



Administrative Policy Manual

Policy No: A-4

Date: 12-1-10

Approved: *Dan Martinez*

SUBJECT: CATASTROPHIC LEAVE

PURPOSE: To define employees who can contribute a portion of his/her accrued leave banks to fellow employees that have suffered a catastrophic injury or illness.

GENERAL POLICY:

Employees shall be permitted to contribute a portion of his/her own sick, vacation, floating holiday and/or administrative leave time when a fellow employee has suffered a catastrophic injury or illness. Contribution of accrued time occurs in the event that a fellow employee has exhausted his/her own accrued leave banks and is on an approved leave of absence without pay, and would like to continue benefits and accruals in a full paid status. The donation of time will not be counted against the donating employee during his/her evaluation period and for other purposes. Program participation is entirely voluntary.

PROVISIONS:

1. A catastrophic illness or injury is one which is monumental, unexpected and/or immediate in nature and which precludes the employee from working for an extended period of time.
2. Pregnancy is specifically excluded from this policy unless there are catastrophic complications, as verified by the employee's physician that preclude the employee from working for one month or more.
3. Eligibility shall be determined as follows:
 - a. For full time employees only.
 - b. The incapacitation must be the result of the employee or the employee's immediate family member's prolonged illness or injury which is estimated to last for at least thirty (30) calendar days. For purposes of this policy immediate family member is a spouse, child, parent, domestic partner, siblings, grandparent or grandchild.

- c. The employee must have exhausted all available accrued leave banks including sick, vacation, floating holidays, briefing time, comp time, administrative leave time and be facing financial hardship.
 - d. The employee must be on an approved leave of absence without pay.
4. When receiving industrial injury pay (Labor Code Section 4850 Safety personnel), employees are not eligible for catastrophic leave.
 5. When sick leave is donated, it must be in a minimum increment of 8 hours and the donating employee's sick leave bank can not drop below one hundred sixty (160) hours.
 6. All donations must be in whole hour increments and are on an hour-for-hour basis.
 7. Total donations will be limited to a maximum of sixty (60) days unless additional time is requested and authorized by the City Manager.
 8. Catastrophic leave may be used in conjunction with long term disability to make the employee "whole". However, at no time may an employee's compensation exceed 100% of his/her base salary.
 9. In no case will an employee be able to convert the donated leave to cash or be paid for any remaining balance of donated leave.
 10. Donated catastrophic leave shall be used on a continuous and uninterrupted basis until exhausted or the employee returns to full duty, or the employee separates from city service. If the employee is working a modified schedule (light duty), the employee may use the catastrophic donations to make the employee whole for purposes of benefits and accruals.
 11. All donations made to a recipient employee may be returned to employees that donated his/her accrued leave time equally, unless the recipient employee believes he/she may use in the future, for a catastrophic event.
 12. Donation leave will not be used as a method or means of extending either a date of retirement, nor industrial injury pay pursuant to Labor Code section 4850.
 13. The employee must submit a request for leave donation to the Human Resources Office. Human Resources will review and forward the request to the City Manager for approval. All donations will be maintained as confidential information.
 14. Human Resources Office will notify employees of a request for catastrophic leave.

15. Human Resources and Payroll staff will verify availability of donor time and complete the transfer of hours from the donor to the recipient employee.
16. Employees who make or cause to make any knowingly false or fraudulent material statement or material representation for the purpose of obtaining catastrophic leave benefits may be subject to disciplinary action up to and including termination.

Attachment A: Letter to recipient employee of eligibility.

Attachment B: Letter to Human Resources Office of request for catastrophic leave.

Attachment C: Memo to all city employees for catastrophic leave donations.

Attachment D: Donation form.

ATTACHMENT A

Date

Recipient Employee Name

Address

City, State Zip

Dear Employee,

We are very sorry to hear of your catastrophic illness/injury and wish you a speedy recovery.

You are eligible to receive Catastrophic Leave donations. Enclosed is a copy of our Catastrophic Leave policy. Should you wish to receive donations, please provide the following:

- A letter requesting donations (a sample letter is enclosed which you may sign and return).
- Your doctor's written verification that you or your immediate family will be off work for one month or more.

Once these items have been submitted to Human Resources, we can begin the process to request voluntary donations of leave time on your behalf. If you have any questions, please contact me at 760-391-4054.

Sincerely,

HR employee

HR title

ATTACHMENT B

Date

Human Resources Employee
Human Resources Office
City of Indio
100 Civic Center Mall
Indio, CA. 92201

Dear HR Employee:

I would like to request to receive Catastrophic Leave Benefits due to my recent catastrophic injury/illness which will cause me to be off work for one month or more.

Enclosed is my doctor's written verification and estimate of when I may be able to return to work.

Thank you,

Recipient Employee Name

ATTACHMENT C

SAMPLE



HUMAN RESOURCES OFFICE
INTER-OFFICE MEMORANDUM

TO: ALL CITY EMPLOYEES
FROM: HR STAFF MEMBER
SUBJECT: CATASTROPHIC LEAVE DONATIONS FOR EMPLOYEE
DATE:

Name of employee, title, will be off work due to a serious health condition. His/her leave banks will soon be exhausted and they would appreciate any donation of hours his/her fellow employees can provide.

If you are able to donate, a Catastrophic Leave Program Donation form is attached. Please complete and return to Human Resources. Donations must be a minimum of 8 hours. (Please note any restrictions on this form.)

If you have any questions please contact me at ext. Thank you.

ATTACHMENT D

**CITY OF INDIO
CATASTROPHIC LEAVE PROGRAM DONATION FORM**

Date: _____

Name of Donor: _____

Position: _____ Department: _____

I wish to contribute the following hours:

_____ hours from my vacation account. Any vacation hours transferred cannot be counted towards the time required for buy back purposes.

_____ hours from my comp time account.

_____ hours from my admin leave account.

_____ hours from my sick leave account – **sick leave cannot drop below 160 hours in donor's account.**

Name of recipient: _____

I understand that participation is strictly voluntary, that this donation may be returned to me and fellow donors equally. I further understand that should there be any change in the recipient's status; the donation may remain with the recipient. If my donation continues to stay with the recipient, I waive all rights to compensation for the hours that are donated.

Signature of donor: _____ Date: _____

Witness: _____ Date: _____

HUMAN RESOURCES/PAYROLL STAFF ONLY		
Bank:	HR Verification:	Payroll:
Sick		
Vacation		
Floating		
Administrative		