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GOVERNMENT OF GUAM
(GUBETNAMENTON GUÅHAN)

DEPARTMENT OF ADMINISTRATION
(DIPATTAMENTON ATMENESTRASION)

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NOV 28 2007

Department of Administration Organizational Circular No. 08-006

To: All Department and Agency Heads

From: Director, Department of Administration

Subject: Amended Provisions
RE: Leave Sharing Procedures

Buenas yan Hafa Adai! This circular has reference to the amendments made to §4109.2 (b) Voluntary Transfer of Sick Leave or Annual Leave pursuant to Section 96, Chapter VI Miscellaneous Provisions of Public Law 29-19 effective October 1, 2007. Please be advised of the following changes as numbered:

1) If a government of Guam employee desires to transfer a number of hours of earned sick leave or annual leave to another employee in any department or agency of the government, the **recipient** must first exhaust all accrued annual and sick leave, and compensatory time for the purposes of a medical emergency or for personal reasons. However, in applying donated sick leave, please be aware of the provisions of §4108(c) 1 & 2, which identifies when sick leave with pay is allowed. As a result, the voluntary transfer of sick leave for other than its intended purposes is prohibited.

   4108(c) 1 provides:
   The employee is compelled to be absent from duty on account of physical or mental illness; injury; mental health examination, counseling or treatment; pregnancy; childbirth; medical, dental or optical examination or treatment; or because of quarantine due to his own or another's illness.

   4108(c) 2 provides:
   The employee is compelled to be absent from duty to provide health care for a member of the employee's immediate family as a result of serious illness or injury and the employee has exhausted all annual leave and compensatory time available. Serious illness or injury means an urgent condition that is certified by the attending physician as requiring hospitalization, institutionalization, or extended home care in which the person needs the constant administration of special medical care or support.

2) Leave transferred from *donors* whose *hourly rates of pay* or *salaries* are *lower* than the *recipient* shall be paid at the *hourly rate* or *salary* of the *donor.*

   Leave transferred from *donors* whose *hourly rates* of pay or *salaries* are *higher* than the *recipient*, shall be paid at the *hourly rate* or *salary* of the *recipient.*

The extent of the above provision will be applied based in the following manner and where applicable:

Recipient's hourly rate is $21.18. The Donor's hourly rate is $16.55. The number of donated leave hours is 50. The 50 hours of leave donated will be paid out at the donor's hourly rate of $16.55 pursuant to the amended provisions of §4109.2 (b).

Recipient's hourly rate is $16.55. The Donor's hourly rate is $21.18. The number of donated leave hours is 50. The 50 hours of leave donated will be paid out at the recipient's hourly rate of $16.55 pursuant to the amended provisions of §4109.2 (b).

3) Participation in the leave-sharing program *shall not exceed* ninety (90) working days. (Previous provision provided *"shall not exceeding..."*)

Based on the changes made to §4109.2(b), please use the attached amended leave sharing request forms.

Effective immediately, to ensure compliance of the Leave Sharing Program requirements, pursuant to PL 29-19, all approved and disapproved leave-sharing requests effective October 1, 2007 and thereafter for medical emergency reasons shall be forwarded to the Human Resources Division for compliance review purposes.

Should you have any questions, please contact our Employee Management Relations Branch of the Human Resources Division at 475-1249 or 475-1288. Si Yu'os Ma'ase.

Lourdes M Perez
LOURDES M. PEREZ

Attachments

Government of Guam
Department of Administration

INSTRUCTIONS FOR COMPLETING FORM

Sick/Annual Leave Donation Request for Medical Emergency Reasons

1. Enter the employee names, the Recipient first and then the Donor.

2. Enter the Social Security Numbers for both employees.

3. Enter the Class Title (position titles) of the employees and the associated Pay Grade/Step for each.

4. Enter each employee's Hourly Rate and Salary.

5. Enter each employee's Agency/Department and Division.

6. Enter the dates (From - To) for which the Donated Leave Period is to be used.

   NOTE: These dates must not be for a prior period of time as the request must be approved before leave can be taken. Also, enter the Total Hours to be used during this period of time (identify hours of leave [sick and/or annual leave] donated).

7. Explain the appropriate medical emergency reason (employee or employee's immediate family member) for which this leave will be used. The Recipient employee must sign and date the form.

8. To receive leave, the requesting employee (Recipient) must obtain certification from his/her agency/department Chief Payroll Officer/Authorized Designee on his/her leave account and total donated leave sharing approved and paid to date in accordance with the Leave Sharing Program.

