



**DISTRICT OF COLUMBIA
DEPARTMENT OF CORRECTIONS**

Standard Operating Procedure

Effective Date:	January 17, 2017	
Corresponding Policy:	EMPLOYEE LEAVE APPROVALS	
Policy Number: Policy	3490.9A	Amends <input type="checkbox"/>
Supersede Date:	(1/25/12)	Cancels <input type="checkbox"/>
SOP Number:	3490.9A-17	New <input checked="" type="checkbox"/>
OPI:	HRM	
Review Date:	January 17, 2018	
Approving Authority:	Quincy L. Booth Interim Director	



Quincy L. Booth, Interim Director

1/17/17
Date

SUMMARY OF CHANGES

Section	Change
<i>Policy Cancellation</i>	<i>PS 3490.9 has been cancelled and replaced by SOP 3490.9A-17</i>

- PURPOSE AND SCOPE.** To establish policy and procedures governing the approval of employee leave requests, in accordance with the provisions of the District Personnel Manual (DPM).
- POLICY.** It is the policy of the D.C Department of Corrections (DOC) to authorize and approve leave requests consistent with existing personnel regulations and the agency's duty obligations.
- APPLICABILITY.** This order applies to employees of the DOC, except where superseded by collective bargaining agreements, the Fair Labor Standards Act (FLSA), applicable personnel regulations, or existing laws.



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4. **PROGRAM OBJECTIVES.** The expected results of this program are:
 - a. Employees are responsible for submitting the appropriate documentation for leave requests.
 - b. Ensure all managers, supervisors, timekeepers and employees are knowledgeable of their role and compliance with this Program Statement.

5. **DIRECTIVES AFFECTED**
 - a. **Directives Rescinded**
PS 3490.9 Employee Approvals (1/25/12)
 - b. **Directives Referenced**
PP 3490.7 Affirmative Attendance

6. **STANDARDS REFERENCED.** None

7. **AUTHORITY**
 - a. D.C. Code § 24-211.02, Powers; Promulgation of Rules.
 - b. District of Columbia Personnel Manual, Chapter 12, Hours of Work, Legal Holidays and Leave.
 - c. D.C. Code § 1-612.01 et seq., Hours of Work; Legal Holidays; Leave.

8. **NOTICE OF NON-DISCRIMINATION**
 - a. In accordance with the D.C. Human Rights Act of 1977, as amended, D.C. Official Code §2-1401.01 et seq., (Act) the District of Columbia does not discriminate on the basis of race, color, religion, national origin, sex, age, marital status, personal appearance, sexual orientation, gender identity or expression, familial status, family responsibilities, matriculation, political affiliation, genetic information, disability, source of income, status as a victim of intrafamily offense, or place of residence or business. Sexual harassment is a form of sex discrimination that is also prohibited by the Act. Discrimination in violation of the Act will not be tolerated. Violators will be subject to disciplinary action.



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9. **DEFINITIONS.** For the purpose of this order, the following definitions apply::
- a. **Administrative Leave** - An excused absence from duty without loss of pay and without charge to annual leave, sick leave or compensatory time.
 - b. **Annual Leave** - Leave earned by an employee to be used for absences from duty, without loss of pay, primarily for vacation or time off for personal or emergency purposes.
 - c. **Compensatory Time** - Authorized absence from official duty in lieu of payment for authorized overtime.
 - d. **Court Leave** - The authorized absence, without loss of pay, leave or credit for time of service, during a period of absence in which an employee is summoned, by a court or other authority, to serve as a juror or as a witness on behalf of any party in connection with a judicial proceeding to which the United States, the District of Columbia, or a state or local government is a party.
 - e. **Family and Medical Leave** - Leave granted under the authority of "The District of Columbia Family and Medical Leave Act," D.C. Law 8-181 (October 3, 1990), D.C. Code § 32-501, et seq. (2006).
 - f. **Funeral Leave** - Time allowed an employee to make arrangements for, or to attend the funeral of or memorial service for, an immediate relative (as defined in DPM, Chapter 12). Funeral leave should be recorded in the "Other" Category with an appropriate explanation on time and attendance reports.
 - g. **Leave Without Pay** – A temporary non-pay status and absence from duty granted at the employee's request in writing with a leave slip to the Warden.
 - h. **Military Leave** – Authorized absence without loss of or reduction in pay, leave, or credit for time or service for the performance of military service.
 - i. **Leave Bank** – Accumulated annual leave donated by employees for the use of the leave bank members who need such leave because of a medical emergency.
 - j. **Sick Leave** - A period of absence with pay granted an employee to be used:



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- 1) While receiving medical, dental, or optical examination or treatment;
- 2) While incapacitated for the performance of duties by sickness, injury, or pregnancy or childbirth;
- 3) While required to give care or attendance to a family member family who is afflicted with a contagious disease; or
- 4) When the employee's presence at his or her post of duty would jeopardize the health of others because of exposure to a contagious disease.

