

EXECUTIVE ORDER NO. 93-08

EXECUTIVE BRANCH
INTERIM PROCEDURES
VOLUNTARY LEAVE SHARING PROGRAM

WHEREAS, Public Law 22-10 signed into law on May 7, 1993 created a new Section 4109.1 to Title 4, Guam Code Annotated, creating a voluntary leave sharing program for Government of Guam employees; and

WHEREAS, Section 2 of Public Law 22-10 provides that the Director of Administration shall submit for adoption to the Civil Service Commission proposed personnel rules and regulations promulgating the leave sharing program for the Executive Branch within one hundred eighty (180) days from the date of enactment; and

WHEREAS, since the enactment of Public 22-10, there have been numerous requests from employees wishing to donate a portion of their accrued and unused annual and sick leave hours to employees who are in need; and

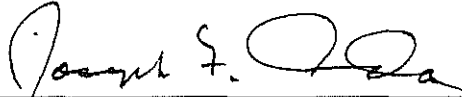
WHEREAS, in order to process these requests without delay, the Director of Administration has adopted "interim" rules and regulations pending adoption of permanent rules and regulations; and

WHEREAS, the Civil Service Commission has approved said interim rules and regulations at its meeting on July 15, 1993; and

NOW, THEREFORE, I, JOSEPH F. ADA, Governor of the Territory of Guam, by virtue of the authority vested in me by Section 4105, Title 4, Guam Code Annotated and by the Organic Act of Guam, do hereby order as follows:

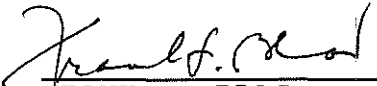
1. The attached Interim Rules and Regulations relative to the Voluntary Leave Sharing Program duly adopted by the Director of Administration and approved by the Civil Service Commission, to be effective and apply retroactively to May 7, 1993, the enactment date of Public Law 22-10.
2. All prior rules, regulations, policies, memoranda or Executive Order in conflict with this order are hereby rescinded to the extent of such conflict.
3. Said interim rules and regulations shall be filed with the Legislative Secretary.

SIGNED AND PROMULGATED, this 16th day of August, 1993.

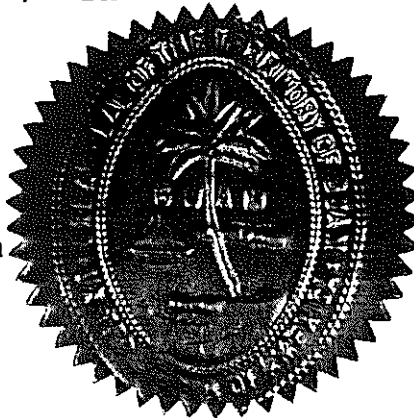


JOSEPH F. ADA
Governor of Guam

COUNTERSIGNED:



FRANK F. BLAS
Lieutenant Governor of Guam



GOVERNMENT OF GUAM
DEPARTMENT OF ADMINISTRATION

INTERIM LEAVE SHARING PROCEDURES

In accordance with Public Law #22-10, the following shall serve as Interim Leave Sharing Procedures until such time that the Department of Administration establishes the final rules and regulations governing the Executive Branch leave sharing program.

A. Voluntary Transfer of Sick Leave

An active employee who has accrued a sick leave balance of more than one hundred and twenty (120) hours may request that the appointing authority of the agency for which the employee works makes available for transfer sick leave in excess of forty (40) hours and not more than one hundred and sixty (160) hours at any one time to another named employee authorized to receive leave under these procedures. The employee may not request a transfer of an amount of sick leave that would result in reducing his/her sick leave balance to less than eighty (80) hours.

B. Voluntary Transfer of Annual Leave

An active employee who has accrued an annual leave balance of more than one hundred and twenty (120) hours may request that the appointing authority of the agency for which the employee works makes available for transfer annual leave in excess of forty (40) and not more than one hundred and sixty (160) hours at any one time to another named employee authorized to receive leave under these procedures. The employee may not request a transfer of an amount of annual leave that would result in reducing his/her annual leave balance to less than eighty (80) hours.

C. Receipt of Sick and Annual Leave

The employee to whom the leave is transferred shall have no more than forty (40) cumulative hours of sick, annual or compensatory leave balances. An employee should not receive at any point in time more than a cumulative total of one hundred and sixty (160) hours of annual and sick leave combined. Total cumulative leave balance (sick, annual, compensatory) must be reduced to forty (40) hours before receipt of additional donated leave.

