voluntary surgery
 - Child care
 - Legal commitments
 - Education
 - To care for an elderly or physically/mentally disabled family member

The recipient shall provide a notarized affidavit (ATTACHMENT C) or certification to prove validity of request.

E. PROCEDURES

1. It is the *Leave Recipient's* responsibility to obtain proper leave authorization from his/her supervisor and the department/agency head. The approved leave form must be accompanied by the attached request for leave donation. *Leave Recipients* working at Guam Memorial Hospital shall use the Hospital's appropriate leave donation form. Complete ATTACHMENT A for sick or annual leave donation for medical reasons. ATTACHMENT B and ATTACHMENT C shall be completed for annual leave donation for personal reasons. Forms are also available at the Human Resources Department. *Leave Recipients* from another Government of Guam agency shall utilize his/her agency's leave donation form and follow the agency's processing guidelines.
2. The leave donation form, with the approved leave application form and supporting documents, must be submitted to the Hospital's Human Resources Department for review and verification.
3. The *Leave Recipient* shall endorse the form and secure the following signatures:
 - Leave Donor
 - Leave Recipient's Supervisor
 - Leave Donor's Supervisor
 - Leave Donor's Payroll Supervisor
 - Leave Recipient's Payroll Supervisor
4. Once the application and documents have been verified, the Hospital's Human Resources Department shall forward the request to the Hospital Administrator/Director of Administration for final approval.
5. Approved leave donations shall be forwarded to the Hospital's Payroll Office for processing of leave transfers and salary pay out to the leave recipient.

6. The Hospital's Human Resources Department will notify *Leave Recipients* if the leave donation requests are disapproved. If applicable, the Human Resources staff shall coordinate with the leave recipient on securing documents for possible resubmission of the leave donation request.
7. The Hospital's Payroll Office shall return any unused leave donations to the leave donor. For leave donors employed at other agencies, the Hospital's Human Resources Department shall notify the *Leave Donor's* payroll department via memorandum of any used or unused leave donations with a copy of the approved leave donation form attached.

F. LIMITATIONS

Transfers of leave are subject to the following restrictions:

1. Leave transferred from a donor whose hourly rate of pay or salary is lower than the recipient shall be paid at the hourly rate or salary of the donor.
2. Leave transferred from a donor whose hourly rate of pay or salary is higher than the recipient shall be paid at the hourly rate or salary of the recipient.
3. Leave transfers shall be strictly on a voluntary basis. No employee shall directly or indirectly intimidate, threaten or coerce any other employee for the purpose of interfering with the employee's right to voluntarily donate leave when authorized.
4. No leave may be donated by an employee to his/her supervisor or to any person above him/her in a supervisory chain, or to a member of the supervisor's or such supervisory person's immediate family.
5. In no event shall transferred leave be converted to cash, retirement credit or for accumulation of leave.
6. Participation in the Leave Sharing Program shall not exceed ninety (90) working days and shall require a medical certification from a licensed practicing physician indicating the need for medical treatment or recovery from a medical illness in which the employee is physically unable to return to work due to the medical illness. An additional ninety (90) working days may be granted upon similar certification from the attending medical physician made within two (2) weeks of the first ninety (90) day period. A final extension of thirty (30) working days may be granted upon submission of an additional certification from the attending medical physician that additional time is needed for recovery.

GUAM MEMORIAL HOSPITAL AUTHORITY
850 Gov. Carlos G. Camacho Road
Tamuning, Guam 96911

SICK/ANNUAL LEAVE DONATION REQUEST FOR MEDICAL EMERGENCY REASONS

	Leave Recipient Information	Leave Donor Information
1. Employee Name		
2. Social Security No.		
3. Class Title/Pay Grade/Step		
4. Agency		
Division		

5. **Donated Leave Period:** From: _____ To: _____
Total Hours: _____ Sick Leave or Annual Leave (Circle One)

6. **Certification of Leave Recipient:**
Explanation of Illness/Injury: _____

I hereby certify that I have secured permission from my agency to use donated sick/annual leave pursuant to the leave sharing procedures. This request is due to the above referenced illness/injury and will be used during the dates listed above in order to continue my compensation. I understand that my own accrued leave will be exhausted first before receiving the donated leave.

Leave Recipient: _____ Date: _____

Department Supervisor: _____ Date: _____

7. **Certification from Leave Recipient's Payroll Supervisor:**

A. I certify that the employee requesting for donated leave has accrued the following hours to his/her leave account.

	Annual Leave Balance for PPE	
	Sick Leave Balance for PPE	
	Compensatory Balance for PPE	
	Other: _____	

Payroll Supervisor: _____ Date: _____

8. **Certification of Leave Donor:**

A. I hereby certify that I am voluntarily donating the leave hours on item #5 and request that my Payroll Supervisor transfer the above listed hours of my sick / annual leave to the Leave Recipient listed above.

Leave Donor: _____ Date: _____

B. I hereby certify that the donor has accrued the amount of leave to be donated.

	Annual Leave Balance for PPE	
	Sick Leave Balance for PPE	

Payroll Supervisor: _____ Date: _____

9. [] APPROVED [] DISAPPROVED

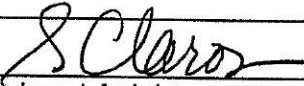
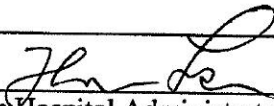
Recipients Appointing Authority: _____ Date: _____

GUAM MEMORIAL HOSPITAL AUTHORITY

REVIEW AND ENDORSEMENT CERTIFICATION

The signatories on this document acknowledge that they have reviewed and endorsed the following:

- | | |
|---|---|
| <input type="checkbox"/> Bylaws | Submitted by |
| <input type="checkbox"/> Rules & Regulations | Department/Committee: <u>Human Resources Department</u> |
| <input checked="" type="checkbox"/> Policies & Procedures | Title: <u>Leave Sharing Program</u> |
| | Policy Number (if applicable): <u>8650-1.216</u> |

	Date	Signature
Reviewed	8/17/15	
Endorsed		
Title	Elizabeth M. Claros: Personnel Services Administrator	
Reviewed		
Endorsed		
Title	Associate Administrator, Operations	
Reviewed	10-3-15	
Endorsed		
Title	Theodore M. Lewis, Interim Hospital Administrator/CEO, EMC Committee	
Reviewed		
Endorsed		
Title		
Reviewed		
Endorsed		
Title		
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Endorsed		
Title		