PURPOSE: To establish a means to voluntarily transfer annual leave to a qualifying administrative/professional/technical employee experiencing a catastrophic medical hardship, such as cancer, major surgery, serious accident, heart attack, etc., either personally or by an immediate family member that requires inpatient, hospice or resident health care. This program provides some income protection when the employee would be absent from work for a prolonged period of time.

APPLICATION FOR LEAVE: The Application for Use of Transferred Leave form must be completed by the requesting administrative/professional/technical employee and submitted to the Human Resources Office for verification. Application may be made for personal or immediate family member need. For purposes of the leave transfer program for family members, preference will be given to a child, parent or spouse requiring the employee’s direct care. Human Resources will complete their section and forward to the college president for final approval. In order to use donated leave, the employee must first exhaust all annual and sick leave (as permitted under BP3-60) and must not be receiving salary replacement benefits from worker’s compensation, short-term disability or long-term disability. It is not intended to cover cases of abusive leave usage. Approval or disapproval will be based on the merits of each individual case and the following guidelines:

* Application can be made for either personal use or for the care of an immediate family member
* Applicants must have one year of service before applying for use of transferred leave
* Applicants must first exhaust all annual and sick leave (as permitted under BP3-60)
* Requests must be made for reasons of catastrophic illness or injury. Normal pregnancy, common illness, coverage by Worker’s Compensation or PERA disability are excluded
* Application does not constitute automatic approval of the request
* If approved, the granted leave is meant to cover only the duration of the illness/injury for which it was collected
* All or a portion of the time requested may be granted
* The decision to approve or deny the application is final and not subject to grievance or appeal
* In cases where the situation ceases to exist or the employee terminates or retires, any unused portion of the collected leave will be refunded to the catastrophic leave bank
* Awarded time may be applied retroactively to the beginning of the leave-without-pay period for the illness/injury for which it was granted
* Board policies and procedures which apply to paid leave apply to use of awarded time
* Catastrophic leave application must be made one month in advance when need is forseeable. When such notice is not possible, employee should give as much notice as possible
* Employees are expected to closely monitor and work with Human Resources to track annual leave, sick leave and disability hours
* Leave transfer is not an entitlement even if individual case is qualified. Donated leave is not part of pay-out upon termination or death but will be returned to the catastrophic leave bank
* Catastrophic leave is not to exceed 4 weeks in a fiscal year

May 6, 2013

Follow-up on proposed Catastrophic Leave Policy for Admin/TechPro Constituency

1. Leave Bank: how will it work? Will there be a ceiling on hours accumulated in the bank? How low will the bank need to drop before another request is sent out for donations?

The Leave Bank will *normally* top out at 400 hours; however, if someone wants to donate a large amount of time (50 hours or more) before the end of the fiscal year because they will lose the hours anyway, these requests will be honored.

If the bank drops below 40 hours, a special request will be made to the constituency for donations. No names, only a request will be made.

1. How do we request donations?

A yearly request will be made prior to the end of the fiscal year in June. In order to assure confidentiality, we will not be putting out special requests detailing the names of individuals needing the leave bank.

1. All Admin/TechPros must have a minimum of 40 hours of leave before they can donate to the bank. Donations need to be in increments of 2 hours.
2. Approval Process: An “as needed committee” comprised of the Time/Leave Manager, Human Resources FML Coordinator and the Chair of the ATP Constituency will meet to approve the Catastrophic Leave per individual request.

Application For Use Of Transferred Leave

**Part I - To be completed by the administrative/professional/technical employee (please type or print legibly in ink).**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EmployeeS# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address/City/Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Unit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Full Time \_\_\_\_\_\_ Part Time \_\_\_\_\_ % Appt\_\_\_\_\_\_

I hereby certify that I understand, agree to, and meet the requirements and conditions of the leave transfer program. I also hereby authorize the College President or his/her designee to obtain any necessary information concerning this application. I understand that denial of this application is not subject to grievance or appeal.

Signature of Employee\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part II - To be completed by Human Resources.**

Date Benefit Eligible Employment began \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Monthly Salary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has employee requested/applied for: Worker's Comp \_\_\_\_ FMLA\_\_\_\_\_ LTD\_\_\_\_\_ PERA Disability\_\_\_\_

Is Medical Certification verifying catastrophic illness on file? Yes \_\_\_\_\_ No\_\_\_\_\_

Date illness/injury began \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Anticipated duration \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date all sick leave will be/was exhausted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of days needed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Human Resources\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part III - To be completed by President.**

Authorization to request donated leave is:

*[ ] Approved [ ] Denied* Signature of President\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Leave Contribution Record

Please type or print legibly in ink.

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee S#\_\_\_\_\_\_\_\_\_\_ (first) (last)

Full Time \_\_\_ Part Time \_\_\_ % Appt \_\_\_\_ Job Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Unit\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of hours donated \_\_\_\_\_\_\_\_\_\_\_\_\_\_ To (Employee/Case #):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that my contribution is voluntary and that my balance of annual leave will be decreased by the amount contributed. I certify that my contribution will not result in a negative leave balance. I understand that my contribution is confidential.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature) (Date)

For College/HR Use:

The above named employee's leave balance has been reduced by \_\_\_\_\_\_\_\_\_\_\_\_\_\_ hours of annual leave.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Authorized College/HR Signature) (Date)