

POLICY REGARDING ASSIGNMENT OF SICK LEAVE

8.4.7 Sick Leave may be transferred from one employee to another employee. No employee may assign more than forty hours of Sick Leave to any other employee-with respect to any single request for donations of Sick Leave without approval of the County Manager. The assignment may not reduce the remaining Sick Leave of the employee making the assignment below eighty hours of Sick Leave. All assignments must be made in writing signed by the assigning employee on a form provided by the Human Resources Department, must be approved by the Department Head of the employee who makes the assignment, verified by the Human Resources Director that it is in compliance with this policy, and must be accepted by the County Manager.

Employees wishing to request Sick Leave transfers from other County employees will be required to exhaust their own Sick Leave, Holiday Leave and Personal Day prior to using any transferred Sick Leave. Employees may be required to exhaust accrued Vacation Leave unless a compelling reason for reserving accrued Vacation Leave can be established. The decision as to whether the employee will be required to use accrued Vacation Leave prior to using transferred Sick Leave will be made on a case by case basis by the County Manager.

ROUTT COUNTY

IRREVOCABLE AUTHORIZATION FOR TRANSFER OF SICK LEAVE

I, _____, am a current employee of Routt County, Colorado, ("County"). I have more than 80 hours of accrued sick leave. Subject to the approval of this authorization by the Elected Official or Department Head who is my supervisor, and its acceptance by the County Manager, I hereby authorize County to transfer from my sick leave account to the sick leave account of _____, who is also an employee of County, _____ hours (not to exceed 40 hours without approval of County Manager) of sick leave. I understand that by signing this authorization I will lose all rights to the hours of sick leave being transferred and that I may not, for any reason, hereafter revoke this assignment. However, if the individual receiving the donations does not use or need this transfer of sick leave, I understand that the hours specified above will not be deducted from my accrued balance.

Dated: _____

Signature of Employee

Print Name

Authorization approved by Employee's Supervising Elected Official or Department Head.

Dated: _____

Signature of Elected Official or
Department Head

_____ currently has _____ hours of sick leave available to them as of _____.

Dated: _____

Human Resources

Authorization for a transfer of _____ hours is accepted by the County Manager of Routt County, Colorado. Donated hours will be available for use through _____.

Dated: _____

County Manager

Transfer completed by Accounting on _____.