



CITY OF MADISON POLICE DEPARTMENT STANDARD OPERATING PROCEDURE



Donation of Vacation and Compensatory Time

Eff. Date 03/25/2026

Purpose

On occasion, there may be situations where fellow employees are ill or have other pressing personal issues, but do not have adequate paid leave to cover their absence from work. To allow employees to assist fellow employees in their time of need, the City supports the use of this benefit to allow all employees of the Madison Police Department (MPD) to donate earned vacation or compensatory time (depending on your compensation group) to another member of the MPD or to a general membership pool as prescribed below.

Procedure

NOTIFICATION/DOCUMENTATION

Any member of the MPD may, on a strictly voluntary basis, be permitted to donate earned vacation or compensatory time (depending on the member's compensation group) to either a department general membership pool or to other department members who have exhausted all accrued paid leave, including sick leave, due to a situation falling within the parameters of contractual use of paid leave.

Each donation form is limited to a minimum of four (4) hours up to a maximum not to exceed five (5) work days per calendar year, for any single donating employee. The amount of leave time available for distribution through this program will be based on the dollar value of the leave, at the time it is donated and processed. While utilizing donated leave, employees will continue to be eligible for and earn all paid leave entitlements consistent with being on paid leave.

Any MPD employee, after ensuring compliance with City Administrative Procedural Memorandum (APM) 2-30, will notify the MPD Human Resources Coordinator of the name(s) of employees requiring assistance. The MPD Human Resources Coordinator will be responsible for coordinating the process, including the announcement of the need for leave donations. All donation forms are to be forwarded to PD Medical for processing. Donations, once processed and approved, will not be refunded to the donating employee. After six months, unused donated time (vacation) will be transferred to the appropriate agency leave pool (by specific compensation group).

Employees will not be permitted to draw wage insurance benefits for the same time period covered by this program. Individual employees will always retain the right to refuse benefits under this program without penalty. Probationary, hourly, and seasonal employees are not eligible for this program. Utilization of this, or any other paid leave, is subject to approval consistent with current leave and/or staffing guidelines.

Disputes arising from the administration of this program are not subject to review through the grievance procedure.

Please refer to City APM 2-30, Donation of Earned Vacation or Compensatory Time, for additional details: www.cityofmadison.com/mayor/apm/2-30.pdf.

Refer to and utilize the Donation of Vacation and Compensatory Time form (see below).

DONATION OF EARNED VACATION & COMPENSATORY TIME

APM 2-30 allows an employee to donate accrued vacation (MPPOA MOU allows vacation and compensatory time) to another employee. The donations are limited to a minimum of four (4) hours and a maximum of five (5) days per calendar year, for any single donating employee. PD Medical will only process donation forms received, once the accepting employee has exhausted all leave available to them. Once processed, donations are non-refundable to the donating employee.

Employee Donating Leave: _____

Work Unit: _____

I elect to donate leave to the following employee (Please list first & last name): _____

I authorize the transfer of the following leave donations from either my vacation or compensatory time balance:

_____ Hours of Vacation (Civilians, AMPS, & MPPOA are all allowed to donate vacation)

_____ Hours of Compensatory Time (MPPOA is the only group that is allowed to donate comp time)

I understand that once processed, this donation is non-refundable.

SIGNATURE OF EMPLOYEE DONATING LEAVE: _____

DATE: _____

FOR ADMINISTRATIVE USE ONLY

☐ Leave donation balance verified in Telestaff: (VU _____ / CU _____)

☐ Previous amount of leave donated (total hours) within current year: (_____)

☐ Zero leave balance verified: (VU _____ / CU _____ / SI _____)

☐ City Payroll to Process: _____

PD Medical _____

_____ Date

This form was specifically created for MPD use only. PD Medical has included relevant information within this form. If you would like to review APM 2-30 in its entirety, you may do so here: [APM 2-30](#). For MPPOA members, please review the MPPOA MOU addressing donated leave time.

Original SOP: 04/16/2015

(Revised: 03/04/2016, 01/13/2017, 06/01/2021, 01/09/2024, 02/03/2025, 03/25/2026)

(Reviewed Only: 12/26/2017)

03/25/2026 Changes – to form on page 2 only