INFORMATION SHEET 3/10/2020 TRUSTEES' MEETING

To: Jim Bridges

For: Board of Trustees

From: Nancie Castro

Re: Revised Catastrophic Leave Form

We are proposing a change in the AR 4161.9, Catastrophic Leave Program, to further define the "Extended Period" to include "means at least forty-five calendar days, but not more than 12 months, or an illness/injury that causes the employee to be out intermittently for more than 25 work days over the course of a 12 -month period". We have also updated the request for Request for Consideration of Catastrophic Leave and Leave Donation forms to highlight some of the requirements in AR 4161.9.

CATASTROPHIC LEAVE PROGRAM

Indemnification of the District

District employees who donate or receive eligible leave credits under the Catastrophic Leave Program shall specifically hold the district, its Board of Trustees, officers, Superintendent or designee harmless with respect to the Catastrophic Leave Program. The district's Board, officers, Superintendent or designee and employees shall not be responsible in any way nor be held liable for the following actions, including but not limited to the development and administration of the Catastrophic Leave Program.

1. An employee who is or whose family member is suffering from a catastrophic illness or injury may request donations of accrued vacation or sick leave credits under the catastrophic leave program when the employee has exhausted all his/her accrued leave. For the purpose of this policy, a family member is defined as spouse, child or step-child, legally adopted child, mother or father, step-mother or step-father, or any relative living in the home of the employee for whom the employee has sole responsibility.

2. "Catastrophic illness" or "injury" means an illness or injury that is expected to incapacitate the employee for an extended period of time, or that incapacitates a member of the employee's family which incapacity requires the employee to take time off from work for an extended period of time to care for that family member, and taking extended time off work creates a financial hardship for the employee because he/she has exhausted all of his/her sick leave and other paid time off. (Education Code 44043.5)

3. “Extended Period” means at least forty-five calendar days, but not more than 12 months, or an illness/injury that causes the employee to be out intermittently for more than 25 work days over the course of a 12-month period.

4. Catastrophic leave shall not be available for any injury or illness that is a result of a work related illness or injury.

5. Upon requesting donations under this program, the employee shall provide verification of the catastrophic injury or illness. (Education Code 44043.5)

   Verification shall be made by means of a form developed and provided by the district, and shall be dated and signed by the sick or injured person's medical doctor (M.D.), indicating the incapacitating nature and probable duration of the illness or injury, and prognosis for recovery. Reasons requiring the presence of the employee to care for a family member may be required.

CATASTROPHIC LEAVE PROGRAM (continued)

6. The Superintendent or designee shall determine:

   a. That the employee is unable to work due to the employee's or his/her family member's catastrophic illness or injury, and

   b. That the employee has exhausted all accrued paid leave credits before catastrophic leave can begin. Paid leave credits include vacation and sick leave.

7. When the above verification and determinations are made, the Superintendent or designee may approve the transfer of accrued eligible leave credits. Eligible leave credits are vacation and sick leave accrued to the donating employees. (Education Code 44043.5)

8. The Superintendent or designee shall inform employees of the means by which donations may be made in response to the employee's request.

9. Any employee, upon written notice to the district, may donate accrued vacation and/or sick leave credits to the requesting employee at a minimum of one day of earned sick leave or vacation. All transfers of eligible leave credit shall be irrevocable. (Education Code 44043.5)

10. Employees donating vacation time must have an overall vacation leave balance of 120 hours remaining after donated time has been deducted.

11. Employees donating sick leave must have a sick leave balance after donation, in an amount not less than the amount of their annual sick leave allocation.

12. Benefiting employees may use donated leave credits for a maximum of 12 consecutive months. (Education Code 44043.5)

13. Donations of eligible leave credits are irrevocable once the district has been requested to process the donation.

14. Donating of leave - the person donating catastrophic leave must name the recipient; however, the recipient must comply with the verification process described above.

15. An employee who receives paid leave pursuant to this program shall use any leave credits and vacation that he/she continues to accrue on a monthly basis before

CATASTROPHIC LEAVE PROGRAM (continued)

receiving paid leave pursuant to this program. (Education Code 44043.5)

16. The Superintendent or designee shall ensure that all donations are confidential.

17. Permanent Employee is a classified or certificated employee who has served the required probationary period and achieved the permanent status.

18. Leave requests will be evaluated monthly. Pay will not be granted for any day the employee is not normally scheduled to work. (note: included in #15 above)

19. Donated leave shall be utilized in the order in which the days were donated for each donating employee.

20. Upon receipt of donations, the Payroll department shall take the following actions:
    a. Verify that the donating employee has minimum leave balance for donation and subtract from designated leave category. Convert donated time to dollars at the hourly rate of the donor.
    b. Convert donated dollars as computed above to hours at the hourly rate of the recipient and add to recipient's sick leave balance as donations are used.
    c. Retain a confidential file of donation authorizations.

21. All unused donated leave, after the 12-month period is over, shall be assigned back to the individual who donated the sick leave.

(cf. 4161.1/4161.3 - Personal Illness/Injury Leave)
(cf. 4261.1 - Personal Illness/Injury Leave)

All Personnel

E(1) 4161.9
4261.9
4361.9

CATASTROPHIC LEAVE PROGRAM
Donation Form

Note: Employee donating sick leave or vacation leave must be a permanent employee of the District at the time of donation. The minimum donation is one day of earned sick or vacation leave. Employees donating vacation time must have an overall vacation leave balance of 120 hours remaining after donated time has been deducted. Employees donating sick leave must have a sick leave balance after donation, in an amount not less than the amount of their annual sick leave allocation.

_____ Name

_____ Location

_____ Current Position

_____ Employee ID Number

I hereby contribute_____day(s)/hour(s) of sick leave or_____day(s) of vacation (classified employees only) to_____.

I understand donations may be made to a permanent employee only, and that the employee must receive approval from the Superintendent for eligibility for catastrophic leave.

I hold harmless the District, its Board of Trustees, officers, Superintendent or designee with respect to the Catastrophic Leave Program. The District's Board of Trustees, officers, Superintendent or designee, and employees shall not be responsible in any way nor be held liable for the following actions, including but not limited to the development and administration of the Catastrophic Leave Program.

All transfers of eligible leave credit shall be irrevocable.

Final determination of whether to grant the catastrophic leave, if requested, will be made by the Superintendent or designee.

_____
Signature

_____
Date

PLEASE RETURN TO THE SUPERINTENDENT'S OFFICE

cc: personnel file
payroll department

REQUEST FOR CONSIDERATION OF CATASTROPHIC LEAVE

I,_____hereby request consideration for Catastrophic Leave.

"Catastrophic illness" or "injury" means an illness or injury that is expected to incapacitate the employee for an extended period of time, (45 calendar days or intermittent leave for more than 25 work days in a 12 month period), or that incapacitates a member of the employee's family which incapacity requires the employee to take time off from work for an extended period of time to care for that family member, and taking extended time off work creates a financial hardship for the employee because he/she has exhausted all of his/her sick leave and other paid time off. For the purpose of this policy, a family member is defined as spouse, child or stepchild, legal adopted child, mother or father, step-mother or step-father or any relative living in the home of the employee for whom the employee has sole responsibility.

Completed by Physician:

Documents may be attached.

Verification of the nature of the illness/ disability: _____

_____

_____

Duration of the Illness or Injury: _____

Anticipated length of absence: _____

Signature of Physician: _____

Date: _____

_____
Employee's Signature

_____
Date

cc: personnel file
payroll department