10. PROCEDURES

- a. Employee leave requests must be approved or disapproved by the Warden or his/her designee. All leave requests must be documented on the D.C. Standard Form 71, Application for Leave (Attachment 1).
- b. The authority to approve leave requests is delegated as follows:
 - 1) **Annual Leave** - Annual leave requests must be approved by an employee's immediate supervisor.
 - 2) **Advance Annual Leave** - Advance annual leave requests of forty (40) hours or less must be approved by the Warden or his/her designee . Advance annual leave requests of more than forty (40) hours must be approved by the Director or his/her designee.
 - 3) **Sick Leave** - Sick leave requests must be approved by an employee's immediate supervisor.
 - 4) **Advance Sick Leave** - Advance sick leave request of forty (40) hours or less must be approved by the Warden or his/her designee . Advance sick leave requests of more than forty (40) hours must be approved by the Director or his/her designee. .
 - 5) **Administrative Leave**
 - a) Administrative leave requests for local functions, e.g., meetings, seminars, conferences, luncheons, or similar gatherings, must be



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approved by the employee's immediate supervisor, or the Warden, provided there is a bona fide governmental benefit as described in DPM, Chapter 12.

- b) Administrative leave requests for non-local (outside Washington Metropolitan Area) functions or activities, e.g., meetings and conferences, must be approved by the Director.
 - c) Administrative leave requests which exceed forty (40) hours must be approved by the Director.
- 6) **Leave Without Pay (LWOP)**
- a) LWOP requests of twenty four (24) hours or less must be approved by an employee's immediate supervisor.
 - b) LWOP requests of more than twenty four (24) hours and less than or equal to forty (40) hours must be approved by the Warden or the employee's supervisor.
 - c) LWOP requests of more than forty (40) hours must be approved by the Director or his/her designee.
- 7) **Family and Medical Leave**
- a) Family and medical leave requests must be made through the FMLA Coordinator.
- 8) **Funeral Leave** - Funeral leave requests must be approved by an employee's immediate supervisor. An employee shall be entitled to not more than three (3) days of authorized absence without loss of or reduction in pay, or leave to which otherwise entitled, or credit for time or service, to make arrangements for, or attend the funeral of, or memorial service for, an immediate relative.

Unless the mission of the agency would be seriously impaired, an agency shall grant an employee's request for annual leave, sick leave, exempt time off or compensatory time up to three (3) days upon the death of an immediate relative.



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9) Court Leave

- a) Notification of Court leave requests must be made within thirty (30) days or as soon as possible after receipt of the official notification to the employee's immediate supervisor.
- b) At time of notification a copy of the official Court summons must be provided to the immediate supervisor.

10) **Military Leave.** Notification of Military leave requests must be made within thirty (30) days or as soon as possible after receipt of the official notification to the employee's immediate supervisor.

11) At time of notification a copy of the official Military orders must be provided to the immediate supervisor. **Compensatory Time - Compensatory** time must be approved by the Warden or the employee's immediate supervisor, in accordance with the provisions of DPM, Chapter 12.

11. **LEAVE BANK.** The annual leave bank program is applicable to all DOC employees who are entitled to accrue annual leave pursuant to D.C. Official Code § 1-612.03.

a. **PROCEDURES TO BECOME A LEAVE DONOR AND LEAVE BANK MEMBER**

- 1) An employee may make a voluntary written request to the DOC Time & Attendance Office to become a leave donor at any time during the leave year subject to the limitations provided in §1252.3 of the DPM. The application shall specify the number of hours of annual leave to be donated and any other information deemed necessary.
- 2) The leave donor must donate a minimum of four hours (4) of annual leave annually.
- 3) The total amount of annual leave to be donated by a leave donor must be available in the leave account of the leave donor at the time he or she makes application to donate such annual leave; and shall be deducted from the leave donor's leave account effective on the first full pay period following approval of the application.



