NEW MEXICO JUDICIAL BRANCH **Policy No. 2018.NMJB.20**

GENERAL PERSONNEL POLICY AND PROCEDURE:

Annual Leave Donation Program Policy

Reference NMJBPR Part 1, Section 5.05
NMJBPRAW Part 2, Section 19.05

Inquiries: AOC HRD (505) 470-7205 or email at aochrd-grp@nmcourts.gov
Dev: 5/1/07; Rev: 08/01/10; 02/13/12; 02/08/19, 05/13/23, 07/03/25

REQUEST FOR ANNUAL LEAVE DONATIONS FORM

To be eligible for paid time off donations Family and Medical Leave (FMLA) requirements must be met.

If a completed FMLA Certification of Healthcare Provider Form is already on file with your Human Resources Professional - no additional medical information will be required with this request form. An eligible employee may receive the amount needed and not more than 160 donated hours per request. Requests are limited to a total of three (3) during a 12-month period.

Employee Name: _____ **Judicial Entity:** _____

Job Title: _____

Leave is for a (check one): Self _____ Domestic Partner _____ Immediate Family Member _____

Date FMLA Leave is to Begin/End: _____ **Requested # of Hours Needed** _____

Please explain the condition and/or situation necessitating this request for donated leave:

_____

_____

_____

The information submitted on this form is true and accurate.

Employee Signature: _____ **Date:** _____

Supervisor/Division Director's Signature: _____ **Date:** _____
**Signature is acknowledgment of annual leave donation request.*

For Human Resources / Administrative Authority Use Only	
Request # _____ (1-3) # Hours of Donations Previously Received:_____	Balances as of _____: (date) Sick Leave: _____ Annual Leave: _____ Compensatory Time: _____ Administrative Leave Time: _____
Certification of Leave Balances Balances Pay Period Ending:_____	
As Administrative Authority, I have reviewed this request for donated leave. _____Yes, I approve this request. _____No, I disapprove this request. Administrative Authority Signature: _____ **Date**_____	
Leave Donations Solicited: _____ Within Judicial Branch - forward to AOC HRD: _____ **Within Employee's Judicial Entity Only (retain locally): _____**	

cc: Employee Personnel File; Payroll File

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DONATION OF ANNUAL LEAVE FORM

To the extent possible, this shall remain anonymous.

Donor Name:	Donor Employee ID #:
Donor's Judicial Entity:	
Hours of Annual Leave Donated:	Donor's Hourly Rate of Pay:
Recipient's Name:	Recipient's Judicial Entity:

I hereby authorize the donation of paid time off, effective this date, pursuant to the New Mexico Judicial Branch Personnel Rules and the New Mexico Judicial Branch Personnel Rules for At-Will Employees.

Donor's Signature: _____ Date: _____

For Administrative Use Only

Donor's Annual Leave Balance: _____	Before Donation: _____ After Donation: _____

Pay period ending in which leave donation is applied to recipient's donated paid time off balance:

_____

_____ **X** _____ **= $** _____ **/** _____ **=** _____.
Donor's hourly rate of pay | **# of hours donated** | **Value of donated leave** | **Recipient's hourly rate of pay** | **# of hours Donated.**

RETURN OF DONATED LEAVE

_____ **/** _____ **X 100 =** _____.
$Value of Donor's Leave | **$Value of all Donated Leave** | **% of Donor's Leave.**

_____ **X** _____ **=** _____ **X** _____ **=** _____.
$Value of Unused Leave | **% of Donor's Leave** | **$Value of Leave to return to Donor** | **Donor's Rate of Pay** | **# of Hours of Leave to return to Donor.**

cc: Donor's Personnel File