



ADMINISTRATIVE POLICIES AND PROCEDURES

Policy: Shared Parental Leave Policy
Creation Date: September 11, 2017
Revision Date: March 1, 2018
Prepared By: HR Department
Approved By: City Manager
Legal Review: Elizabeth Ruhmann

PURPOSE:

The City of El Paso ("City") has established a Shared Parental Leave Program (SPL) with the intent and purpose of providing eligible parents more flexibility in bonding with and caring for their child during the first year following birth, adoption or foster placement ("qualifying event").¹ The program allows employees to voluntarily donate accrued sick and/or vacation leave to the shared parental leave bank, or to donate to a designated eligible employee. Eligible recipients may draw and use up to four (4) consecutive, continuous weeks of SPL donations to make the employee's pay whole should their own leave balances be exhausted or insufficient to cover the approved time off.

Policy Applies To:	Policy Does Not Apply To:
Full-Time Employees	Original Probationary Employees
Part-Time Employees	Temp/Seasonal Employees
Contract Employees (receiving leave accruals)	Interns
Civil Service Employees	Trainees
Uniform Employees	Volunteers
Unclassified Employees (receiving leave accruals)	

I. SHARED PARENTAL LEAVE GUIDELINES:

- Up to four (4) consecutive weeks may be used only once within a rolling 12-month calendar year after the qualifying event;
- Must be used continuously, which means it must be taken in a single unbroken period (cannot be taken intermittently);
- Can only be used after recipient exhausts his or her own leave and holiday pay balances;
- Will run concurrently with any FMLA or non-FMLA leave entitlements; and,
- Is limited to a combined total of four (4) weeks when both parents work for the City of El Paso.
- Disbursements will not be made retroactively from date of approval.

¹ Multiple births or multiple initial placements of children age 17 or younger are considered one event and receive a total maximum of four (4) weeks of SPL within a rolling 12-month calendar year.

II. LEAVE CONTRIBUTION OPTION PROCEDURES AND CRITERIA:

To best facilitate the birth/placement and bonding needs of our employees, the SPL program offers two participation options. Employees may voluntarily donate available leave time:

- (1) To a designated qualified employee; and/or
- (2) Into the Shared Parental Leave Bank.

A. Designated SPL Donation: Employees may donate leave to a qualified co-worker who may not have sufficient eligible leave accruals to accommodate up to four (4) weeks of initial bonding time with their child. Unused donations of Designated SPL will be transferred and deposited into the SPL Bank.

B. Shared Parental Leave Bank: On an annual basis, during the month of November, eligible employees may donate available leave to the Shared Parental Leave Bank. An exception to the annual donation period is made for separating employees. Separating employees may donate leave to the SPL bank by submitting their contribution request at least 30 days before their effective separation date.

Donations of accrued sick or vacation leave may be made in a minimum amount of 8 hours, and a maximum amount of 80 hours, during the annual donation period, in accordance with the following:

Donation Eligibility Criteria	
Type of Leave Donation	Minimum Leave Balance Required After Donation
Sick Leave	≥120 hours
Vacation Leave	≥40 hours

UPON DONATION, LEAVE DONORS RELINQUISH THEIR RIGHTS TO UNUSED LEAVE DONATIONS.

III. SPL RECIPIENT REQUIREMENTS:

To be a qualified recipient, the employee must submit a request to receive leave donations through a Designated SPL Donation and/or from the SPL Bank. Additionally, the following criteria must be met:

- (1) The employee must submit and be listed on the birth certificate/birth facts or adoption/foster paperwork for children 17 years old or younger (i.e., the mother, father, adopter/fosterer, or partner of the child’s mother/adopter/fosterer).
- (2) The employee must apply for FMLA or a leave of absence, as it will run concurrently with SPL.
- (3) The employee must complete and submit the Shared Parental Leave Form to Human Resources with thirty (30) days advance notice, or with as much notice as possible.

