

## **Catastrophic Leave Program Policy**

The City of Hemet Catastrophic Leave Program permits salary and benefit continuation for permanent full and part time employees who have exhausted all paid leave hours due to a catastrophic illness or injury. The illness or injury may be to the employee or a member of the employee's immediate family or household and requires the employee to be absent from work. The purpose of the Catastrophic Leave Program is to allow City of Hemet employees the opportunity to assist fellow employees by making donations of leave to those employees in need. It is not intended as a substitute for an employee's prudent planning and management of leave earned. All other options available to the employee through their bargaining group must be exhausted before a donation request is processed.

### **Definitions**

#### **Catastrophic Illness or Injury:**

A serious non-work-related health condition of the employee or employee's immediate family or household (e.g., spouse, child, parent, sibling, grandparent, grandchild, in-laws, step-relatives in the relationship or individuals residing in the employee's household), which creates a financial hardship because the employee has exhausted all available leave and is not, or not yet, eligible for long term disability benefits.

#### **Serious health condition:**

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves: any period of incapacity or treatment connected with inpatient care ( e.g., an overnight stay) in a hospital, hospice, or residential medical care facility; or a period of incapacity requiring absence of more than 5 calendar days from work, school, or other regular daily activities that also involve continuing treatment by (or under the supervision of) a licensed health care provider; or any period of incapacity or treatment due to a chronic serious health condition (e.g., asthma, diabetes, epilepsy, etc.); or a period of incapacity that is permanent or long-term (e.g., Alzheimer's, stroke, terminal disease, etc.); or any absence to receive multiple treatments (including any period of recovery) by, or referral by, a licensed health care provider (e.g., chemotherapy, physical therapy, dialysis, etc.)

#### **Eligible Recipient:**

(Requestor) A City of Hemet employee is eligible to receive Catastrophic Leave if they: are a permanent full or part time employee that has exhausted all paid leave (vacation, sick, comp time and holiday), or will do so before the return to work date; has submitted all required leave of absence paperwork requested by the department and has an approved leave of absence in relation to the catastrophic illness or injury OR is able to work, but a health care provider has prescribed multiple and/or on-going treatments for an eligible condition which will require periodic absences from work; are not presently receiving long term disability benefits or Worker's Compensation payments. (An employee who has applied to receive Workers' Compensation benefits is not eligible to apply for Catastrophic Leave; however, that employee may apply if his/her claim is denied.) have not received any formal disciplinary action for excessive absenteeism during the 12 month period immediately preceding the request for catastrophic leave.

#### Eligible Donor:

Any permanent full or part time employee may donate time. An employee may not donate vacation hours if the hours donated will leave the employee with less than 80 hours in their vacation leave bank. Donated vacation leave hours do not count towards the annual limit that an employee may sell back according to their applicable MOU, Resolution, or Employment Agreement.

#### Eligible Leave:

Leave that may be donated is defined as accrued whole hours of vacation leave and comp time earned in lieu of overtime. Public Safety Management, HPOA, and CWA members may donate banked holiday time. Sick leave and Management administrative leave is not eligible to be donated. Time may be donated in whole hour increments with a minimum donation of two (2) hours.

#### Approved Leave of Absence:

Approved leave of absence is defined as the Human Resources Department being in receipt of all required leave paperwork as determined by the type of leave being requested.

### **POLICY AND LIMITATIONS**

An eligible recipient is required to use any and all leave available to him/her per their applicable MOU prior to receiving donations through this program. An eligible recipient may receive no more than 240 hours of donated leave in a rolling twelve-month period beginning with the date of the first Request for Donations form. In the case of the employee's own serious health condition, donated time may be applied to the disability waiting period only. An eligible recipient must apply for catastrophic leave donations by the end of the month following the month in which paid leave hours are exhausted. Exceptions to the deadline may be granted on a case by case basis. Donations will be processed in the order received unless the donor indicates that the vacation hours will be forfeited if not used immediately. In this case, the donation will be moved to the top of the eligible donations list and used if there is a need for the hours during that period. Donations are reflected as an hour-for-hour deduction from the leave balance indicated by the donating employee and will be received on an hour-for-hour basis by the eligible recipient. Donated hours will not be deducted from the donor's leave balance until transferred to the eligible recipient. Donations will be transferred each pay period, in amounts not to exceed the eligible recipient's regular hours in that pay period. Once processed and transferred, donations are irrevocable. Donations not used within six (6) months of the submission date will be considered void and the Catastrophic Leave Donation form will be returned to the donor. Donations are not tax deductible.

### **PROCEDURE**

The requestor, or an authorized representative, must complete the Catastrophic Leave Request Form. The Catastrophic Leave Request Form must be signed by the requestor's Department Head and submitted to the City Manager for final approval. The City Manager's office will forward the approved request form to Human Resources. Human Resources will verify that the requesting employee has exhausted all paid leave, or will do so before the return to work date, and verify the requestor's leave of absence. After verification, Human Resources will forward the request to Payroll for processing.

Donors must complete the Catastrophic Leave Donation Form. The form must be signed by the donor's Department Head and then forwarded to Payroll.

## **RESPONSIBILITIES**

- Requestor:** Complete the Catastrophic Leave Request Form. Insure all leave of absence paperwork requested by the department has been submitted.
- Donor:** Complete the Catastrophic Leave Donation Form. Insure that the leave hours are available to be donated.
- Department:** Submit a Personnel Action Form and supporting documentation to Human Resources for processing. Verify that the requestor's leave of absence is approved. Send out notification of the need for donating hours after the approved Catastrophic Leave Request has been received. Indicate on the requestor's time sheet the number of catastrophic leave hours to be used for the pay period. Verify that the donor has sufficient leave to cover the hours donated.
- Human Resources:** Verify the requestor's sick, vacation, and compensatory time accruals. Insure that the requestor's leave of absence has been properly documented and approved. Notify requesting Department that the Catastrophic Leave Request has been approved or denied.
- Payroll:** Verify the number of hours needed by the requestor via time sheets. Confirm the availability of hours donated and transfer the hours in accordance with the Catastrophic Leave Program policy.

## **SPECIAL CONSIDERATIONS**

In the case of approved bereavement leave, catastrophic leave may be used if all other paid leave has been exhausted. The employee may use as many hours as necessary to allow for a total of 40 hours of bereavement leave which includes the hours available to the employee based on their bargaining group.

## **MISCELLANEOUS**

Participation in the Catastrophic Leave Program by employees is on a strictly voluntary basis. The Catastrophic Leave Program is not subject to any grievance or arbitration procedure applicable to the employee. Administration of the program will be coordinated by Human Resources and Payroll.