

**RIVERSIDE COUNTY SHERIFF'S DEPARTMENT
STAN SNIFF, SHERIFF**

TO: All Personnel

DATE: September 29, 2017

FROM: Stan Sniff, Sheriff

Departmental Memorandum #17-115

RE: Catastrophic Illness Time Bank for Investigator II Elizabeth Guillen, Professional Standards Bureau

A Catastrophic Illness Time Bank has been established for Elizabeth Guillen, Investigator assigned to PSB. Investigator Guillen's time bank is effective from September 14, 2017, through November 30, 2017.

The Human Resources Department will accept donations on Elizabeth's behalf. If you wish to contribute to her time bank, please read the conditions and procedures outlined below, and send the attached donation form to one of the following options: 1.) Scan and email to nergomez@rivco.org, 2.) Send through inter-office mail to HR Benefits and Records Division, Attention: Time Bank Donation, Mail Stop #1150, 3.) Fax to 951-955-3581, or 4.) Mail to Riverside County Human Resources, Benefits and Records Division, Attn: Time Bank Donations, P.O. Box 1569, Riverside, California, 92502. The donation form can be found at the Employee Services website under Voluntary Time-Bank Forms and Guidelines: <http://www.rc-hr.com/ForEmployees/EmployeeServices.aspx>.

1. Regular employees in classifications assigned to Management, Confidential, Law Enforcement Supervisory and Management, Law Enforcement, Exempt, Prosecution, and all SEIU and LIUNA Units may donate vacation, holiday, or annual leave. Sick leave and compensatory time may not be donated.
2. Donations of leave must be in increments of 8 hours.
3. The Human Resources Department will establish and operate the approved Time-Bank and will ensure that only necessary credits are donated. Donations will be posted by the Office of the Auditor-Controller to the employee's vacation or annual leave bank on a pay period by pay period basis. The processed leave hours are irreversible; however, unprocessed donation forms are returned to the donor.
4. An employee may not donate leave hours, which would reduce his/her combined accrued leave balances on vacation, compensatory time, sick leave, annual leave or holiday accrual to less than 168 hours.
5. Donated leave shall be changed to its cash value and then credited to the recipient in equivalent hours at the recipient's base hourly rate of vacation or annual leave.
6. Employees will use provided form to submit donations directly to the Human Resources Department. After review, adjustments to donor and recipient's paid leave balance will be made.

Attachment: Voluntary Time Bank Donation Form
SS:nw



VOLUNTARY TIME-BANK DONATION FORM



TO: Voluntary Time-Bank Administrator, Human Resources Department, Mail Stop #1150

FROM: _____ Employee ID#: _____

EMPLOYEE AGREEMENT SECTION: I, _____, request to donate the following hours to the Voluntary Time-Bank for _____ in _____.

<u>Vacation Leave</u>	<u>Holiday Leave</u>	<u>Annual Leave</u>
Hours donated	Hours donated	Hours donated

- I understand donation of leave hours is irreversible once the leave hours are transferred to the recipient. Should the Time Bank close prior to the donated hours being transferred from my leave balance, my donation form will be returned to me and no deduction to my balance will occur.
- I understand that any hours transferred to the recipient will remain with that person or will be converted to cash upon the recipient's separation of employment.
- I understand I may only donate the following types of accrued leave: vacation, holiday accrual, or annual leave. (Sick leave and compensatory time may not be donated.)
- I understand I may donate leave from more than one bank but **each bank** drawn upon must be ***in increments of 8 hours*** and I cannot donate leave which would reduce my aggregate accrued leave balances of vacation, holiday accrual, compensatory time, sick leave, or annual leave to less than ***168 hours***.
- I have read and understand all of the above, and I freely and without restraint elect to donate leave credits to the Time-Bank.

Employee's Signature

Date Signed

Department Name

PLEASE RETURN THIS FORM TO THE HUMAN RESOURCES DEPARTMENT, VOLUNTARY TIME-BANK ADMINISTRATOR, MAIL STOP #1150 OR VIA FAX 951-955-3581.

HR DEPARTMENT USE ONLY:

DONOR INFO:
Hourly rate of pay: \$ _____ Hrs Available: Y / N (circle one) Verified by: _____ Date: _____

RECIPIENT INFO:
ID#: _____ Hourly rate of pay: \$ _____ Exempt or Non-Exempt (circle one)
Dept: _____ Converted Hrs: _____
Processed by: _____ Date: _____ Pay Period #: _____
Date balance correction submitted to Payroll: _____

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