IV. LIMITATIONS ON DISBURSEMENT OF LEAVE:

- Disbursement of SPL is based on the availability of leave hours in the SPL Bank at the time of the qualifying date. Because there is no way to know what the balance of the SPL Bank will be at any given time, there is no guarantee that a qualified recipient will receive the full amount of leave requested.
- When multiple requests are made with the same or near-same qualifying date, SPL Bank donations will be evenly disbursed, to the greatest extent possible, among those employees who

meet the qualifying criteria. The qualifying date is based on the birthdate or initial placement date of the child, with near-qualifying dates considered to be those falling within four (4) weeks of each other.

- If there are insufficient hours in the SPL Bank to cover the needs of a qualified recipient, the employee may choose to avail her- or himself of the Designated SPL Donation option.
- Unused donations made to a Designated SPL recipient will be transferred and deposited into the Shared Parental Leave Bank.

APPROVED BY:


TOMAS GONZALEZ, City Manager

DATE: 3-1-18



Shared Parental Leave Request Form

Employee Name: _____

Kronos #: _____

Department: _____

Expected (or Actual) date of delivery/placement: _____

Anticipated start date of SPL: _____

If Spouse/partner works for the City, provide the following:

Employee Name: _____

Kronos #: _____

Department: _____

Leave Options: Please indicate which Shared Parental Leave donation option you are requesting:

- Designated Shared Parental Leave Donation
- Shared Parental Leave Bank Donation
- Both

Employee Certification:

- I certify that I am submitting this request for Shared Parental Leave with thirty (30) days advance notice, or with as much notice as practicable, within the first twelve (12) months after the birth or initial new placement due to adoption or foster care.
- I understand that any Family Medical Leave Act (FMLA) leave entitlement or non-FMLA leave entitlement available to me will run concurrently with all Shared Parental Leave.
- I understand that Human Resources may request a copy of the child's birth certificate or other legal documentation to provide proof of relationship to the child.
- I understand that my requested leave dates will be evaluated and determined based on the documentation I provide.
- I understand that my accrued leave balances will be used prior to my pay being supplemented by SPL donations.
- I understand that leave donations available to me may be insufficient to make my pay whole for the permitted four (4) weeks of bonding.
- I and/or the executor of my estate understand that I will relinquish all rights to any unused time provided to me under this program.
- I understand that Human Resources, whose decision is final, may approve or deny any Shared Parental Leave requests.

Employee Signature: _____

Date: _____

Payroll Clerk Verification:

Eligible

Ineligible

P/R Clerk Initials: _____



Shared Parental Leave Donation Form

Employee Completes this Section

Name (Last, First, Middle Initial): _____ Date: _____

Social Security # (Last 4): _____ Kronos #: _____

Department: _____

Program Acknowledgement:

I meet all the requirements under the City of El Paso's Shared Parental Leave Policy.

Please check all that apply, and provided the information requested.

I want to make a November Shared Leave donation in the amount of _____ hours.

I want to make a Designated Shared Parental Leave donation to the following employee

Name of employee requesting donation: _____ Kronos #: _____

Number of hours being donated: _____

I authorize this shared parental leave donation to be withdrawn from my following accruals:

Sick Leave

Vacation Leave

Both (indicate how many hours you want withdrawn from each) _____ Sick _____ Vacation

By signing this Shared Parental Leave Donation Form, I understand that I am willingly donating my leave time as indicated above and relinquish all rights and expectations of having any used or unused time returned to my leave accruals or paid to me.

Employee's Signature: _____ Date: _____

Payroll Clerk Completes this Section

Type of Leave Donation	Minimum Leave Balance Required After Donation	Remaining Leave Balance
Sick Leave	≥120 hours	
Vacation Leave	≥40 hours	

Payroll Clerk certifies that the Donor has the minimum leave balances in accordance with the Shared Parental Leave Policy.

Payroll Clerk's Signature: _____ Date: _____

Supervisor's Signature: _____ Date: _____

Department Director's Signature: _____ Date: _____