



NEW MEXICO CORRECTIONS DEPARTMENT

Secretary
Alisha Tafoya Lucero

CD-037200 Voluntary Donation of Annual Leave	Issued: 02/28/90 Effective: 02/28/90	Reviewed: 09/05/23 Revised: 03/09/17
Alisha Tafoya Lucero, Cabinet Secretary		<i>Original Signed and Kept on File</i>

AUTHORITY:

State Personnel Board Rule 1.7.7.9 NMAC.

REFERENCE:

Department of Labor Forms, Family and Medical Leave Act, 29 U.S.C. Sec 2601:
<https://www.dol.gov/agencies/whd/fmla/forms>

PURPOSE:

To provide guidelines for the voluntary donation of annual leave by Corrections Department employees to other Corrections Department employees in an attempt to minimize financial hardships during medical emergencies.

APPLICABILITY:

New Mexico Corrections Department employees who meet established eligibility criteria.

FORMS:

- A. **Annual Leave Donation Disclosure** form (*CD-037201.1*)
- B. **Donation of Annual Leave for Medical Emergency** form (*CD-037201.2*)
- C. **Certification of Health Care Provider for Employee's Serious Health Condition** form
WH-380E United States Department of Labor (4 Pages)

ATTACHMENTS:

- A. **Medical Certification Definitions** Attachment (*CD-037201.A*) (2 pages)
- B. **Voluntary Donation of Annual Leave Criteria Checklist** Attachment (*CD-037201.B*)
- C. **Sample Format** Attachment (*CD-037201.C*)

DEFINITION:

- A. Eligible Employee: An employee who has completed their probationary period.
- B. Medical Emergency: A circumstance where all of the following factors exist: 1) the employee, their spouse, child and/or parent has a medical condition that will require the employee's full-time absence from duty for a minimum of two weeks; 2) the employee has exhausted all forms of paid leave; 3) the medical condition is severe or life threatening in nature.

POLICY:

- A. When a department employee, their spouse and/or domestic partner, child and/or parent/domestic partner's parent is experiencing a medical emergency, the Department may allow employees to donate annual leave to the employee experiencing the medical emergency. Requests involving other family members will be considered on a case-by-case basis when the employee is able to provide documentation that they are the primary caregiver.
- B. Each request to declare a medical emergency will be evaluated on its own merits. Factors such as nature and severity of the medical condition, previous leave use patterns and circumstances for leave, length of service, duration of medical condition, etc., shall be considered.
- C. Other factors to be considered include the effect that granting additional leave will have on the budget and operations of the Corrections Department or unit (e.g., the need to cover the vacancy with overtime, etc.).
- D. Due to the staff's intensive nature of corrections work, each request will be highly scrutinized, and a maximum of 400 hours (ten weeks) may be received by any one individual during a one-year period.
- E. The Secretary or designee may grant exceptions to the policy based on the nature of the medical emergency on a case-by-case basis.



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AUTHORITY:

Policy *CD-037200*

PROCEDURES:

- A. The employee who wishes to be the leave recipient shall submit a written request to the appropriate human resource representative. The written request shall specify the nature of the medical condition and the expected date of return. A **Certification of Health Care Provider for Employee's Serious Health Condition** form WH-380E shall accompany the request. In the event that the employee is unable to submit a request on their behalf, another party may initiate the request.
- B. The Warden, Region Manager or Division Director, or a designee, will review and verify the request meets the eligibility criteria by completing the **Voluntary Donation of Annual Leave Criteria Checklist Attachment (CD-037201.B)**.
- C. Requests that do not meet the eligibility criteria as established by the medical emergency definition shall be disapproved by the Warden, Region Manager, Division Director, or their designee and returned to the employee with an explanation for the rejection.
- D. Requests that meet the eligibility criteria outlined in the medical emergency definition shall be forwarded to the Human Resource Bureau along with a recommendation using the **Sample Format Attachment (CD-037201.C)**.
- F. The Human Resource Bureau will send all rejected requests back to the originating human resource representative with reasons for rejection. The Human Resource Bureau shall notify the employee in writing of the decision with an explanation for the rejection.
- G. The Human Resource Bureau shall forward requests that are approved by the Secretary to the originating human resource representative who will notify the employee of the decision.
- H. The Human Resources Bureau will inform other employees (through e-mail or payroll attachment) that a medical emergency exists and that employees who wish to donate annual leave hours shall complete an **Annual Leave Donation Disclosure** form (*CD- 037201.1*). Individual solicitation of annual leave donations is prohibited. However, employees may voluntarily donate leave to employees with a medical emergency.

- I. A completed **Donation of Annual Leave for Medical Emergency** form (*CD-037201.2*) shall be forwarded to the Central Office Human Resource Bureau for final approval in accordance with this policy.
- J. Upon approval of the Central Office Human Resource Bureau of the **Donation of Annual Leave for Medical Emergency** form (*CD-037201.2*), the actual transfer of leave shall be coordinated by the respective payroll officer.
- K. Donated leave shall revert to the employees who donated leave on a prorated basis when the medical emergency ends or the employee separates from the agency.
- L. Deviations of this process shall not be made without the prior approval of the Human Resources Director.

