

**SANTA CRUZ COUNTY
PERSONNEL ADMINISTRATIVE MANUAL**

Topic: VOLUNTARY TIME BANK Section: SPECIAL COUNTY PROGRAMS Number: XII.2.	Date Issued: Nov. 15, 1990 Date Revised: 10/5/10; 11/23/15; 9/28/2017
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PURPOSE:

To provide uniform procedures for the processing of Voluntary Time Bank requests and transfers of leave credit.

LEGAL BASIS:

COUNTY OF SANTA CRUZ VOLUNTARY TIME BANK POLICY (See County Procedures Manual Section 150-2)

INTERNAL REVENUE SERVICE RULING 90-29

POLICY:

Refer to County Procedures Manual Section 150-2.

PROCEDURE:

I. ESTABLISHING THE TIME BANK

A. Individual Requesting Time Bank will:

1. Submit a written request to the Department Head.
2. Provide the Department Head with proof of eligibility for the time bank. Proof of eligibility as follows for:
 - a. **CATASTROPHIC ILLNESS OR INJURY:** PER1081A or PER1081B Form signed by a physician.
 - b. **NATURAL DISASTER** - Either a RED or YELLOW Tag from a jurisdiction of competent authority; or an insurance or FEMA Claim, or the equivalent.
 - c. **ATTEND TO FAMILY AFFAIRS RESULTING FROM THE DEATH OF AN IMMEDIATE FAMILY MEMBER** - A written statement to the Department Head indicating the death of the immediate family member and stating the employee's relationship to the deceased and indicating the number of days leave needed.

B. Department Head or Designee will:

1. Review the employee's request to ensure compliance with the County Time Bank Policy.
2. Authorize in writing the establishment of the Time Bank for the individual if the request complies with the policy.
3. Submit the written authorization, the proof of eligibility, and the employee's written request for establishment of the Time Bank to the Personnel Director.

C. Personnel Director or Designee will:

1. Control the Time Bank Program.
2. Draft the text of the publicity (see sample at Figure I-1) with the direct assistance of the employee on whose behalf the Time Bank is being established.
3. Provide the Employee Application and Health Care Provider Certification form for signature by the employee and the health care provider. Health care provider signature will only be required for catastrophic illness or injury.
4. Publicize the establishment of the time bank in accordance with Section II, below.

II. TIME BANK PUBLICITY

A. Personnel Director or Designee will:

1. Prepare a letter (Figure II-1) incorporating the text agreed to by the employee as required by paragraph II-C-2, above.
2. Prepare on the reverse of the letter the appropriate Donation Form (Figures II-2, II-3, II-4).
3. Prepare Memorandum (Figure II-5) to all Department Heads*requesting that they publicize the establishment of the Time Bank throughout their Department.
4. Distribute the publicity to all Departments.
5. Notify the Payroll Supervisor in the Auditor-Controller's Office of the establishment of the Time Bank.

B. Department Head or Designee will:

1. Ensure that all employees within the department receive a copy of the Time Bank Publicity.
2. Post a copy of the Time Bank Publicity on Bulletin Boards within the Department.

III. PROCESSING TIME BANK LEAVE TRANSFERS

A. Individual authorizing transfer will:

1. Ensure that they will have 168 hours of accrued time off credited to their account after completion of the transfer.
2. Authorize transfer of accrued paid leave (vacation, administrative leave, or annual leave)

using the appropriate form (PER1095, Figure II-3, or Figure II-4). SICK LEAVE MAY NOT BE TRANSFERRED. COMPENSATORY TIME OFF MAY NOT BE TRANSFERRED.

3. Place the completed transfer authorization form into an envelope.
4. Seal the envelope.
5. Mark the envelope "CONFIDENTIAL -- TIME BANK DONATION."
6. Address the envelope to: Personnel Department
7. Send the sealed envelope to the Personnel Department.