D. Conditions for Approval of Leave Transfer

An appointing authority, with the approval of the Director of Administration, may permit an employee of the agency to receive leave subject to the following conditions:

1. The employee or a member of his immediate family (spouse, mother, father, guardian, children, brother, sister, mother-in-law and father-in-law, step and adoptive parents/children) suffers from a medically certified illness, injury, impairment, or physical or mental condition which has caused, or is likely to cause, the employee to go on leave for at least ten (10) consecutive working days;

2. The employee's need for absence and use of leave are certified by a licensed practicing physician;

3. The employee has reduced his/her accumulated sick leave, annual leave, and compensatory leave balances to forty (40) or less hours;

4. The employee has complied with administrative regulations governing the use of sick, annual, or compensatory leave;

5. All salary payments made to an employee while on leave transferred under these procedures shall be made by the agency employing the person receiving the leave;

6. Any leave transferred under these procedures which remains unused shall be returned to the employee(s) who transferred the leave when the appointing authority finds that the leave is no longer needed and will not be needed at a future time in connection with the illness or injury for which the leave was transferred to an employee in his/her agency.

E. Limitations

Transfers of leave are subject to the following limitations:

1. No transfer shall be made between employees of separate branches of the government of Guam unless the person to whom the leave is transferred is within the fourth degree of consanguinity of the transferring employees;

2. No transfer may be made by any employee to his or her supervisor or to any person above him or her in the supervisory chain, or to a member of the supervisor's or such supervisory person's immediate family.

3. Transferred leave shall not be used for credit towards retirement or accumulated leave.

4. Transferred leave shall not be converted to cash.

5. No employee shall directly or indirectly intimidate, threaten, or coerce, or attempt to intimidate, threaten, or coerce any other employee for the purpose of interfering with the employee's right to voluntarily contribute leave when authorized under these procedures. For the purpose of these procedures, "intimidate, threaten, or coerce" shall include, without being limited to, the promise to confer or the conferring of any benefit or effecting or threatening to effect any reprisal.

F. Request Form

All requests for transfer and use of leave shall be submitted using the prescribed form (Attached).

GOVERNMENT OF GUAM
DEPARTMENT OF ADMINISTRATION

INSTRUCTIONS FOR COMPLETING FORM
SICK/ANNUAL LEAVE DONATION REQUEST

1. Enter employee names, the Recipient first and then the Donor.
2. Enter the social security numbers for both employees.
3. Enter the classifications of the employees and the associated pay grade for each.
4. Enter each employee's Agency and Division.
5. Enter the dates for which the donated leave is to be used. Note: These dates must not be for a prior period of time as the form must be approved before leave can be taken. Also, enter the total hours to be used during this period of time (hours donated).
6. Explain the illness or injury for which this leave will be used. The recipient employee must sign and date the form.
7. The donating employee must certify this request by signing and dating the form.
8. The agency to receive the leave (recipient employer) must have the form signed by the authorized appointing authority and dated indicating the request meets all guidelines and is approved for acceptance of this additional leave liability.
9. The agency donating the leave (donating employer) must have the form signed by the authorized appointing authority indicating the request meets all guidelines.
10. The form will be approved or disapproved by the Director of Administration and a copy will be returned to each Agency.
11. Attach the medical certification of the illness, injury, impairment, or physical or mental condition by a licensed practicing physician.
12. Attach the Request for Leave form #FCN 2-0-1.

GOVERNMENT OF GUAM
DEPARTMENT OF ADMINISTRATION

SICK/ANNUAL LEAVE DONATION REQUEST

	Recipient Employee Information	Donating Employee Information
1. Employee Name		
2. Social Security Number		
3. Class Title/ Pay Grade		
4. Agency		
Division		

5. Donated Leave Date From: _____ To: _____
Total Hours: _____

6. Certification of Recipient Employee:
Explanation of Illness/Injury:

I do hereby certify that I have secured permission from my agency to use donated sick/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 because my leave will have exhausted prior to this request.

Recipient Employee _____ Date _____

7. Certification of Donating Employee:

I do hereby certify in making this voluntary request that my agency has permission to donate the above listed hours of my sick/annual leave to the Recipient Employee listed above. I understand my sick or annual leave balance will be reduced by the specified number of hours.

Donating Employee _____ Date _____

8. Certification of Recipient Employer:

I do hereby certify for the Recipient Agency listed above that this request meets the guidelines for donating sick or 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 _____

9. Certification of Donating Employer:

I do hereby certify that the donating employee's information listed above is correct and that this request meets the requirements pursuant to the leave sharing procedures.

Donating Appointing Authority _____

Date _____

10. / / Approved / / Disapproved

Director of Administration _____

Date _____