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CATASTROPHIC LEAVE POLICY

1. STATEMENT OF PURPOSE

The purpose of this policy is to provide a method for employees to assist fellow employees who have exhausted their paid leave time due to a catastrophic illness or injury. It is not the intent of this policy for any employee to enrich themselves, but to aid only those individuals or their immediate family who are truly in need of financial assistance.

A. Definition of Eligible Employee

To be eligible, the employee must meet all of the following criteria:

1. Have successfully completed first probationary period, with the exception of Deputy Sheriff's, who must have completed six months of employment in a paid status.
2. Must be on an approved leave of absence.
3. Have exhausted all paid leave balances.
4. Must not be receiving compensation from Workers' Compensation, Disability Insurance, or Social Security.
5. Be disabled due to verifiable, catastrophic injury or illness.

B. Definition of Catastrophic Illness or Injury

Catastrophic illness or injury is an illness or injury which is expected to incapacitate the employee for an extended period of time and which creates a financial hardship because the employee has exhausted all of his/her accumulated leave. Catastrophic illness or injury is further defined as a debilitating illness or injury of an immediate family member that results in the employee being required to take time off from work for an extended period to care for the family member, when this creates a financial hardship because the employee has exhausted all of his/her accumulated leave. Immediate family shall mean son or daughter including variation of step or foster, spouse, parents, grandparents, brother or sister of the employee, or corresponding relative by affinity.

C. Plan Administrator

The Risk Manager shall be responsible for the following administrative duties:

1. Review catastrophic leave applications for satisfaction of all eligibility requirements.
2. Receive, evaluate, approve or deny all requests to donate leave hours, and forward all approved requests to the Auditor-Controller.
3. Maintain the confidentiality of employees donating hours.
4. Monitor the number of hours donated to recipient to ensure that accrued hours do not exceed 480, and to process any pending requests to donate hours when the accrual balance reaches 160 hours (refer to E6).
5. Coordinate with the County Auditor-Controller during the application review process, upon approval of applications, and to facilitate the transfer of leave time.
6. Investigate any allegations of pressure or coercion relating to the donation of leave time.
7. Forward all appeals resulting from denial of applications, to the County Administrator, whose decision shall be final.

The Auditor-Controller will: Provide information to the Risk Manager on leave balances and other relevant payroll matters; process all approved requests to donate leave hours; maintain the confidentiality of persons donating hours.

D. Requesting and processing catastrophic leave applications

1. Employees wishing to participate in the catastrophic leave program must complete a Catastrophic leave Application and submit it to the County Risk Manager.
2. Employees applying for catastrophic leave must be willing to provide additional information and/or a physician's statement upon request of the Risk Manager. Failure to provide this information may result in a denial of the leave application.
3. All information regarding the leave application will be kept confidential and the employee will be contacted by Risk Management when a determination has been made regarding the application.
4. Any application which is denied may be appealed to the County Administrator. The County Administrator's decision shall be final.
5. With the employees permission, a notice of eligibility will be forwarded to the employee's department when the leave application is approved. The notice will identify the eligible employee and direct any interested employees to complete a Leave Transfer Request.

E. Conditions and Procedures for Transferring Donated Leave Hours

1. Employees wishing to donate accrued leave hours to a specific employee must submit a completed Leave Transfer Request to the Risk Manager.
2. Employees may donate vacation hours only.
3. The minimum donation is 8 hours.

4. Donors must maintain a minimum vacation accrual balance of 80 hours after donation.
5. The transfer of leave hours is irreversible. Should the person receiving the transfer not use all transferred leave for the catastrophic illness/injury, any balance will remain with that person.
6. When the recipient has accumulated a donated leave balance of 480 hours, the Risk Manager will place any additional leave transfer requests in suspense. When the recipient's leave balance reaches 160 hours, and there is evidence of the need for continued donations, the Risk Manager will process pending transfer requests.
7. Leave transferred in accordance with this policy will not be considered wages for the employee who surrenders the leave and will therefore not be included in gross income or subject to withholding.
8. Transferred leave shall be changed to its cash value and then credited to the recipient in equivalent hours (at the recipient's base hourly rate) of annual leave and vacation.

CATASTROPHIC LEAVE APPLICATION

I hereby request Catastrophic Leave for the following reasons: _____

I have read the County's Catastrophic Leave Policy and believe I meet all the eligibility requirements.

I understand that it may be necessary to provide a physician's statement to verify the injury/illness.

All of my paid leave balances will be exhausted on: _____

I am not receiving any compensation from Workers' Compensation, Disability Insurance, or Social Security If this application is approved: (check one)

- I will solicit donations for leave on my own and want this application kept confidential.
- I authorize the Risk Manager to release only my name to other county employees in a notice of eligibility.

Print Name: _____

Personnel # _____ Department: _____

Signature Date: _____



Application () Approved

Application () Denied – Reason: _____

Risk Manager's Signature _____ Date _____