9. To donating employee (Donor) must certify this request by signing, dating and indicating total leave (sick and/or annual leave) hours donating on the form. In addition, the Donor employee must obtain certification from his/her Chief Payroll Officer/Authorized Designee indicating the Donor has accrued the amount of leave to be donated in the Donor's leave account.

INSTRUCTION FOR RECIPIENT ON THE REQUIRED DOCUMENTATION

A. The Recipient shall attach a copy of the medical certification by a licensed practicing physician. (Employee or employee's immediate family member [certification must identify immediate family member's medical condition, relationship to employee and timeframe or time period]).

B. Attach a copy of the approved Request for Leave (Form FCN 2-0-1). Note: Absence must be for a minimum of ten (10) consecutive workdays for medical emergency reasons. To donate leave hours, the Donor employee must obtain certification from his/her Chief Payroll Officer/Authorized Designee indicating the Donor has accrued the amount of leave hours to be donated.

10. Recipient's Appointing Authority's printed name, position title and signature.

GOVERNMENT OF GUAM
DEPARTMENT OF ADMINISTRATION
SICK/ANNUAL LEAVE DONATION REQUEST FOR MEDICAL EMERGENCY REASONS

	LEAVE RECIPIENT	LEAVE DONOR
1. EMPLOYEE NAME		
2. SOCIAL SECURITY NO.		
3. CLASS TITLE & PAYGRADE		
4. HOURLY RATE/SALARY		
5. AGENCY/DIVISION		

6. **Donated Leave Period: FROM-TO:** _____ **Total Hours:** _____**SL/AL**

7. Explanation of Illness/Injury: _____

_____

I hereby certify that I have secured permission from my agency to use donated sick and/or 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.

Certification of Leave: _____ Date: _____
Recipient's Signature

8. CERTIFICATION FROM LEAVE RECIPIENT'S CHIEF PAYROLL OFFICER

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

- ☐ ANNUAL LEAVE Balance: _____ PPE: _____
- ☐ SICK LEAVE Balance: _____ PPE: _____
- ☐ COMPENSATORY TIME Balance: _____ PPE: _____
- ☐ Other:_____ Balance: _____ PPE: _____

Chief Payroll Officer/Authorized Designee: _____ Date: _____

9. CERTIFICATION OF LEAVE DONOR

A. I hereby certify that I am voluntarily donating leave hours on item 6 above and request that my Chief Payroll Officer transfer the above listed hours of my sick and/or annual leave to the Leave Recipient listed above.

Leave Donor's Signature: _____ Date: _____

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

- ☐ ANNUAL LEAVE Balance: _____ PPE: _____
- ☐ SICK LEAVE Balance: _____ PPE: _____

Chief Payroll Officer/Authorized Designee: _____ Date: _____

10. ☐ **APPROVED** ☐ **DISAPPROVED**

Recipient's Appointing Authority: _____ Date: _____
(Please Print Name, Title & Signature)

DOA HRD EMR (Initial/Date): _____

Government of Guam
Department of Administration

INSTRUCTIONS FOR COMPLETING FORM

Annual Leave Donation Request for Personal Reasons

1. Enter the employee names, the Recipient first and then the Donor.

2. Enter the Social Security Numbers for both employees.

3. Enter the Class Title (position titles) of the employees and the associated Pay Grade/Step for each.

4. Enter each employee's Hourly Rate and Salary.

5. Enter each employee's Agency/Department and Division.

6. Enter the dates (From – To) for which the donated leave hours are to be used.

   NOTE: These dates must not be for a prior period of time as the request must be approved before leave can be taken. Also, enter the Total Hours to be used during this period of time (hours of leave donated).

7. Explain the appropriate personal reason (reasons authorized by leave sharing procedures) for which this leave will be used. The Recipient employee must sign and date the form.

8. To receive leave, the requesting employee (Recipient) must obtain certification from his/her agency/department Chief Payroll Officer/Authorized Designee, total donated leave sharing approved and paid to date and the approval of the Appointing Authority indicating the request meets all guidelines and is approved for acceptance of the donated leave hours.

9. The donating employee (Donor) must certify this request by signing and dating the form.

   To donate annual leave hours, the Donor employee must obtain certification from his/her Chief Payroll Officer/Authorized Designee indicating the Donor has accrued the amount of annual leave hours to be donated.

10. Final approval for donated leave requests for personal reasons (other than medical emergency reasons) is the Director of Administration. Upon approval/disapproval of the request, the original and copy will be forwarded to the respective Recipient and Donor's Chief Payroll Officer/Authorized Designee, and the respective Appointing Authorities/Timekeepers of both employees.

