



**Departmental Standard Operating Procedure (DSOP)**

**DSOP No. 13-02**

**Effective: 4/10/2013**

**SUBJECT: SPECIAL EARNED LEAVE POOLS FOR MIAMI-DADE AVIATION DEPARTMENT EMPLOYEES**

**PURPOSE and SCOPE:** To establish a uniform policy and procedure relating to Miami-Dade County Aviation Department (MDAD) employees and Special Earned Leave Pool donations.

**I. AUTHORITY:**

- A. Chapter 25 of the Miami-Dade County Code, Miami-Dade Aviation Department Rules and Regulations
- B. Operational Directive (OD) 99-03, Written Directive System
- C. Miami-Dade County Leave Manual Procedure 448, Earned Leave Pool

**II. DEFINITIONS:**

- A. Annual Leave (A): Approved leave time to be taken from accrued Annual Leave.
- B. Annual to Pool (AP): Annual leave hours donated to a Special Leave Pool.
- C. Holiday Sick Pool (HP): Holiday leave hours donated to a Special Leave Pool.
- D. Special Sick Pool (LP): Payroll code used when employee is using earned leave pool for the serious health condition of an immediate family member.
- E. Sick Leave (S): Approved leave time used when the employee is sick or has a doctor's appointment.
- F. Sick Family (SF): Sick leave used under the "Mandatory Leave" provision in the Miami-Dade Leave Manual (section 27.05).
- G. FMLA: Family Medical Leave Act.

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- H.  Serious Health Condition : An illness, impairment, or physical or mental condition that involves (a) inpatient care; or (b) continuing treatment by a health care provider, as defined by the Department of Labor regulations.
- I.  Sick Pool (SP) : Payroll code used when an employee is using an earned leave pool for their own serious health condition.

**III. POLICY:**

Miami-Dade County Aviation Department employees who have experienced a serious illness or injury for which the use of sick leave would be appropriate or who are in need of leave to care for an immediate family member's serious medical condition may have a Special Earned Leave Pool established if they meet the eligibility requirements.

Reported abuse of the use of a sick pool shall be investigated by the Director or designee. Any finding of wrongdoing shall result in the employee being required to repay all leave drawn from the sick pool. Refusal on part of the employee to repay leave may result in administrative action, including dismissal.

**IV. ELIGIBILITY:**

In order to be eligible to receive a special leave donation, an employee must meet all of the following criteria:

- A. Be employed by the County and have earned thirteen (13) pay periods.
- B. Be eligible to accrue leave.
- C. Have exhausted all available and appropriate leave balances.
- D. Expect to be absent from work for at least two pay periods.

Applications for Special Earned Leave Pool donations will not be considered for absences resulting from common illnesses such as the flu, colds, doctor or dentist appointments, routine maternity leave or elective surgery. Special Earned Leave Pool donations must be related to serious health conditions that will require an employee to be out of work at least two pay periods.

**V. EXCEPTIONS:**

Special Earned Leave Pool donations will not be granted to, or continued for, an employee in the event one of the following:

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- A. When an employee is assigned to compulsory leave or leave without pay.
- B. When return to work duty is offered to, and refused by, the affected individual and physical ability is not an issue.
- C. When the employee initiates litigation against the County relative to injury or illness (effective on the date litigation is initiated).
- D. When an employee is injured on duty and is subsequently denied disability leave benefits.
- E. When an employee is receiving short-term disability benefits.

**VI. REQUESTING A SPECIAL EARNED LEAVE POOL**

- A. The Department Personnel Representative (DPR) shall be notified via the Special Earned Leave Pool Application (Annex A) and memorandum (Annex B) when an employee, or an immediate family member of an employee, has experienced a serious illness or injury and it is expected that the employee will be absent from work for at least two pay periods. The memorandum must include the following information:
  - i. Applicant's name, classification, and divisional assignment,
  - ii. Commencement date of illness or injury, and
  - iii. A brief description describing the applicant's illness or injury and date the applicant will be able to return to duty, or describing the illness or injury of the family member for whom care is needed, and the date that the employee will be able to return to work.
- B. Applications for soliciting donations to a Special Earned Leave Pool are forwarded for approval to the Assistant Director of the Internal Services Department by the Aviation Director or designee (Annexes C and D). Once approval is received, the Aviation Department Human Resources Division (MDAD HR) will notify the employee of such approval. This may be accomplished initially through whatever means is considered expedient, but must also be formalized by memorandum or e-mail.
- C. In instances in which MDAD HR is aware that an employee meets the eligibility requirements to have a Special Earned Leave Pool established, MDAD HR will notify the division, as well as the employee, concerning this policy and the procedure to establish a Special Earned Leave Pool.