NEW MEXICO CORRECTIONS DEPARTMENT
Annual Leave Donation Disclosure

I, _____, donate _____ hours of annual leave to _____.
(Print Name) (Print Name)

I understand that any annual leave remaining at the end of the emergency shall be returned to donors on a prorated basis.

Employee Signature

Date

Employee ID #

Division/Institution

**NEW MEXICO
 CORRECTIONS DEPARTMENT
Donation of Annual Leave for Medical Emergency**

INCUMBENT'S NAME: _____ SSN: _____

DIVISION/INSTITUTION: _____

Approved on: _____
 (Date)

Donor	SSN	Hours of Donated Leave	Donor's hourly Pay Rate =	Dollars Donated

Total Dollars Donated:

Total Dollars Donated	Divided by Recipient's Hourly Rate=	Hours of Donated Leave

* Maximum 400 hours

NEW MEXICO
CORRECTIONS DEPARTMENT
Medical Certification

A “Serious Health Condition” means an illness, injury, impairment or physical or medical condition that involves one of the following:

1. Hospital Care: Inpatient is (i.e., an overnight stay) in a hospital, hospice or residential medical care facility, including any period of incapacity or subsequent treatment in connection with or consequent to such inpatient care.
 2. Absence Plus Treatment: A period of incapacity of more than three consecutive calendar days (including any subsequent treatment or period of incapacity relating to the same condition), that also involves:
 - (a) Treatment two or more times by a health care provider, by a nurse or physician’s assistant under direct supervision of a health care provider, or by a provider of health care services (e.g., physical therapist) under order of, or on referral by, a health care provider; or
 - (b) Treatment by a health care provider on at least one occasion, which results in a regimen of continuing treatment under the supervision of the health care provider.
 3. Pregnancy: Any period of incapacity due to pregnancy, or for prenatal care.
 4. Chronic Conditions Requiring Treatments: A chronic condition which:
 - (a) Requires periodic visits for treatment by a health care provider, or by a nurse or physician’s assistant under direct supervision of a health care provider;
 - (b) Continues over an extended period of time (including recurring episodes of a single underlying condition); and
 - (c) May cause episodic, rather than a continuing, period of incapacity (e.g., asthma, diabetes, epilepsy, etc.).
 5. Permanent/Long-Term Conditions Requiring Supervision: A period of incapacity that is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider. Examples include Alzheimer’s, a severe stroke or the terminal stages of a disease.
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Medical Certification
(Continued)

6. Multiple Treatments (Non-Chronic Conditions): Any period of absence to receive multiple treatments (including any period of recovery there from) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity or more than three consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation or treatment, such as cancer therapy), kidney disease (dialysis).

Treatment includes examinations to determine if a serious health condition exists and evaluations of the condition. Treatment does not include routine physical examinations, eye examination, or dental examinations.

A regimen of continuing treatment includes, for example, a course of prescription medication (e.g., an antibiotic) or therapy requiring special equipment to resolve or alleviate the health condition. A regimen of treatment does not include the taking of over-the-counter medications such as aspirin, antihistamines, or salves; or bed-rest, drinking fluids, exercise and other similar activities that can be initiated without a visit to a health care provider.

**NEW MEXICO
CORRECTIONS DEPARTMENT**

Voluntary Donation of Annual Leave Criteria Checklist

Name: _____ SS#: _____

Requesting Facility/Division: _____

Eligibility Criteria:

- Does the employee (not a family member) have a medical condition that will require full time absence from duty for a minimum of two weeks?
 Yes No

- Has the employee exhausted all forms of paid leave? If not, when will the employee do so?
 Yes _____ (date all leave was exhausted)
 No, employee will exhaust all leave on _____ (date).

- Is the medical condition severe or life threatening in nature?
 Yes No

- Is a copy of the Medical Certification Form completed by the employee's physician attached?
 Yes No

Based on the above information, the recommendation is: Approved / Disapproved

Warden/Division Director

Date

If disapproved, reason(s) for disapproval: _____

Based on the above information, the recommendation is: Approved / Disapproved

Secretary/Designee

Date

**NEW MEXICO
CORRECTIONS DEPARTMENT
Sample Format**

To: Deputy Cabinet Secretary
Thru: Human Resource Bureau Chief
From: Warden or Division Director
Date: Date
RE: Voluntary Donation of Annual Leave for _____
(Employee)

I have reviewed the circumstances surrounding the request for voluntary donations of annual leave for _____ And have determined that he or she meets the eligibility criteria as
(Employee)
outlined in *CD-037200*. Following is information relative to his or her request and employment history.

Nature of medical condition:

Date of Hire:

Leave balances at the time the medical condition commenced:

Has the employee been evaluated for light duty status?
