



West Valley City Voluntary Leave Bank Program

Effective: March 25, 2026

Purpose:

West Valley City recognizes that employees and their family members may have a serious health condition, resulting in the need for additional time off in excess of their available accrued leave. To address this need, all eligible employees will be allowed to donate PTO to their co-workers in need of additional paid time off, in accordance with the policy outlined below. Participation in this policy is entirely voluntary.

Policy:

1. A benefited employee who has suffered a life event (serious health condition or needs to care for a spouse, child, or parent with a serious health condition) and whose leave benefits have been or will be exhausted may apply for leave bank hours earned by a benefited employee. Employees may donate PTO, but it must follow this policy and be approved by Human Resources.
2. Access to the leave bank is not an employee's right and will be authorized at the discretion of Human Resources; after considering multiple factors regarding policy, the employee, and their status.
3. An employee requesting a leave bank for their own, a spouse's, child's, or parent's serious health condition must apply for leave under the Family Medical Leave Act before Human Resources can determine if the employee is eligible to receive donated leave. **Time used from the Leave Bank will count towards FMLA usage.** If an employee is not eligible for FMLA, they must provide comparable medical certification before Human Resources can determine if an employee is eligible to receive donated leave.
4. Employees receiving Short Term Disability Leave (STD) benefits are eligible to use donated leave to supplement up to 40% of their daily wages, not to exceed the equivalent of two pay periods (four weeks).
5. Nothing in this policy will be construed to limit or extend the maximum allowable absence under the Family and Medical Leave Act and Short Term Disability Leave policy.
6. If approved leave bank hours are not available in the general leave bank, Human Resources will send an email to all employees requesting donations. Leave bank hours will then be collected by Human Resources. Any donated hours received above the requested amount, will be added to the general leave bank.



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7. An employee applying for leave bank hours must agree to release a sufficient amount of medical information or proof of major disaster insurance claims to Human Resources, for proper need determination.
8. Before donated hours may be transferred to the individual needing leave, the individual seeking leave bank hours must exhaust all available leave (PTO, floating holiday, banked training time, banked sick leave, etc.)
 - a. If approved, donated leave time will be added to the employee's timecard by Human Resources. The leave balances of a donating employee will be reduced by the number of hours they contribute. There is no cost to the division of an employee who contributes to the leave bank.
 - b. Only a benefited employee may contribute to the leave bank for another benefited employee.
 - c. All benefited city employees who have completed their probationary period are eligible to donate to the leave bank.
 - d. Donations must be voluntary and submitted in writing using the Leave Bank Donation form. All donations must be in whole-hour increments and are irrevocable once transferred to the leave bank.
 - e. Employees who donate time to the leave bank need to maintain a minimum PTO balance of at least one of the employee's pay periods.
9. Employee use of the leave bank is not a long-term solution. For each employee, no more than four weeks (224 hours for Fire Department 24-hour employees) of donated leave will be granted in a rolling 12-month period. A benefited employee who works less than full-time is eligible for pro-rated leave hours in accordance with their normal hours worked.
 - a. Any donated hours not used for the intended purpose will be returned to the Leave Bank.
10. If the employee's leave request exceeds the four-week leave bank allotment or involves anticipated absences beyond this duration, they will need to submit a written request to the Human Resources office for additional leave accommodations.
11. Employees may not receive donated leave for occupationally related accident or illness which is compensable under Workers Compensation benefits.
12. Military leave does not fit the definition of a life event. All full-time active-duty employees are eligible for paid military leave hours per city policy Part 10, section XI.



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13. The Request for Voluntary Leave Bank form is completed by the employee seeking leave bank hours. If possible, application should be made prior to the employee exhausting the employee's leave benefits. Human Resources shall review the request and required documentation and make a recommendation for approval or denial. Factors to consider when reviewing an employee application to use leave bank hours include:
 - a. The employee's leave usage history.
 - b. Condition meets the definition of "life event".
14. An employee who is on any form of paid leave granted through a leave bank may not engage in outside employment without pre-approval from Human Resources.
15. Leave Bank hours cannot be used for vacation purposes.
16. Leave Bank hours will not be approved for the employee's last day of work or if the employee is scheduled to work and is absent without excuse.
17. All donation and recipient information will be treated as confidential.
18. West Valley City reserves the right to modify, suspend, or terminate the program at any time.
19. Leave Bank hours are subject to an annual blackout during pay period 13. During this period, donated hours cannot be contributed or used.