**VII. SOLICITING LEAVE WITHIN THE DEPARTMENT**

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- A. MDAD HR will notify all MDAD employees either via memorandum or e-mail of all approved Special Earned Leave Pools open for donations.
- B. Donating employees must submit a completed Special Earned Leave Pool Donation Memo specifying the number of hours and the type of accrued leave that is being donated (Annex E).
- C. Employees may donate annual, holiday or compensatory time.
- D. The minimum amount of time that may be donated in one hour.
- E. Employee leave donations will be taken from the donor in order received, up to the number of hours needed to cover the recipient employee's leave request. If an extension to the original request is approved, any additional leave time donations will be processed. If an employee returns prior to the original or extended leave request, any leave time donations processed will be used for any other Aviation Department employee who does not receive sufficient hours to cover approved leave request time.

**VIII. LEAVE DONATIONS FROM EMPLOYEES IN OTHER DEPARTMENTS**

Employees from another department wishing to donate leave time may send a memorandum to their department's DPR stating their intent to donate leave time. The employee must attach a completed leave slip indicating the number of hours and the type of accrued leave that is being donated. This information will then be forwarded to the Aviation DPR.

**IX. TABULATING AND ACCOUNTING**

The DPR, or designee, will tabulate the number of hours donated by each employee and determine the total dollar value. A list of the employees donating time, their social security numbers, the type of leave being donated, and the number of hours per person must be sent to the Assistant Director of the Internal Services Department, so that each employee's leave balance may be reduced appropriately (Annex F).

Any donated time in excess of requirements as described above will be held in reserve by the department for use in future leave pools.

**X. BENEFITS**

Benefits may be awarded for a time period of twelve (12) weeks within a twelve (12) month period. The number of hours of leave for the twelve (12) weeks in the twelve (12) month period shall be based on the number of hours in the employee's regular schedule.

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For part-time employees and those who work variable hours, regular work schedule is based on the average biweekly hours worked during the twelve (12)-week period prior to the start of the period of leave.

Benefits may be awarded for partial days for non-job basis employees.

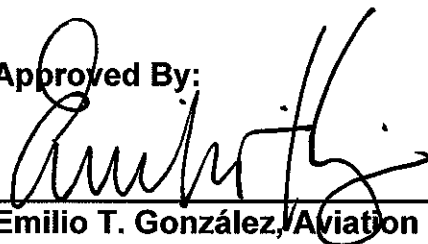
Time donated is to be used within a twelve (12)-month period. Any donated time remaining at the close of the twelve (12) month period for an employee should be retained for future department leave pools.

**XI. REVIEW PERIOD**

In keeping with policies established in the Family and Medical Leave Act and various disability plans, the need for continued use of donated time shall be reviewed every thirty (30) days. If medical necessity is no longer evident, the employee shall return to work.

**XII. REVOCATION**

None

Approved By:  
  
\_\_\_\_\_  
Emilio T. González, Aviation Director

Date: 4/10/2013



### MIAMI DADE AVIATION DEPARTMENT SPECIAL EARNED LEAVE POOL APPLICATION

The Special Earned Leave Pool Committee will use the information you provide in this application to determine if a Special Earned Leave Pool will be recommended to be established on your behalf. Please complete application in full and as neatly as possible. Make sure all sections are answered and returned to Human Resources (Bldg 5 A, 1<sup>st</sup> Floor). Incomplete applications will be returned.

TODAY'S

DATE:

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NAME:

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EMPLOYEE ID:

DDL:

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HIRE DATE:

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DIVISION:

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DATE OF

INJURY/

ILLNESS :

Relationship to Employee:

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Reason(s) for requesting a Special Earned Leave Pool *(use additional sheets if necessary)*.

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As of \_\_\_\_\_, I will have exhausted all of my accrued hours of sick, annual and holiday leave *(annual and holiday only if you need to care for a relative)*.

Please explain why your accrued leave balances have been depleted *(use additional sheets if necessary)*.

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Please forward the SELP Application to your Division Director for recommendation and the Certification of Health Care Provider form to Human Resources Division.

If the SELP is approved, I would like a donation memorandum to be forwarded:

- Department-wide
- Division only

SIGNATURE

DATE

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**SAMPLE**

# Memorandum



**Date:**  
**To:** Wallace Madry, Jr., Division Director  
Human Resources  
**From:** Division Manager's Name, Title  
Division  
**Subject:** Special Leave Pool Contribution  
For Employees Name

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**Employee's Name, Job Title in Division**, has had to be absent from work due to have knee replacement surgery. **Ms/Mr Employee's Name** leave time has unfortunately been depleted and **her/his** leave will be exhausted during her period of leave due to this procedure. In light of this, several **the Employees Division** employees have requested an opportunity to contribute to a special leave contribution for **her/him**.

I appreciate your assistance in creating this Special Leave Contribution pool.

## Memorandum



**Date:** XXX

**To:**

**From:** Bobbie Jones-Wilfork  
Assistant Aviation Director for Administration

**Subject:** Special Earned Leave Pool - XXX Employee's Name XXX

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For your signature, please find the attached Special Earned Leave Pool Application for XXX Employee's Name XXX, XXX Employee's Position XXX, XXX Employee's Division XXX.

XXX Employee's Name XXX, will be absent from work to undergo a medically-necessary procedure, followed by a recuperation and rehabilitation period.

