



CATASTROPHIC EXTENDED LEAVE REQUEST FOR LEAVE DONATION APPROVAL FORM

Date: _____ Employee : _____

Donation request is for Personal Use: _____ or Family Member: _____

Briefly describe the nature and duration of the injury/illness: _____

If the request is to care for family member, please explain why you are needed for full time care:

In requesting participation in the Catastrophic Illness and Injury Sick Leave Time Donation program, the employee understands, acknowledges, and agrees to the following:

- Submit, with this approval request form, a certification from a doctor that the illness/injury will preclude the eligible employee from returning to work, to the City Manager and/or Human Resources Representative.
- Certify that all available accrued leave (sick leave, vacation, administrative leave (if applicable), compensatory time and any other discretionary leave) has been, or is expected to be exhausted prior to the employee being able to return to work.
- Not be eligible to receive Long-Term Disability (LTD) benefits in accordance with LTD plan limitations while off work on catastrophic (sick/donated) leave. When catastrophic leave payments cease, applicable LTD benefits will be paid directly to the employee from the City's LTD Administrator.
- The maximum donated leave is thirty (30) calendar days per calendar year unless otherwise approved by the City Manager.
- All donated leave time shall be reduced to zero upon employee's return to work.
- Names of employees donating their paid leave time will be kept confidential.

Submitted on behalf of employee by: _____

Employee Signature: _____ Date: _____

City Manager Approval: _____ Date: _____

Note: If approved, the donation request will be emailed to full-time employees and posted on employee bulletin boards upon approval by the City Manager

Section 3.016 (N) of the City of Reedley Personnel Policies & Procedures Manual

- N. Catastrophic Leave.** To establish a procedure for the voluntary donation of leave hours for approved catastrophic extended leave of absence to fellow eligible employees

Donor Eligibility:

Any employee with a maintained leave balance of one hundred and sixty (160) hours or more, unless otherwise approved by the City Manager, may donate accrued Administrative Leave, Birthday Pay, Floating Holiday, Vacation, and/or any other discretionary leave, not otherwise deemed ineligible in this section, to another eligible employee who is suffering from a catastrophic extended leave of absence. Sick Leave and Compensatory Leave shall not be eligible for Catastrophic Leave donation. Donors are encouraged to maintain sufficient leave balances for their personal use.

Recipient Eligibility:

1. Any eligible employee, who is or who has an eligible family member (as defined by FMLA and CFRA) suffering from a catastrophic illness or injury, is eligible to request donations after all accrued sick leave, vacation, administrative leave (if applicable), compensatory time, and any other discretionary leave has been, or is expected to be, exhausted. Multiple requests for donations are permitted.
2. Employees applying for eligibility under the hardship provision of this policy must first use all available accrued sick leave, vacation, administrative leave (if applicable), compensatory time, and any other discretionary leave. Recipients of donated leave are limited to thirty (30) calendar days per calendar year unless otherwise approved by the City Manager.
3. Certification from a doctor that the illness/injury will preclude the eligible employee from returning to work for at least thirty (30) calendar days must be submitted to the City Manager and/or the Human Resources Department with an application to request donated leave.

Procedures:

- a. Hours shall be donated using the appropriate donation form.
- b. Employees may donate a maximum of forty (40) hours of eligible accrued leave, as noted in the Donor Eligibility section, and a minimum required donation of one (1) hour for each donation request.
- c. Donated time will be posted in the order it is received. Any leave donation form received after the maximum approved leave has been posted, shall not be used and the form shall be returned to the donors. No posted leave time shall be returned to donors unless the employee's absence is later determined to be covered under Workers Compensation regulations. In such case, the employee's compensation shall be adjusted pursuant to the appropriate Worker's Compensation regulations, and the donated time returned to the donating employees.
- d. Donated leave balance hours will be converted to donated leave hours for the recipient and entered into his/her donated leave accrual balance by Payroll. This will continue until either the donations are exhausted or the employee returns to work.
- e. The value of the time donated shall be converted to the value of the time used, to provide an equivalent hourly rate. There will be no tax liability to donors.
- f. Donated leave shall be subject to the recipient's normal payroll deduction.
- g. Employees receiving donated leave shall not be eligible to receive Long Term Disability (LTD) benefits in accordance with LTD plan limitations while on catastrophic (sick/donated) leave. When catastrophic leave payments cease, applicable LTD benefits will be paid directly to the employee from the City's LTD Administrator.
- h. Any period of donated leave will be counted as Family and Medical Leave (FMLA) and California Family Rights Act (CFRA) time in accordance with State and Federal law. FMLA provides up to twelve weeks of job-protected leave for time off work due to a serious illness of the employee, employee's child, spouse, mother or father when the employee has worked for the City for at least 1,250 hours over the prior twelve month period.
- i. All benefits that accrue to an employee on sick leave will accrue to an employee absent on Catastrophic Leave.