

LUMPKIN COUNTY RESOLUTION NO. 2011 – 74

**A RESOLUTION TO PROVIDE A SPECIAL PROCEDURE
IN ACCORDANCE WITH THE REQUEST OF THE
LUMPKIN COUNTY SHERIFF, A CONSTITUTIONAL OFFICER**

Whereas, the governing authority of Lumpkin County has received an entreaty from the Lumpkin County Sheriff seeking a one-time exception to policy for the accounting of annual vacation leave time of individual workers, such that some employees can volunteer to give up their leave time for the use of another employee; and,

Whereas, the governing authority of Lumpkin County, having determined that there is no provision for such gift or donation of leave time in the employee civil service policy as adopted by law; and,

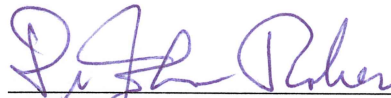
Whereas, it has further been determined that this request is separate from and unrelated to the existing “sick leave bank” policy; and,

Whereas, a staff analysis has been performed to consider the relative merits and problems associated with such policy, and has determined that additional time and research will be necessary to determine if it would be appropriate to expand the scope of existing employee policies to provide for an Annual Vacation Leave Bank; and,

Whereas, the governing authority of Lumpkin County now desires to approve this request as a one-time exception to policy,

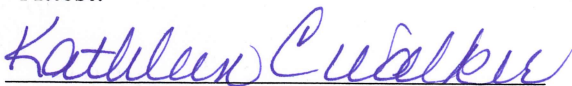
Now therefore, it is hereby resolved that a one-time donation of annual vacation leave time, not to exceed eighty (80) hours, shall be approved for an employee of the Lumpkin County Sheriff, under the terms and conditions as set out on the attached Exhibit “A” which is by reference made a part hereof as fully as if set out in writing herein.

Resolved, adopted and effective this 29th day of November, 2011.



John Raber, Chairman
Lumpkin County Board of Commissioners

Attest:



Kathleen C. Walker
Clerk, Lumpkin County

LUMPKIN COUNTY GOVERNMENT

Vacation Time Donation Form

Subject to the approval of my immediate supervisor and department head, I desire and authorize the donation of _____ hours of my accrued annual vacation leave to the employee listed below. I hereby waive any claim to the donated accrued leave. I understand that if this donation is approved, the donated time will be immediately and permanently deducted from my accrued vacation leave and that it will not be reinstated. This donation is being made voluntarily by me with full knowledge of its consequences. I understand that once the required signatures are obtained, this form must be scanned and e-mailed to the address listed on the Lumpkin County Government website. Additionally, I understand that each donation form must be individually scanned and e-mailed. After the forms are scanned and e-mailed, the original form(s) with signatures will be forwarded to Human Resources for storage.

EMPLOYEE RECEIVING DONATION OF TIME:

NAME: _____

EMPLOYEE DONATING TIME:

NAME: _____ EMP. # _____

NUMBER OF HOURS TO BE DONATED: _____

EMPLOYEE SIGNATURE: _____ DATE: _____

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DONATING EMPLOYEE APPROVALS

SUPERVISOR APPROVAL: _____ DATE: _____

DEPARTMENT HEAD APPROVAL: _____ DATE: _____

HUMAN RESOURCES APPROVAL: _____ DATE: _____