



RIVERBEND RESOLUTION NO. 20241016-02

**AUTHORIZING THE APPROVAL OF AMENDMENTS TO THE PERSONNEL
POLICY MANUAL OF THE RIVERBEND WATER RESOURCES DISTRICT**

WHEREAS, Riverbend Water Resources District is a conservation and reclamation district created under and essential to accomplish the purposes of Section 59 Article XVI, Texas Constitution, existing pursuant to and having the powers set forth in Chapter 9601 of the Special District Local Laws Code of the State of Texas; and

WHEREAS, Riverbend Water Resources District first adopted a Personnel Policy Manual on March 2, 2016 and has updated policies as needed; and

WHEREAS, Riverbend Water Resources District desires to continue to update certain policies and procedures of its Personnel Policy Manual.

NOW, THEREFORE, BE IT RESOLVED that the Board of Directors of the Riverbend Water Resources District hereby adopts the amendment(s) to the Personnel Policy Manual as attached.

PASSED and APPROVED this 16th day of October 2024

ATTEST:

fol

Van Alexander, Secretary



Lynn Davis, President

Attached: Personnel Policy Manual Changes





SICK LEAVE DONATION POLICY

Riverbend Water Resources District (“Riverbend”) recognizes that employees may have a family emergency or a personal crisis that causes a severe impact to them resulting in a need for additional time off in excess of their available sick time. To address this need, all eligible employees will be allowed to donate sick time from their unused balance to their co-workers in need in accordance with the policy outlined below. This policy is strictly voluntary.

Eligibility

Employees who donate or receive sick time must be employed with Riverbend for a minimum of 1 year.

Guidelines

Employees who would like to make a request to receive donated sick time from their co-workers must have a situation that meets the following criteria:

Family Health Related Emergency- Critical or catastrophic illness or injury that poses a threat to life and/or requires inpatient or hospice health care of the employee or the employee’s immediate family member. Immediate family member is defined as spouse, domestic partner, child, parent or other relationship in which the employee is the legal guardian or sole caretaker.

Other Personal Crisis- A personal crisis of a severe nature that directly impacts the employee. This may include a natural disaster impacting the employee’s primary residence, such as a fire or severe storm.

Employees who receive donated sick time may receive no more than 480 hours (12 weeks) collectively within a rolling 12-month period.

Employees who donate sick time from their unused balance must adhere to the following requirements:

The employee who donates leave must designate the recipient of the leave.

Donation minimum- 4 hours per recipient.

Donation maximum- up to 40 hours annually provided that it will not cause the donor’s sick leave balance to fall below 80 hours, or a donation of up to 80 hours annually will be permitted provided the donor’s sick leave balance does not fall below 160 hours. Donations will be permitted if the donation will not cause the recipient’s sick leave balance to rise above 480 hours (12 weeks).

Notes: Employees who donate time must have sufficient time in their balance and will not be permitted to exhaust their balances due to the fact that they may experience their own personal need for time off. Employees cannot borrow against future sick time to donate.

Employees who are currently on an approved leave of absence may not donate sick time.

Waiver: Employees who wish to receive donated sick time expressly waive any privacy rights they may have to any such medical conditions and/or treatment sufficient to allow Riverbend to disclose any such information to its employees, thus presenting their request for donated sick time.

Procedure

Employees who would like to make a request to receive donated sick time are required to complete a Donation of Sick Time Request Form which includes authorization to present their request to the employees of Riverbend for the sole purpose of soliciting donations.

Employees who wish to donate sick time to a co-worker in need, must complete a Sick Leave Donation Form.

All forms should be returned to the Human Resources Manager.

Approval

Requests for donations of sick time must be approved by the Executive Director/CEO.

If the recipient employee has available sick time in their balance, this time will be used prior to any donated sick time. Donated sick time may only be used for time off related to the approved request.



SICK LEAVE DONATION

DONOR: _____ NUMBER OF HOURS: _____
 (PLEASE PRINT)

RECIPIENT: _____ NUMBER OF HOURS: _____
 (PLEASE PRINT)

I have read and understand the Sick Leave Donation Policy. I understand that my sick leave balance will be decreased by the amount of the donation stated above. I understand that my donation will not be accepted if the donation will cause my sick leave balance to fall below 80 hours if donating up to 40 hours or 160 hours if donating up to 80 hours. Further, I understand any unused, donated sick leave will NOT be returned.

PLEASE NOTE: This is an official leave document authorizing the deduction of your accrued sick leave. The Payroll department will adjust your sick leave to reflect your donation.

 DONOR SIGNATURE

 DATE SIGNED

<u>TO BE COMPLETED BY PAYROLL DEPT.</u>			
	<u>DONOR</u>		<u>RECIPIENT</u>
PRIOR SICK LEAVE BALANCE:	_____	PRIOR SICK LEAVE BALANCE:	_____
HOURS DONATED:	_____	HOURS DONATED:	_____
CURRENT SICK LEAVE BALANCE:	_____	CURRENT SICK LEAVE BALANCE:	_____

 HR MANAGER

 DATE OF SICK LEAVE TRANSFER



SICK LEAVE REQUEST

Date of Request: _____

Employee Name: _____

Number of sick/personal days requested: _____

Reason for request for donated sick time: (Please attach any medical forms completed by a physician if applicable)

By signing below, I attest that I have read and understand the Sick Leave Donation Policy. Also, I authorize Riverbend Water Resources District to release information concerning my need to the employees in the company for the sole purpose of soliciting donations of sick time and I expressly waive any privacy rights that I may have to any medical conditions and/or treatment for such proposes.

Employee Date

Management/Committee Approval Date