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b. PROCEDURES TO BECOME A LEAVE RECIPIENT

- 1) A leave bank member may make written application (Attachment 2) to DOC Time & Attendance Office to become a leave recipient.
- 2) If leave bank member is not capable of submitting an application on his or her own behalf, another employee of DOC may submit the application on the employee's behalf.
- 3) The employee shall notarize the application to become a leave recipient.
- 4) An application to become a leave recipient shall be accompanied by the following information concerning the potential leave recipient.
 - (a) The leave bank member's name, position title, grade and step;
 - (b) The reason(s) the leave is needed, including a brief description of the nature, severity, anticipated duration, and if it is a recurring medical emergency, the approximate frequency of the medical emergency;
 - (c) Certification from one or more physicians, or other appropriate experts, with respect to the medical emergency; and
 - (d) Any additional information that may be required by the DOC Time & Attendance Office.

c. APPROVAL OF APPLICATION TO BECOME A LEAVE RECIPIENT

- 1) The employee must submit a memorandum to the Director with the Application to Receive Annual Leave Bank Hours (Attachment 2) and medical supporting documentation. While awaiting an approval/disapproval from the Director's Office, the employee is encouraged to collect leave donations from co-workers/employees on the Application to Donate Annual Leave Form (Attachment 3) and turn in all forms to DOC Time and Attendance immediately.



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- 2) The memorandum and documentation shall be forwarded back to Time & Attendance from the Director's Office for processing.
- 3) The DOC Time & Attendance Office shall review the application to become a leave recipient to determine whether the employee is a leave bank member who is or has been attached by a medical emergency as defined in §1299 of the DPM.
- 4) Before approving an application to become a leave recipient, the Time & Attendance Office shall determine that:
 - a) The request to become a leave recipient has been necessitated by a medical emergency;
 - b) The absence from duty because of the medical emergency is, or is expected to be, at least ten (10) days;
 - c) The potential leave recipient has previously donated a minimum of four (4) hours of annual leave bank in the leave year in which the employee submits the application to become a leave recipient.
 - d) The potential leave recipient has made, and final agency action has been taken on, application(s) for the maximum amount of advanced leave, either sick leave or annual leave as appropriate, available to him or her; and
 - e) The potential leave recipient does not possess paid leave, including compensatory time and personal leave, to cover the expected period of absence from work.

D.C. Standard Form 71
District of Columbia Government
D.C. Law 2-139, Title 12 83-9081-P

APPLICATION FOR LEAVE



INSTRUCTIONS: Please complete Items 1-8

1. Name (Print or type—Last, First, M.I.)				2. Social Security Number		
3. Organizational Unit	4-A FROM:	Month	Day	Hour	A.M. P.M.	4-C Total Number of Hours
5. I hereby request (If more than one box is checked, explain in item 6, Remarks):	4-B TO:	Month	Day	Hour	A.M. P.M.	
<input type="checkbox"/> Annual Leave. (Annual leave requested may not exceed the amount available for use during the leave year.)	6. Remarks					8. Date (Month, Day, Year)
<input type="checkbox"/> Sick Leave. (Complete reverse side of form.)						
<input type="checkbox"/> Leave Without Pay.						
<input type="checkbox"/> Compensatory time.						
<input type="checkbox"/> Other. (Specify)	7. Employee's Signature					

OFFICIAL ACTION ON APPLICATION

<input type="checkbox"/> Approved	<input type="checkbox"/> Disapproved (If disapproved, give reason. If annual leave, initiate action to reschedule.)	Signature (Annual leave approved may not exceed the amount available for use during the leave year.)	Date (Month, Day, Year)
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Ref. No. G 037708563

EMPLOYEE—Check the appropriate box below (Items 1-4) if you are applying for sick leave. If your agency requires such certification, please have your doctor or practitioner complete the Certification section below. Falsification of information in this portion of the form may be grounds for disciplinary action, including dismissal.

