

CATASTROPHIC ILLNESS LEAVE PROGRAM PROCEDURES

Regular District employees may participate in the Catastrophic Illness Leave Program by donating a maximum of one day of their own accumulated sick leave balance, per academic year, to another District employee who has been diagnosed with a catastrophic illness. For the purpose of this Program, “catastrophic illness” is defined as a medically-diagnosed condition, as determined by a licensed medical practitioner, that is expected to incapacitate the employee for an extended period of time (at least 30 calendar days) and prevent the employee from performing his/her duties.

Pursuant to the Education Code 87045, an employee must exhaust all accrued paid leave credits in order to be eligible for catastrophic illness leave. Accumulated and donated sick leave, extended sick leave and long-term disability benefits are used concurrently with employee leave entitlements under the Family and Medical Leave and California Family Rights Acts. Donations of sick leave through this Program can be accepted from all regular District employee groups.

PART A: PROCEDURES FOR RECIPIENTS

Step 1: District regular permanent employees who have been medically diagnosed with a catastrophic illness and would like to participate in this Program should contact the Office of Human Resources at (Extension 6724) to obtain information pertaining to medical absence reporting, required documentation, procedures for use of regular and extended sick leave, long-term disability (salary continuance) benefits and other related matters. Staff in the Office of Human Resources will provide details concerning the Program and will be able to answer questions concerning the integration of donated leave with regular and extended sick leave, and District disability benefits.

Step 2: The potential recipient must complete the required form titled, “Catastrophic Illness Leave Request Form” in order to request participation in this Program. The request form and this information packet may be sent to you electronically. These materials are also available on the District Intranet under Human Resources, and/or can be requested from the Office of Human Resources at Extension 6724.

Step 3: Once completed and signed, the Request Form is to be submitted to the Office of Human Resources for review with collective bargaining representatives (when applicable). The completed form must be accompanied by written medical verification from the treating physician that documents the catastrophic nature of the employee’s illness and the estimated period of illness.

The completed request form and written medical verification will be reviewed by designated Human Resources and collective bargaining representatives (when applicable) to determine eligibility for participation in the Program. The requestor will then be notified of his/her eligibility for Program participation.

If it is determined that the illness does not qualify for participation in this Program, Human Resources staff will advise the requestor about use of accumulated sick leave, extended sick leave, long-term disability (salary continuance) benefits, leaves of absence and other applicable District benefits.

Step 4: The Office of Human Resources is responsible for notifying the District “community” about the “open period” for sick leave donations and the opportunity to donate sick leave to the approved requestor. The open period for accepting sick leave donations from District employees will be ten (10) working days. The start and end dates for the open period will be determined by Human Resources and clearly stated as part of the District wide notification process.

Catastrophic Illness Leave Program Procedures (continued):

Step 5: Recipients may accept a maximum of fifty (50) days of donated sick leave per academic year.

Step 6: All donated sick leave that is not exhausted on or before June 30th will automatically be carried over into the new academic year, and will become part of the recipient's new academic year sick leave beginning balance.

NOTE:

- Probationary employees who are approved for participation as Program recipients will resume their six-month probationary employment status upon return from catastrophic illness leave.
- Donated sick leave will not be counted toward attainment of regular employment status, nor will it be counted toward service credit for retirement.

PART B: PROCEDURES FOR DONORS

Step 1: Once notice of the donation "open period" has been made by the Office of Human Resources, potential donors should request this packet of information and forms through the District Portal Website in the Downloads (under Human Resources) **OR** call Human Resources directly at Extension 6724 to obtain a copy of the Program Procedures and the required "Catastrophic Illness Leave Donation Form." District employees may donate **a maximum of one day** of sick leave during the specified "donation period." A maximum of one day of sick leave may be donated to a single recipient during an academic year. Donors may, however, donate to several different employees during the same academic year, a maximum of one day per year to each person.

Step 2: Once the Donation Form is completed and signed, please submit the form to the Office of Human Resources, each donor's own sick leave balance will be reviewed. In order to donate sick leave in this Program, District employees must have an accumulated sick leave balance of more than twenty-two (22) of their own work days (or, the equivalent in hours for most employees), so that they can retain at least twenty-two (22) days of sick leave after the donation is made.

Step 3: Sick leave donations will be accepted in the order received in the Office of Human Resources. Donations that are received **AFTER** the maximum of fifty (50) days have been received for the recipient, **AND/OR** those donations that are received after the close of the open period, will be returned to the donors.

NOTE: In addition to use of regular and donated illness leave, District employees are eligible for extended sick leave (up to 50% of daily pay), and may be eligible to apply for short-term and/or long-term disability benefits (maximum of two-thirds of gross monthly pay), pursuant to criteria specific to both programs and collective bargaining agreements. For details concerning District leave policies, please contact staff in the Office of Human Resources at Extension 6724.

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CATASTROPHIC ILLNESS LEAVE PARTICIPATION REQUEST FORM

NOTE TO REQUESTOR: Please read the Program Procedures carefully prior to completing and submitting this request form. Human Resources staff is available to assist you with Program details and information that you will need concerning District illness leaves and other related benefits, such as extended sick leave and long-term disability coverage. Forward this completed and signed form to the Office of Human Resources.

PART I: To be completed by the employee (requestor)

Print Your Name:	
ID#:	
Job Title:	
Division / Dept.:	
Location: (College or District Office)	
Office Tel. Ext.:	
Home address: City, State, Zip code:	
Home E-mail:	
Home Telephone:	

Attached is the required written medical verification from my treating physician that includes the projected dates of my illness. I am approved for participation in the Catastrophic Illness Leave Program, I understand that the Office of Human Resources will notify District employees and invite their donations of illness leave.

Requestor Signature: _____ Date: _____

PART II: To be completed by the Office of Human Resources ONLY

Request is: Approved Denied. Donation open period: _____ to _____

Comments: _____

Authorized HR Signature: _____ Date: _____

CATASTROPHIC ILLNESS LEAVE DONATION FORM

NOTE TO DONORS: Please read the Program procedures carefully before completing and submitting this sick leave donation form. Forward this completed and signed form to the Office of Human Resources during the open period, **OR** until the recipient receives the program maximum of fifty (50) days, whichever occurs first. Donation forms received after the close of this period will be returned.

Print Your Name:	
ID#:	
Job Title:	
Division / Dept.:	
Location (College or District Office):	
Telephone Ext.:	
E-Mail Address:	

Print Name of Employee Recipient: _____

I have read the Catastrophic Illness Leave Program Procedures. I understand that I am donating **one (1) day** of my own accumulated sick leave during this academic year to the employee named above, and that my donation will become part of this employee's regular sick leave balance, whether the donated time is actually used or not. I further understand that this donation is permanent.

Donor's Signature Require: _____ **Date:** _____

To be completed by the Office of Human Resources ONLY

Donor's sick leave balance prior to making this donation: _____ hrs / _____ days

Donor ___ is eligible (approved) to donate sick leave _____ is not eligible (not approved) to donate.

Comments: _____

Approved donor's remaining sick leave balance after the donation: _____ hrs / _____ days

Authorized HR Signature: _____ **Date:** _____