B. Personnel Director or designee will:

1. Date stamp each transfer authorization form upon receipt.
2. Ensure that an individual authorizing a leave transfer will have 168 hours of accrued leave credit to their account after the leave transfer is made.
3. If the leave transfer authorized will reduce the individual's account to less than 168 hours, change the amount of leave authorized to a lesser amount that will leave 168 hours and notify the individual of the change.
4. Once per pay period, on the day that time cards are submitted, hand carry all donations to the Payroll Supervisor in the Auditor-Controller's Office.

C. Payroll Supervisor will:

1. Process transfers of leave in accordance with County Procedures Manual Section 150-2 and Auditor-Controller Departmental Policy.
2. For Catastrophic Illness/Injury Time Banks transfer the full value of the leave.
3. For Natural Disaster Time Banks or Settling of Family Affairs Resulting from the Death of Immediate Family Time Banks withhold taxes on transfers in accordance with Federal and State law then transfer the net (after tax) value of the leave to the Time bank.

IV. PROCESSING TIME CARD FOR INDIVIDUALS IN A TIME BANK.

A. Department Payroll Clerk, Personnel/Payroll Clerk or other individual responsible for the submission of Department Time Cards.

1. Complete the Time Card using all appropriate paid time off accruals (e.g Sick Leave, Vacation, Annual Leave or Compensatory Time Off for Catastrophic Injury/Illness; Vacation, Annual Leave or Compensatory Time Off for Natural Disaster or Settling of Family Affairs Resulting from the Death of an Immediate Family Member) currently credited to the individual's account that equal the employee's regularly scheduled hours up to eighty (80) hours.
2. If the individual does not have sufficient paid time off credited to his/her account to equal his/her regularly scheduled hours, use the paid time off available and process the remainder as leave without pay "E-hours".

3. Submit the Time Card to the Auditor-Controller's Office.

B. Payroll Supervisor will:

1. Verify the Time Card.

2. Change leave without pay ("E-Hours") to paid leave if transfers of leave to the individual's account have been received during the pay period.

3. Process the Time Card in accordance with Auditor-Controller Department Policy.

V. CLOSING OF THE TIME BANK

A. Individual on whose behalf the Time Bank is established will:

1. Notify the Department Head of his/her intent to return work.

2. Notify the Personnel Department of his/her return to work and that the need for the Time Bank no longer exists.

B. Personnel Director or Designee will:

1. Close the Time Bank effective the date of return shown on the request for establishment of the Time Bank or the date the individual returns to work, whichever occurs first.

FIGURE I-1

ON PERSONNEL DEPARTMENT LETTER HEAD

January 2, 1999

TO: All County Employees

This letter announces the establishment of a voluntary time-bank for the benefit of:

NAME DEPARTMENT

RICHARD ROWE PERSONNEL

Mr. Rowe will be unable to work for X # of weeks/months due to medical reasons/ death in the family / natural disaster. Mr. Rowe does not have sufficient time credited to his account to cover this extended absence.

If you wish to make a voluntary contribution to the time-bank established for Richard Rowe, complete the form on the reverse, place it in a sealed envelope addressed to the Personnel Department, mark the envelope "Confidential Time-bank Contribution" and send the form to the Personnel Department.

ROBERT PALMER
Personnel Director

FIGURE II-1

ON PERSONNEL DEPARTMENT LETTERHEAD

January 4, 1999

TO: All County Employees

This letter announces the establishment of a voluntary time-bank for the benefit of:

NAME DEPARTMENT

RICHARD ROWE PERSONNEL

Mr. Rowe will be unable to work for X # of weeks/months due to medical reasons/ death in the family / natural disaster. Mr. Rowe does not have sufficient time credited to his account to cover this extended absence.

If you wish to make a voluntary contribution to the time-bank established for Richard Rowe, complete the form on the reverse, place it in a sealed envelope addressed to the Personnel Department, mark the envelope "Confidential Time-bank Contribution" and send the form to the Personnel Department.

ROBERT PALMER

Personnel Director

FIGURE II-2

Note: Donations for Catastrophic Illness/Injury may be made on Form PER1095.

