



ADMINISTRATIVE POLICY

Number: II-14
Issued: 12/09/04
Jurisdiction: City Council

CATASTROPHIC ILLNESS LEAVE DONATION PROGRAM

I. PURPOSE

To afford City of Capitola employees (donors) the opportunity to assist fellow employees (recipients) who have experienced personal and/or family catastrophic illness or injury which may result in the loss of income.

II. APPLICABILITY

This Policy applies to all regular full-time and part-time (who are not on initial probation) City employees.

III. CRITERIA FOR DONATING AND RECEIVING LEAVE DONATIONS

1. Employee Receiving Donated Leave:

An employee is eligible to receive donated leave under the following conditions:

- a. Employee must be a regular full or part time employee;
- b. Employee must have exhausted all paid leave balances;
- c. Employee must have a catastrophic illness as defined in Section VI, (may also be sustained by a family member as defined in the MOU);
- d. Employee must be prevented from returning to work for at least 30 calendar days and be eligible for long-term or short term disability benefits or family leave;
- e. Safety employees (police) are excluded from the catastrophic leave provision while on industrial injury leave.

2. Employee(s) Donating Leave

An employee is eligible to donate accrued sick, vacation, administrative, personal holiday or compensatory leave under the following conditions:

- a. Employee must be a regular full or part time employee;
- b. Employee must retain a minimum combined balance of 80 hours of which 40 hours must be sick leave after donating;
- c. When donating Personal Holiday, the maximum is 24 hours per calendar year;
- d. Employee must donate a minimum of four (4) hours.

IV. CONDITIONS

- a. Participation by both donating or receiving employee shall be voluntary;
- b. Leave may be donated only when this is a catastrophic illness as defined in Section VI;
- c. Donated leave shall be converted on an hour for hour basis. Donated leave time shall be subject to the recipients normal payroll deductions and will be subject to all taxes required by law;
- d. Once the leave is donated and posted to the receiving employee, the employee donating such leave shall irrevocably lose all rights and privileges to the leave hours donated;
- e. There is no maximum of catastrophic leave available for an individual to receive. As long as an individual is eligible, donations may be made.
- f. Catastrophic leave may not be used to extend a date of retirement.

V. PROCEDURES

a. Catastrophically Ill Employee:

1. Contacts supervisor or department head and obtains the Employee Request for Donation of Leave form;
2. Meets general eligibility requirements;
3. Provides documentation of medical diagnosis from qualified health provider;
4. Submits the Employee Request for Donation of Leave form to supervisor.

b. Supervisor:

1. Reviews and submits Employee Request for Donation of Leave form to City Manager for approval;
2. Submits Employee Form to Executive Assistant to the City Manager (EACM);
3. Announces need for donations to all employees. No confidential medical information shall be included in any announcements.

c. City Manager

5. Authorizes Catastrophically Ill employee's request form and returns to Supervisor.

d. Donating Employee

6. Complete and sign authorization form to transfer donated time.

e. Executive Assistant to the City Manager

1. Collects employees donation forms
2. Verifies donor accrual hours with the Payroll Division
3. Approves the Donations
4. Notifies the Payroll Division

5. Notifies the recipient of hours

f. Payroll

1. Credits the recipient each pay period with the donations;
2. Debits the donor employee

VI. DEFINITION OF TERMS

“Catastrophic illness or injury” is defined as a severe illness or injury which is expected to incapacitate the employee for an extended period of time and which creates a financial hardship because the City employee has exhausted all accumulated leave. Catastrophic illness or injury for these purposes is further defined as debilitating illness or injury of an immediate family member as defined in the MOU which was of (pltd in the employee being required to take time) Tj 0 -13.5 T

REQUEST FOR CATESTROPHIC LEAVE DONATION FORM

A. REQUESTING EMPLOYEE (RECIPEINT)

I am requesting donations of time from fellow employees because I have exhausted (or will very soon exhaust) all earned leave credits, including but not limited to sick leave, compensatory leave, holiday credits, vacation, and administrative leave, and am therefore facing financial hardship. I am absent from work due to injury or the prolonged illness of myself or my immediate family (as defined in current MOU). If I am a sworn employee, my injury is not an industrial injury. **ATTACH LEAVE ACCRUAL BALANCE SHEET.**

Employee's Signature

Print Employee's name

Employee's Department

B. DEPARTMENT HEAD & CITY MANAGER APPROVAL OF RECIPIENTS REQUEST

I approve the request for Donated Leave. The employee requesting the time is absent for a valid reason and it meets the requirements of the City policy.

Department Head

City Manager

C. EXECUTIVE ASSISTANT TO THE CITY MANAGER

The Personnel Department verifies with the Payroll Department that the Recipient Employee meets the eligibility requirements of this policy. Authorization is given to the Finance Dept. to make the any future transfers.

Executive Assistant to the City Manager

D. FINANCE DEPARTMENT

Finance Department: Upon receiving any donations from employees, transfer the appropriate hours from and to the respective employees per this request. (Make a copy of this form and provide it to requesting employee.)

Transfers occurred Pay Period Beginning: _____

