

# CATASTROPHIC ILLNESS LEAVE PROGRAM PROCEDURES

Regular Full Time District employees who have completed the probationary period may participate in the Catastrophic Illness Leave Program by donating a maximum of one day of their own accumulated sick leave balance, per academic year, to another District employee who has been diagnosed with a catastrophic illness. For the purpose of this Program, “catastrophic illness” is defined as a medically-diagnosed condition, as determined by a licensed medical practitioner, that is expected to incapacitate the employee for an extended period of time (at least 30 calendar days) and prevent the employee from performing his/her duties.

Pursuant to the Education Code 87045, an employee must exhaust all accrued paid leave credits in order to be eligible for catastrophic illness leave. Accumulated and donated sick leave, extended sick leave and long-term disability benefits are used concurrently with employee leave entitlements under the Family and Medical Leave and California Family Rights Acts. Donations of sick leave through this Program can be accepted from all regular District employee groups.

## PART A: PROCEDURES FOR RECIPIENTS

**Step 1:** District permanent full-time employees who have been medically diagnosed with a catastrophic illness and would like to participate in this Program should contact the Office of Human Resource Services to obtain information pertaining to medical absence reporting, required documentation, procedures for use of regular and extended sick leave, and other related matters.

**Step 2:** The potential recipient must complete the required form titled, “Catastrophic Illness Leave Request Form” in order to request participation in this Program. The request form and this information packet may be sent to you electronically. These materials are also available on the Human Resources Web Page, and/or can be requested from the Office of Human Resource Services.

**Step 3:** Once completed and signed, the Request Form is to be submitted to the Office of Human Resource Services. The completed form must be accompanied by written medical verification from the treating physician that documents the catastrophic nature of the employee’s illness and the estimated period of absence due to the illness.

The completed request form and written medical verification will be reviewed by a designated Human Resources staff member to determine eligibility for participation in the Program. The requester will then be notified of his/her eligibility for Program participation. An employee may request Catastrophic Illness Leave donations once per academic year.

If it is determined that the illness does not qualify for participation in this Program, Human Resources staff will advise the requester about use of accumulated sick leave, extended sick leave, leaves of absence and other applicable District benefits.

**Step 4:** The Office of Human Resource Services is responsible for notifying the District “community” about the “open period” for sick leave donations and the opportunity to donate sick leave to the approved requester. If the requesting employee wishes to remain anonymous in announcing the request for sick leave donations, the Office of Human Resource Services will notify the District “community” that an employee who qualifies for sick leave donations is requesting sick leave donations. The open period for accepting sick leave donations from District employees will be ten (10) working days. The start and end dates for the open period will be determined by Human Resources and clearly stated as part of the District wide notification process.

**Step 5:** Recipients may accept a maximum of one hundred (100) four-hour days of donated sick leave per academic year.

**Step 6:** All donated sick leave that is not exhausted on or before June 30<sup>th</sup> will automatically be carried over into the new academic year, and will become part of the recipient's new academic year sick leave beginning balance.

## **PART B: PROCEDURES FOR DONORS**

**Step 1:** Once notice of the donation "open period" has been made by the Office of Human Resource Services, potential donors should request this packet of information and forms through the District Human Resources website **OR** call Human Resources directly to obtain a copy of the Program Procedures and the required "Catastrophic Illness Leave Donation Form." District employees must donate **a minimum of eight hours** of sick leave during the specified "donation period." A **maximum of eight (8) hours** of sick leave may be donated to a single recipient during an academic year. Donors may, however, donate to several different employees during the same academic year, a maximum of one day (eight hours) per year to each person.

**Step 2:** Once the Donation Form is completed and signed, please submit the form to the Office of Human Resource Services, each donor's own sick leave balance will be reviewed. In order to donate sick leave in this Program, District employees must have an accumulated sick leave balance of twenty-three (23) days at 8 hrs/day of their own work days, so that they can retain at least twenty-two (22) days of sick leave after the donation is made.

**Step 3:** Sick leave donations will be accepted in the order received in the Office of Human Resource Services. Donations that are received **AFTER** the maximum of 100 four-hour days have been received for the recipient, **AND/OR** those donations that are received after the close of the open period, will be returned to the donors.

For details concerning District leave policies, please contact staff in the Office of Human Resource Services.

# CATASTROPHIC ILLNESS LEAVE PARTICIPATION REQUEST FORM

**NOTE TO REQUESTOR:** Please read the Program procedures carefully prior to completing and submitting this request form. Human Resources staff is available to assist you with Program details and information that you will need concerning District illness leaves and other related benefits, such as extended sick leave. Forward this completed and signed form to the Office of Human Resource Services.

<b>Print Your Name:</b>	
<b>ID#:</b>	
<b>Job Title:</b>	
<b>Division / Dept.:</b>	
<b>Building Location:</b>	
<b>Office Tel. Ext.:</b>	
<b>Home address: City, State, Zip code:</b>	
<b>Home E-mail:</b>	
<b>Home Telephone:</b>	

Attached is the required written medical verification from my treating physician that includes the projected dates of my illness. If I am approved for participation in the Catastrophic Illness Leave Program, I understand that the Office of Human Resources will notify District employees and invite their donations of illness leave. The participant's name can be listed as anonymous where the participant's name is not listed on the notification if the participant makes this request.

**Requestor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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## To be completed by the Office of Human Resource Services ONLY

Request is: \_\_\_Approved \_\_\_Denied. Donation open period: \_\_\_\_\_ to \_\_\_\_\_

Comments: \_\_\_\_\_

**Authorized HR Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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<b>Print Your Name:</b>	
<b>ID#:</b>	
<b>Job Title:</b>	
<b>Division / Dept.:</b>	
<b>Building Location :</b>	
<b>Telephone Ext.:</b>	
<b>E-Mail Address:</b>	

Print Name of Employee Recipient: \_\_\_\_\_

I have read the Catastrophic Illness Leave Program Procedures. I understand that I am donating **eight (8) hours** of my own accumulated sick leave during this academic year to the employee named above, and that my donation will become part of this employee's regular sick leave balance, whether the donated time is actually used or not. I further understand that this donation is permanent.

**Donor's Signature Require:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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### To be completed by the Office of Human Resource Services ONLY

Donor's sick leave balance prior to making this donation: \_\_\_\_\_ hrs / \_\_\_\_\_ days

Donor \_\_\_ is eligible (approved) to donate sick leave \_\_\_\_\_ is not eligible (not approved) to donate.

Comments: \_\_\_\_\_

Approved donor's remaining sick leave balance after the donation: \_\_\_\_\_ hrs / \_\_\_\_\_ days

**Authorized HR Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