TO: COUNTY PERSONNEL DEPARTMENT

ATTENTION: PERSONNEL DIRECTOR OR DESIGNEE

CONFIDENTIAL

**DONATION OF ACCRUED PAID LEAVE TO EMPLOYEE
CATASTROPHIC ILLNESS/INJURY TIME BANK**

I understand that this donation of leave hours is irrevocable and, should the person receiving the donation not use all donated time for the catastrophic illness/injury, any balance will remain with that person.

I understand that I may only donate the following types of accrued leave: vacation, administrative leave. (Sick leave may not be transferred; accrued compensatory time may not be transferred.)

I understand that I may donate leave in increments of 4 hours or more and that I cannot donate leave which would reduce my total accrued leave balance (for vacation, compensatory time, administrative leave, sick leave) to less than 168 hours.

I have read and understand all of the above, and I freely and without restraint elect to _____
donate hours

of _____ to a Time-Bank

established for the benefit of RICHARD ROWE, EMPLOYEE #999901

Employee's Name (Print) _____ Employee # _____

Signature _____ Date _____

FIGURE II-3

TO: COUNTY PERSONNEL DEPARTMENT

ATTENTION: PERSONNEL DIRECTOR OR DESIGNEE

CONFIDENTIAL

**TRANSFER OF ACCRUED PAID LEAVE TO EMPLOYEE NATURAL
DISASTER TIME BANK**

I understand that this transfer of leave hours is irrevocable and, should the person receiving the transfer not use all transferred time for the NATURAL DISASTER, any balance will remain with that person.

I understand that federal and state income taxes will be deducted on the value of leave I am donating, and that such withholdings will be deducted from my pay.

I understand that I may only transfer the following types of accrued leave: annual leave, vacation, administrative leave. (Sick leave may not be transferred; accrued compensatory time may not be transferred.)

I understand that I may transfer leave in increments of 4 hours or more and that I cannot transfer leave which would reduce my total accrued leave balance (for annual leave, vacation, compensatory time, administrative leave, sick leave) to less than 168 hours.

I have read and understand all of the above, and I freely and without restraint elect to transfer _____ hours of _____ to a Time Bank

established for the benefit of JANE DOE, Employee # 999902.

Employee's Name (Print) _____ Employee # _____

Signature _____ Date _____

FIGURE II-4

TO: COUNTY PERSONNEL DEPARTMENT

ATTENTION: PERSONNEL DIRECTOR OR DESIGNEE

CONFIDENTIAL

TRANSFER OF ACCRUED PAID LEAVE TO COUNTY TIME BANK ESTABLISHED FOR THE BENEFIT OF AN EMPLOYEE WHO MUST ATTEND TO FAMILY AFFAIRS RESULTING FROM THE DEATH OF AN IMMEDIATE FAMILY MEMBER

I understand that this transfer of leave hours is irrevocable and, should the person receiving the transfer not use all of the transferred time for the stated purpose, any balance will remain with that person.

I understand that federal and state income taxes will be deducted on the value of leave I am transferring, and that such withholdings will be deducted from my pay.

I understand that I may only transfer the following types of accrued leave: annual leave, vacation, administrative leave. (Sick leave may not be transferred; accrued compensatory time may not be transferred.)

I understand that I may transfer leave in increments of 4 hours or more and that I cannot transfer leave which would reduce my total accrued leave balance (for annual leave, vacation, compensatory time, administrative leave, sick leave) to less than 168 hours.

I have read and understand all of the above, and I freely and

without restraint elect to transfer _____ hours

of _____ to a Time Bank

established for the benefit of FREDERICK FOX, Employee #999903.

Employee's Name (Print) _____ Employee # _____

Signature _____ Date _____

FIGURE II-5

January 5, 1999

ALL DEPARTMENT HEADS

Robert Palmer, Personnel Director

Establishment of a Time Bank on Behalf of Richard Rowe.

Please disseminate to all employees the attached letter establishing a Voluntary Time Bank for the benefit of Richard Rowe. Please post copies through out your Department.

If there are any questions, please contact the Personnel Department.

Thank you.