11. The Recipient shall attach some form of proof, e.g. notarized affidavit or other certification to prove validity of request for a minimum period of five (5) consecutive workdays.

12. Attach a copy of the approved Request for Leave (Form FCN 2-0-1 – Government of Guam Leave Form).

    NOTE: Absence must be for a minimum of five (5) consecutive workdays for personal reasons.

GOVERNMENT OF GUAM
DEPARTMENT OF ADMINISTRATION
ANNUAL LEAVE DONATION REQUEST FOR PERSONAL REASONS

	LEAVE RECIPIENT	LEAVE DONOR
1. EMPLOYEE NAME		
2. SOCIAL SECURITY NO.		
3. CLASS TITLE & PAYGRADE		
4. HOURLY RATE/SALARY		
5. AGENCY/DIVISION		

6. **Donated Leave Period: FROM-TO:** _____ **Total Hours:** _____**AL**

7. Authorized Personal Reason(s):

_____

_____

I hereby certify that I have secured permission from my agency to use donated annual leave pursuant to the leave sharing procedures. This request is due to the above referenced personal reason(s) and will be used during the dates listed above in order to continue my compensation because my own accrued leave will be exhausted first before receiving the donated leave.

Certification of Leave: _____ Date: _____
Recipient's Signature

8. CERTIFICATION FROM LEAVE RECIPIENT'S CHIEF PAYROLL OFFICER

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

☐ ANNUAL LEAVE Balance: _____ PPE: _____
☐ COMPENSATORY TIME Balance: _____ PPE: _____
☐ SICK LEAVE Balance: _____ PPE: _____
☐ Other:_____ Balance: _____ PPE: _____

Chief Payroll Officer/Authorized Designee: _____ Date: _____

B. I hereby certify for the Recipient Agency listed above that this request meets the guidelines for donating annual leave pursuant to the leave sharing procedures. I authorize my agency to add the total hours donated above to the Recipient Employee listed.

Recipient's Appointing Authority: _____ Date: _____
(Please Print Name, Title & Signature)

9. CERTIFICATION OF LEAVE DONOR

A. I hereby certify that I am voluntarily donating leave hours on item 6 above and request that my Chief Payroll Officer transfer the above listed hours of my annual leave to the Leave Recipient listed above.

Leave Donor's Signature: _____ Date: _____

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

☐ ANNUAL LEAVE Balance: _____ PPE: _____

Chief Payroll Officer/Authorized Designee: _____ Date: _____

10. ☐ **APPROVED** ☐ **DISAPPROVED**

Director of Administration: _____ **Date:** _____
(Please Print Name, Title & Signature)

DOA HRD EMR (Initial/Date): _____

AFFIDAVIT

THIS IS TO CERTIFY THAT, FOR THE PURPOSE OF RECEIVING DONATED LEAVE FOR A PERSONAL REASON, I AM INVOLVED IN ONE OF THE APPROVED REASONS FOR DONATED LEAVE LISTED BELOW: (Check One)

☐ 1. Adopting a child or placing a child up for adoption.

☐ 2. Undergoing divorce or separation proceedings.

☐ 3. Death of a family member:

Name of Deceased: _____

Relationship to Employee: _____ Date of Death: _____

☐ 4. Undergo Cosmetic and/or voluntary surgery.

☐ 5. Temporary care of child or children until permanent child care arrangements can be made. (Child's Name & Age)

☐ 6. Take care of legal commitments.

☐ 7. Return to school, take additional training and other educational programs.

☐ 8. Temporary care of an elderly or physically/mentally disabled member of the family.

Name of Family Member: _____

Relationship to Employee: _____ Date of Birth: _____

☐ 9. OTHER: (Specify) _____

_____

_____

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING STATEMENT IS TRUE AND CORRECT AND THAT NO COMPENSATION, FAVORS, OR ITEMS OF VALUE WERE GIVEN IN EXCHANGE FOR THE USE OF DONATED LEAVE.

_____

EMPLOYEE'S SIGNATURE DATE

GUAM)
) ss
CITY OF AGANA)

On this _____ day of _____, before me, a Notary Public in and for Guam, personally appeared _____, and he/she acknowledged to me that he/she executed the foregoing instrument, as his/her voluntary act and deed for the purposes therein set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year first above written.

_____ < S E A L >

NOTARY PUBLIC
My Commission Expires: