

Department of Mental Health  
**TRANSMITTAL LETTER**

<b>SUBJECT</b> Voluntary Leave Transfer Program		
<b>POLICY NUMBER</b> DMH Policy 717.2	<b>DATE</b> SEP 01 2004	<b>TL#</b> 57

**Purpose.** To establish a Voluntary Leave Transfer Program in the Department of Mental Health (DMH).

**Applicability.** The DMH Voluntary Leave Transfer Program (hereafter referred to as "the Program" applies to all eligible Department employees as defined herein.

**Policy Clearance.** Reviewed by responsible staff and cleared through appropriate MHA offices.

**Implementation Plans.** A plan of action to implement or adhere to this policy must be developed by designated responsible staff. If materials and/or training are required to implement this policy, these requirements must be part of the action plan. Specific staff should be designated to carry out the implementation and program managers are responsible for following through to ensure compliance. Action plans and completion dates should be sent to the appropriate authority. Contracting Officer Technical Representatives (COTRs) must also ensure that contractors are informed of this policy if it is applicable or pertinent to their scope of work. *Implementation of all DMH policies shall begin as soon as possible. Full implementation of this policy shall be completed within sixty (60) days after the date of this policy.*

**Policy Dissemination and Filing Instructions.** Managers/supervisors of DMH must ensure that staff are informed of this policy. Each staff person who maintains policy manuals must ensure that this policy is filed in the DMH Policy and Procedures Manual.

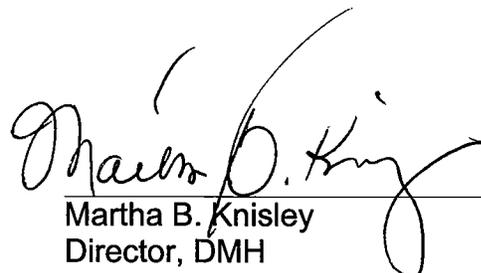
\*If any CMHS or DMH policies are referenced in this policy, copies may be obtained from the DMH Policy Support Division by calling (202) 673-7757.

**ACTION**

**REMOVE AND DESTROY**

**INSERT**

**DMH Policy 717.2**

  
\_\_\_\_\_  
Martha B. Knisley  
Director, DMH

GOVERNMENT OF THE DISTRICT OF COLUMBIA  <b>DEPARTMENT OF MENTAL HEALTH</b>	<b>Policy No.</b> <b>DMH 717.2</b>	<b>Date</b> <b>SEP 01 2004</b>	<b>Page 1</b>
	<b>Supersedes</b> <b>None</b>		
<b>Subject: Voluntary Leave Transfer Program</b>			

1. **Purpose.** To establish a Voluntary Leave Transfer Program in the Department of Mental Health (DMH).

2. **Applicability.** The DMH Voluntary Leave Transfer Program (hereafter referred to as "the Program") applies to all eligible Department employees as defined herein.

3. **Authority.** D. C. Law 15-68, the Voluntary Transfer of Leave Amendment Act of 2003, effective February 6, 2004 (D. C. Act 15-197; 50 DCR 9819; November 21, 2003) provides that each District government subordinate and independent agency shall establish a Voluntary Leave Transfer Program to allow agency employees to transfer accrued annual or universal leave to the account of any other eligible employees under certain conditions.

4. **Summary of Provisions.**

4a. The DMH Voluntary Leave Transfer Program is separate and distinct from the Annual Leave Bank Program that is administered by the D. C. Office of Personnel.

4b. Under the Program, voluntary transfer of annual or universal leave is authorized as follows:

- (1) The potential recipient must be an eligible DMH employee who is expected to suffer a prolonged absence due to a serious health condition or has the responsibility to provide personal care to an immediate relative; and
- (2) Such a prolonged absence would result in a substantial loss of income to the employee because of the lack of paid leave on his or her annual or universal leave account.

4c. Leave transfers under the DMH Voluntary Leave Transfer Program shall be on an hour-to-hour basis.

4d. A recipient employee shall be eligible to receive a maximum of 320 hours of transferred leave during any 12-month period.

4e. The Director of DMH or designee may exclude from the Program any employee or group of employees if a determination is made that a DMH organization or program would be substantially disrupted from carrying out its functions or would incur additional costs because of the employee's participation in the Program.

4f. Notwithstanding any other law, if the employee is eligible for leave under the Federal Family and Medical leave Act provisions of 28 U. S. C. Section 2601 *et seq.*, the leave transfer shall be granted.

4g. Both leave contributors and recipient employees must complete the required application to contribute or receive transferred annual or universal leave respectively under this Program (see Exhibits 1 and 2).

4h. Leave contributed under the Program will not be transferred from or to an employee without the required written approval of the DMH Director or designee. (Also see Section 10a(2) below for approval of universal leave contributed to the Program.)

**5. Definitions.**

5a. **Annual Leave** – a benefit entitling employees, depending on the category of employment, to be absent from duty without loss of pay, generally for vacation, or personal or emergency purposes.

5b. **Child** – any person under twenty one (21) years of age; twenty-one (21) years of age or older who is substantially dependent upon the eligible employee by reason of physical or mental disability; and a person under twenty-three (23) years of age who is a full-time student.

5c. **Domestic Partner** – a person with whom an employee enrolled in the D.C. Employees Health Benefits Program applicable to individuals first employed on or after October 1, 1987 maintains a committed relationship and has registered the domestic partnership with the D. C. Department of Health (DOH).

5d. **Eligible employee** – a DMH employee who performs services as a District government employee, receives compensation for the performance of such services, is eligible to accrue annual or universal leave, and has been employed for at least one (1) year without a break in service.

5e. **Immediate relative** – a person to whom an eligible employee is related by blood or by marriage to the eligible employee as father, mother, child, husband, or wife; or an individual for whom the eligible employee is the legal guardian or domestic partner (as that term is defined in Section 5c. above).

5f. **Intimidate, threaten, or coerce** – includes promising to confer or conferring any benefit such as appointment, promotion, or compensation; or effecting or threatening to effect any reprisal such as deprivation of appointment, promotion, or compensation.

5g. **Leave contributor** – an employee who contributes annual or universal leave for transfer to a designated recipient employee.

5h. **Personal care** – custodial or primary assistance that helps an immediate relative of an eligible employee with activities of daily living, such as bathing, eating, dressing, and continence, and includes care of a recently-adopted child or newborn child by the eligible employee.

5i. **Prolonged absence** – an eligible employee's absence from duty for at least ten (10) consecutive workdays that will result in a substantial loss of income to the employee because of the unavailability of paid leave.

5j. **Recipient employee** – an eligible employee who is designated to receive annual or universal leave transferred from a leave contributor.

5k. **Serious health condition** – any pregnancy or physical or mental illness, injury, or impairment that involves a hospital, hospice, or residential health care facility, or continuing treatment at home by a competent health care provider or other individual.

5l. **Universal Leave** – Each Executive Service employee has a universal leave account. On the first pay period of the leave year, each individual has his or her universal leave account credited with twenty-six (26) days of universal leave. Universal leave may be used for the same purposes of both annual or sick leave. There is no charge to universal leave for absences of less than one (1) work day.

**6. Delegation of Authority and Responsibility.**

6a. The Director of the Department of Mental Health (DMH) has delegated authority to the DMH Director of Human Resources to make determinations on employees' applications to receive transferred annual or universal leave and on applications to contribute annual leave under the Program, and to otherwise administer the DMH Voluntary Leave Transfer Program as described

herein.

6b. Supervisors are responsible for ensuring that employees receive information and forms regarding the Voluntary Leave Transfer Program, and for consulting with the DHR when necessary.

6c. The DMH Payroll Office will ensure the accuracy of Time and Attendance Reports of contributors and recipient employees, including any required remarks, and forward to the D. C. Office of Pay and Retirement Services.

6d. DMH Timekeepers are responsible for completing the leave adjustment form when notified, and making the required notation in the "Remarks" section of both the leave adjustment form and the Time and Attendance Report. In addition, they will provide copies to the Division of Human Resources.

**7. Application to Receive Transferred Leave.**

7a. An eligible DMH employee who anticipates a prolonged absence from duty because of a serious health condition or if it's his/her responsibility to provide personal care to an immediate relative may submit an application to become a recipient employee under the Program. (See Exhibit 1.)

7b. If an eligible employee is not capable of applying for transferred leave on his/her own, another DMH employee may do so on the eligible employee's behalf, e.g., the employee's supervisor.

7c. All information contained in an employee's application to receive transferred leave as well as any documentation that accompanies the application will be used only for the purpose of making a determination on the request and will be kept confidential.

7d. An incomplete application will be returned without decision to the eligible employee or to the employee who applied on the eligible employee's behalf.

**8. Consideration of Application to Receive Transferred Leave.**

8a. The DMH Director of Human Resources will consider applications to receive transferred leave within fifteen (15) calendar days of receipt. After consultation with the requesting employee's supervisor, the Director of Human Resources may exclude an employee or a group of employees from the Program if it is determined that such employee or group of employees' participation in the Program would substantially disrupt a DMH organization or program from carrying out its functions or would incur additional costs.

8b. When the Director of Human Resources makes the kind of exclusion described in Section 8a, a report must be submitted to the Director of the D. C. Office of Personnel specifying how the DMH organization or program would be substantially disrupted from carrying out its functions or would incur additional costs if the eligible employee is allowed to participate in the Program. This information must be included also in the Voluntary Transfer Leave Program Report described in Section 12 below.

8c. Before approving an application to receive transferred leave, the Director of Human Resources must do the following:

- (1) **Determine** if the request to become a recipient employee is necessitated by a prolonged absence because of the employee's serious health condition or the employee's responsibility to provide personal care to an immediate relative; and
- (2) **Review** the employee's leave record, and consider the probability that the eligible employee may separate from service during the period that the transferred leave would be taken and any exigency or disruption in service that the organization may experience.

8d. The Director of Human Resources must approve or disapprove an employee's application to receive transferred leave under the Program within fifteen (15) calendar days of receipt of the application and to the extent practicable shall notify the employee in writing of the decision. **If the employee is eligible for leave under the Family and Medical Leave provisions of 28 U. S. C. Section 2601 et seq., the leave transfer shall be granted.**

8e. When the Director of Human Resources notifies the recipient employee and the recipient employee's Timekeeper that the request has been approved to receive transferred leave, the Timekeeper will proceed as follows:

- (1) **Prepare** a leave adjustment form to reflect the amount of transferred leave, including the required notation in the Remarks" section.
- (2) **Make** the required adjustment and notation to the leave of the recipient employee's Time and Attendance Report.
- (3) **Attach** the leave adjustment form to the recipient employee's Time and Attendance Report and forward both to the DMH Payroll Office for submission to the Office of the D. C. Chief Financial Officer, Office of Pay and Retirement Services.
- (4) **Send** a copy of the leave adjustment form and the associated Time and Attendance Report also to the Director of Human Resources for filing in the Voluntary Leave Transfer Program's files.

**9. Use and Termination of Transferred Leave**

9a. Transferred leave under the Program can be used in the same manner as leave accrued by the employee; however, any annual, universal, sick, or advanced leave must be exhausted before the transferred leave may be used.

9b. During the period in which transferred leave is being used, the recipient employee shall not accrue annual, universal, or sick leave.

9c. Unused transferred leave is not subject to any form of lump-sum leave payment upon the recipient employee's separation from District government service.

9d. Any unused transferred leave shall be forfeited or it may be transferred to the Annual Leave Bank Program with the concurrence of the D. C. Office of Personnel.

9e. The use of transferred leave shall terminate as follows:

- (1) The recipient employee is no longer affected by the medical emergency; or
- (2) The recipient employee is terminated or separated from District government services.

**10. Application to Become a Leave Contributor.**

10a. Approvals.

- (1) Annual Leave. A DMH employee may transfer annual leave to the Program upon approval of his/her written application (see Exhibit 2) by the DMH Director of Human Resources. Annual leave transferred under the Program will be deducted from the leave contributor's account effective the first pay period following approval of the transfer. The employee will be notified in writing before any deduction is made.

(2) Universal Leave. An Executive Service employee may transfer universal leave to the Program upon approval of his/her written application by the appropriate Deputy Mayor or designee. Leave transferred under the Program will be deducted from the leave contributor's account effective the first pay period following approval of the transfer.

The transfer of annual or universal leave cannot total more than one-half (1/2) of the amount of annual or universal leave that the contributor would have been entitled to accrue during the leave year; however, a leave contributor may contribute restored annual leave without limitation.

10b. Timekeeping.

(1) When the Division of Human Resources notifies the leave contributor and the leave contributor's Timekeeper that the request to transfer annual leave has been approved, the Timekeeper will proceed as follows:

(a) **Prepare** a leave adjustment form to reduce the leave contributor's annual leave balance by the number of hours of leave contributed with the following notation in the "Remarks" section: "Contribution of annual leave to the Voluntary Leave Transfer Program."

(b) **Make** the following notation in the "Remarks" section of the leave contributor's Time and Attendance Report for the pay period in which the annual leave contribution is effective: "Employee's annual leave balance reduced by contribution to the Voluntary Leave Transfer Program."

(c) **Attach** the leave adjustment form to the leave contributor's Time and Attendance Report and forward both to the DMH Payroll Office for submission to the Office of the D.C. Chief Financial Officer, Office of Pay and Retirement Services.

(d) **Send** a copy of the leave adjustment form and the associated Time and Attendance Report also to the Director of Human Resources for filing in the Voluntary Leave Transfer Program's files.

(2) Universal Leave accounts for Executive Service employees shall be adjusted by responsible timekeepers according to applicable governing guidelines.

11. **Prohibition on Intimidation, Threat, or Coercion**. A Department of Mental Health (DMH) employee shall not be directly or indirectly intimidated, threatened, or coerced by any other employee for the purpose of interfering with any right that the employee may exercise to contribute, receive, or use annual or universal leave under the Program.

12. **Voluntary Transfer of Leave Program Report**. On or before January 1 of each year, the Director of Human Resources will prepare a report on the Department's Voluntary Transfer Leave Program and provide it to the D. C. Office of Personnel. This report shall include the following:

12a. A listing of all voluntary leave contributors and recipient employees;

12b. Documentation demonstrating that proper deductions have been taken from contributors' leave accrual;

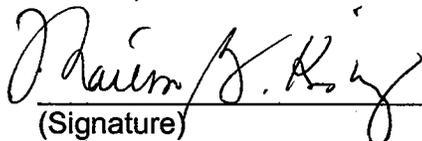
12c. Documentation demonstrating the actual transfer of leave to recipient employees; and

12d. List of eligible employees or group of employees excluded from the Program because approving the request would have resulted in substantial disruption of the functions of the Department of Mental Health (DMH) as a whole or a component/program within the Department,

or would have resulted in additional costs. The list of exclusions will include detailed information on the manner in which the Department or a DMH program would have been substantially disrupted from carrying out its functions; or the amount of additional costs that would have been incurred and the reasons for such costs.

Approved by:

Martha B. Knisley  
Director, DMH

 9/1/04  
(Signature) (Date)

APPLICATION TO RECEIVE LEAVE FROM THE VOLUNTARY LEAVE TRANSFER PROGRAM

PART A - TO BE COMPLETED BY THE EMPLOYEE

1. IDENTIFICATION INFORMATION

Name: (Last) (First) (Middle)

Social Security Number:

Position Title/Series/Grade/Step:

Name of Organizational Unit/Location:

2. REQUEST FOR LEAVE BANK HOURS

I hereby request hours of leave from the Voluntary Leave Transfer Program because of a medical emergency affecting:

myself; an immediate family member.

a. Please provide the reason(s) the leave is needed, anticipated duration, and if it is a recurring medical emergency, the approximate frequency of the medical emergency.

b. Please attach certification from a physician or other licensed health care professional that you have experienced a serious health condition or that your immediate relative requires personal care, except that no certification is required in cases of pregnancy, the recent adoption of a child, or care of a newborn child.

c. If an immediate relative requires care, attach a signed affidavit (notarized statement) attesting that the individual requiring personal care is an immediate relative, or that the personal care is due to the recent adoption of a child or to care for a new born child.

3. EMPLOYEE CERTIFICATION

I certify that the above statements are true to the best of my knowledge and belief.

Printed/Typed Name:

Employee Signature:

(Date)

4. Potential Leave Contributor Information: Name and Organizational Location

PART B - TO BE COMPLETED BY EMPLOYING AGENCY

1. Verification of employment information:

Employment information correct: Yes No

Distribution

Original - Division of Human Resources Copy - Employee Copy - T&A Report Copy - Agency Admin Office 5th fl., 64 New York Ave., NE, DC 20002



DEPARTMENT OF MENTAL HEALTH  
VOLUNTARY LEAVE TRANSFER PROGRAM

DMH Policy 717.2  
Exhibit 2-4g  
Page 1 of 2  
SEP 01 2004

APPLICATION TO CONTRIBUTE ANNUAL OR UNIVERSAL LEAVE

**PART A – FOR COMPLETION BY CONTRIBUTING EMPLOYEE**

**1. IDENTIFICATION INFORMATION**

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Social Security No: \_\_\_\_\_

Position Title/Series/Grade/Step: \_\_\_\_\_

Name of Organizational Unit/Location: \_\_\_\_\_

\_\_\_\_\_

**2. AMOUNT OF CONTRIBUTION**

I hereby make application to contribute \_\_\_\_\_ hours of annual/universal leave for transfer to the leave account of \_\_\_\_\_ who is a Department of Mental Health recipient employee under the DMH Voluntary Leave Transfer Program. I understand that my application will be approved under the following conditions.

- ✓ The designated recipient is approved to receive the transferred leave under the provisions of the DMH Voluntary Leave Transfer Program.
- ✓ The transfer of annual/universal leave cannot total more than one-half (1/2) of the amount of annual/universal leave that I would have been entitled to accrue or accumulate during the leave year; however, I may contribute any restored annual leave without limitation.
- ✓ Leave transferred from my account will be deducted effective the first pay period following approval of the transfer.
- ✓ If approved, I will receive written approval from the Department's Director of Human Resources; or for universal leave, the appropriate Deputy Mayor or designee.

**3. PRINTED/TYPED NAME** \_\_\_\_\_

**4. CONTRIBUTOR'S SIGNATURE** \_\_\_\_\_

**5. DATE OF THIS APPLICATION** \_\_\_\_\_

(Part B on reverse side)

**Distribution**

Original – Division of Human Resources  
5<sup>th</sup> fl., 64 New York Ave., NE, DC 20002

Copy – Employee

Copy – Employee's Timekeeper

SEP 01 2004

**Part B: *Application to Contribute Annual Universal Leave Under the DMH Voluntary Leave Transfer Program***

**PART B - FOR COMPLETION BY DMH DIVISION OF HUMAN RESOURCES**

1. Employment information correct  Yes  No
2. Contributing employee meets conditions specified above  Yes  No
3. Designated recipient employee has been approved  Yes  No
4. Decision on application to contribute annual leave:  
    \_\_\_ Approved  
    \_\_\_ Disapproved for the following reason(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Date of notification to employee \_\_\_\_\_ to Timekeeper \_\_\_\_\_

**Deciding Official for annual leave:** Director, Division of Human Resources (DHR)

Signature: \_\_\_\_\_ (Date)

**Deciding Official for universal leave:** Responsible Deputy Mayor or designee  
(However, forward completed forms through the Director, DHR)

Signature: \_\_\_\_\_ (Date)

**Distribution**

Original – Division of Human Resources  
5<sup>th</sup> fl., 64 New York Ave., NE, DC 20002

Copy – Employee

Copy – Employee’s Timekeeper