1. I was incapacitated for duty by	2. I was required to care for a member of my family with a contagious disease. (Give name and relationship of family member, and name of disease.)
<input type="checkbox"/> Sickness.	<input type="checkbox"/>
<input type="checkbox"/> On-The-Job-Injury.	<input type="checkbox"/> Off-The-Job-Injury.
<input type="checkbox"/>	<input type="checkbox"/> Pregnancy and Confinement.
3. I was undergoing medical, dental, or optical examination or treatment.	4. I was exposed to a contagious disease. (Give name of disease and circumstances of exposure.)
<input type="checkbox"/>	<input type="checkbox"/>

CERTIFICATION OF PHYSICIAN OR PRACTITIONER

Employee's Name	Period Under Professional Care (Indicate Month, Day, Year)	
	From:	To:

Remarks

I certify that the employee named was under my professional care for the period indicated above, and that the employee's condition during this period made reporting to work inadvisable.

Signature of Physician or Practitioner	Date (Month, Day, Year)
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Ref. No. G 037708563

DISTRICT OF COLUMBIA GOVERNMENT
APPLICATION TO RECEIVE ANNUAL LEAVE BANK HOURS

TO BE COMPLETED BY THE EMPLOYEE

1. IDENTIFICATION INFORMATION

Name: _____
(last) (first) (middle)

Social Security Number: _____

Title/Series/Grade/Step: _____

Department or Agency: _____

2. REQUEST FOR LEAVE BANK HOURS

I hereby request _____ hours of annual leave bank hours because of a medical emergency affecting:
 myself; a family member.

Please provide the reason(s) the leave is needed, including a brief description of the nature, severity, anticipated duration, and if it is a recurring medical emergency, the approximate frequency of the medical emergency:

3. EMPLOYEE CERTIFICATION

I certify that the above statements are true to the best of my knowledge and belief.

Employee Signature: _____ (date)

4. NOTARY _____

TO BE COMPLETED BY EMPLOYING AGENCY

1. Verification of employment information:

a. Employment information correct: YES; NO

b. Employee is a leave bank member (employee must have donated a minimum of four (4) hours of annual leave to the leave bank in the leave year in which this application is made). YES; NO

2. Is a certification of the medical emergency from one or more physicians, or other appropriate expert(s), with respect to the medical emergency attached? YES; NO
3. Has the employee requested advanced leave to cover the period of absence anticipated for the medical emergency? YES; NO
4. Has the employee exhausted all paid leave that can be utilized for the period of absence because of the medical emergency?

Annual Leave YES; NO

Sick Leave YES; NO

Compensatory Time YES; NO

Personal Leave YES; NO; Not Applicable

Advanced Leave YES; NO

5. Certifying Official

Name and Title: _____

Signature: _____ (date)

TO BE COMPLETED BY THE OFFICE OF PERSONNEL

1. Decision on application to become a leave recipient:
 Approved; _____ Number of hours
 Disapproved (Reason for disapproval is explained below)

2. The dollar value of the annual leave to be received is: \$ _____.
(The dollar value of the annual leave is determined by multiplying the recipient's hourly rate of pay by the number of annual leave hours received.)

3. Approving Official

Name and Title: _____

Signature: _____ (date)

Distribution:

Original - Leave Bank 1 Copy - Employee 1 Copy - T & A Report 1 Copy - Agency Admin Officer

DISTRICT OF COLUMBIA GOVERNMENT
APPLICATION TO DONATE ANNUAL LEAVE TO THE ANNUAL LEAVE BANK

TO BE COMPLETED BY THE EMPLOYEE

1. IDENTIFICATION INFORMATION

Name: _____
(last) (first) (middle)

Social Security Number: _____

Title/Series/Grade/Step: _____

Department or Agency: _____

2. AMOUNT OF DONATION

I hereby make application to donate _____ hours of annual leave to the annual leave bank established for employees under the personnel authority of the Mayor. I understand that I will become a leave bank member and, therefore, eligible to be a leave recipient, for any leave year in which I donate at least four (4) hours of annual leave to the leave bank.

3. Employee Signature: _____
(date)

TO BE COMPLETED BY EMPLOYING AGENCY

1. Verification of employment information and leave donation:

a. Employment information correct: YES; NO

b. Annual leave donation for the leave year does not total more than one-half of the amount of annual leave that the employee would be entitled to accrue during the leave year: YES; NO

c. Annual leave donation is restored leave (may be donated without restriction): YES; NO

2. The dollar value of the annual leave donation is: \$ _____
(The dollar value of donated annual leave is determined by multiplying the employee's hourly rate of pay by the number of annual leave hours donated.)

3. Certifying Official

Name and Title: _____

Signature: _____
(date)

Distribution

Original - Leave Bank 1 Copy - Employee 1 Copy - T & A Report 1 Copy - Agency Admin Officer