XXX Employee's Name XXX' accrued leave balances will be exhausted no later than XXX Date XXX.

In light of this situation, some employees have requested an opportunity to contribute hours to establish a special earned leave pool on his behalf.

If you have any questions, please contact me at 305-876-0939.

Attachment





**MIAMI-DADE COUNTY  
INTERNAL SERVICES DEPARTMENT  
PAYROLL & INFORMATION MANAGEMENT**

**SPECIAL EARNED LEAVE POOL  
APPLICATION FOR APPROVAL**

Effective Date
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Employee ID	Last Name		First Name		
Department	Hire Date	Classification		Employee Status	
Reason for Request					
If all of the following (1-3) are marked yes, then the employee is eligible:				<b>Yes</b>	<b>No</b>
1. Is the employee in a status code that is eligible to earn leave and has this employee earned 13 pay periods?.....				<input type="checkbox"/>	<input type="checkbox"/>
2. Will the employee have exhausted all applicable available leave by the effective date given above?.....				<input type="checkbox"/>	<input type="checkbox"/>
3. Does the employee expect to be absent from work for at least two (2) pay periods due to illness or injury to themselves or their immediate family?.....				<input type="checkbox"/>	<input type="checkbox"/>
If any of the following (4-9) are marked yes, then the employee is not eligible:					
4. Has the employee made application for Short Term Disability Insurance?.....				<input type="checkbox"/>	<input type="checkbox"/>
5. Has the employee made application for Long Term Disability Insurance?.....				<input type="checkbox"/>	<input type="checkbox"/>
6. Is the employee a member of or eligible for benefits from a Departmental Earned Leave Pool?.....				<input type="checkbox"/>	<input type="checkbox"/>
7. Has the employee been injured on duty and subsequently was denied Short Term Disability Leave Benefits?.....				<input type="checkbox"/>	<input type="checkbox"/>
8. Is the employee receiving Service-Connected Disability (Long Term) payments from Risk Management?.....				<input type="checkbox"/>	<input type="checkbox"/>
9. Is the employee receiving Short Term Disability Leave?.....				<input type="checkbox"/>	<input type="checkbox"/>
10a. Is the employee receiving Workers' Compensation?.....				<input type="checkbox"/>	<input type="checkbox"/>
10b. If yes, is the employee in non pay status by the effective date stated above?.....				<input type="checkbox"/>	<input type="checkbox"/>
Refer to the Miami-Dade County Leave Manual Section 25.02.01 for more information on rules and procedures.					
<b>Authorizing Signatures</b>					
	Signature	Print Name	Date		
Department Personnel Representative					
Department Director					
I certify that I have reviewed this request and it complies with the provisions of the County Leave Manual. This request is therefore:					
Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>					
If disapproved, reason for disapproval: _____					
_____					
<b>For use by Internal Services Only</b>					
	Signature	Print Name	Date		
Reviewed by					
Internal Services Director					
Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>					
If disapproved, reason for disapproval: _____					
_____					



# Memorandum

**Date:** XXX

**To:** All Aviation Employees

**From:** XXX Name of Employee's Division Director XXX  
Facilities Management

**Subject:** Special Earned Leave Pool Request

XXX Employee's Name XXX, XXX Employee's position XXX, will be absent from work to undergo a procedure necessary to treat his chronic medical condition. XXX Employee's Name XXX is expected to be out until XXX Date XXX, to complete his post-surgical recovery.

XXX Employee's Name's XXX accrued leave balances are very low due to previous absences to take care of this medical condition.

If you would like to contribute hours to XXX Employee's Name XXX, complete this form authorizing the donation of your earned leave (annual or holiday) for this Special Earned Leave Pool. All leave donated is used on an as needed basis. **The date on which leave balances will reflect the deductions cannot be guaranteed and should any deducted donated hours not be used for Rodolfo, the hours cannot be returned and will remain available for other departmental leave pools at a future date.**

This completed form must be returned to Human Resources, Bldg. 5A by August 17, 2012. If you have any questions, please contact Sharon Weekes at 305-876-7821.

**Name:** \_\_\_\_\_

**Employee ID #** \_\_\_\_\_

**Division:** \_\_\_\_\_

**Number of hours donated:** \_\_\_\_\_

**Type of leave donated (circle one):**

**Annual**

**Holiday (excluding Birthday & Floating Holidays)**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



**MIAMI-DADE COUNTY  
INTERNAL SERVICES DEPARTMENT  
LEAVE POOL DONATIONS FORM**

Employee eligible for leave donation:

Employee ID	Last Name	First Name
Dept-Div-Loc	Occupation Code	Title

Employees donating leave:

	Name	Employee ID	Number of Hours	Leave Type
01				
02				
03				
04				
05				
06				
07				
08				
09				
10				
11				
12				
13				
14				
15				

Comments:

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	Signature	Print Name	Date
Departmental Personnel Representative			

\*Please forward to Payroll Information Management Att. Rohan Robotham