Attachments:

Attachment 1- Leave Bank Application form

Attachment 2- Leave Bank Donation form



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Attachment 1



West Valley City Leave Bank Application

Instructions: After completion of this form, present this form to Human Resources.

Note: *Leave Bank time is based upon availability within the city's Leave Bank. The program does not create any expectation or promise of approval or continued employment.*

Part I- Application

To be completed by the applicant employee or designee on their behalf

Name (Last, First, Middle Initial)

Title

Email

Phone #

Date Accrued Leave Exhausted

Date _____

Amount of Leave Requested (Total hours requested in One (1) hour increments)

Duration Dates of Leave Request

Beginning Date _____ Projected Ending Date _____

Part II- Explanation of Leave Usage

To be completed by the applicant employee or designee on their behalf

Please provide a written explanation of leave usages resulting in low leave balances that necessitate the need for Leave Bank usage. Include any extenuating circumstances or situations that have required large amounts of leave to be taken.



Part I & II Certification & Understanding

To be completed by the applicant employee or designee on their behalf

Certification: (if certifying on behalf of an employee, modify as appropriate)

I certify that:

1. I, a spouse, child, or parent have been affected by a serious health condition, described on the leave bank application, that I release at my own free will, free from any pressure.
2. I have or will have exhausted all accrued leave as of date indicated above.
3. I expect to be absent from duty without paid leave because of this serious health condition.
4. I agree that any leave accrued while on leave is required to be used prior to Leave Bank hours.
5. I agree to continue to provide the employer with updated physician’s certificates, as requested and as needed.

I understand that I will forfeit the benefits of the Leave Bank by:

- a. Resignation or termination of employment with West Valley City.
- b. Any fraud or misrepresentation of facts in making application for benefits from the Leave Bank; and,
- c. The Leave Bank Committee is not an agency, board, or other subdivision of the city. Human Resources decisions/actions are not subject to grievance, arbitration, or litigation. Human Resources decisions/actions are final.

Name and Signature of Recipient or his/her Designee (please specify)

Name of Recipient/Designee: _____

Signature of Recipient/Designee: _____

Relationship to Recipient: _____

Date: _____

Part III- Human Resources Verification

To Be Completed by Human Resources

Does employee have any history of disciplinary action for leave abuse?

Yes ___ No ___

Why has this employee's leave been exhausted?

Could this job be restructured temporarily to allow employee to return to work at an earlier date?

Yes ___ No ___ Explain: _____

Other information you may find relevant to this decision: _____

Benefited Employee: Yes _____ No _____



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FMLA/Short-term Disability Status:

Applied? _____ Approved? _____ Pending? _____ Denied? _____

Other: _____

Did employee/designee provide sufficient evidence to justify life event or major disaster?

Yes _____ No _____

Was the employee's exhausted leave reasonably justified?

Yes _____ No _____

Part IV- Final Decision

To Be Completed by Human Resources

Approved? Yes _____ No _____

Comments: _____

Human Resources Signature

Date: _____



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Attachment 2



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West Valley City **Donation to Leave Bank**

Donation of leave is intended simply to assist eligible employees needing assistance as a result of a catastrophe. This form is to be completed by an employee wishing to donate their accrued leave to another employee who has exhausted all other paid leaves.

Name of Donor Employee: _____

Employee Number: _____

Number of PTO Hours Donated: _____

I certify that:

- A. I am making this donation entirely of my own free will and that no attempts have been made to intimidate, threaten, or coerce me to donate my accrued leave. I understand that I have no right under any circumstances to have any of the donated PTO restored to my accrued leave.
- B. I understand that I may only donate leave to the leave bank in accordance with the West Valley City approved Voluntary Leave Bank policy, and I may request a policy at any time.
- C. I understand that I must maintain a minimum balance of two weeks accrued leave in my bank.

Signature of Employee (Donor)

Date Signed

Return this form to the Human Resources office.