

# MADERA UNIFIED SCHOOL DISTRICT

## Human Resources Department

### Standard Operating Procedure

#### CATASTROPHIC LEAVE PROGRAM GUIDELINES

The purpose of the *Catastrophic Leave Program* is to permit employees of the district to donate eligible leave credits to an employee when that employee or a member of his or her family suffers from a catastrophic illness or injury pursuant to Education Code 44043.5 and Board Policy 4261.9 and Administrative Regulation 4161.9.

##### Definition

“Catastrophic illness” or “injury” means an illness or injury that is expected to incapacitate the employee for an extended period of time, or that incapacitates a member of the employee’s family which incapacity requires the employee to take time off from work for an extended period of time to care for that family member, and taking extended time off work creates a financial hardship for the employee because he or she has exhausted all of his or her sick leave and other paid time off. (EC 44043.5)

##### Eligibility Requirements for Catastrophic Leave

- When an employee or the employee’s family member is suffering from a catastrophic illness or injury that is expected to incapacitate him or her for an extend period of time.
- When an employee has submitted medical certification to HR verifying a catastrophic illness/injury and is unable to work.
- When an employee has exhausted all accrued paid time off.
- When the extended time off creates a financial hardship.

##### Requesting Catastrophic Leave

An employee who wishes to participate in the catastrophic leave program must submit a completed *Catastrophic Leave Application* (attachment A) and submit to the Human Resources Manager.

The Human Resources Manager will determine the employee’s eligibility to participate in the program and will provide notice to the employee if the request has been granted or denied.

Upon approval of the catastrophic leave request, the employee must first seek donations from their school site or department. If there is a need for additional donation hours, the employee may reach out to their respective union representative who will make an announcement district wide.

The employee who is the recipient of the donated leave credits shall use those credits within 12 consecutive months. If leave credits are not used within 12 consecutive months, the credits shall be returned to the donor.

### Donating Catastrophic Leave

Employees may voluntarily donate leave credits to a requesting employee (recipient) whose been approved by Human Resources to participate in the *Catastrophic Leave Program*.

Employees who wish to donate leave credits shall submit a complete Catastrophic Leave Donation form (attachment B) to the Human Resources Manager. A copy of your donation form will be returned to you indicating if the donation has been approved or denied.

Employees may donate accrued vacation and/or sick leave credits. Donations must be made in a minimum of eight (8) hours and hourly increments thereafter. All transfers of leave credit shall be irrevocable.

All donations are confidential.

HRam:7/1/19

# MADERA UNIFIED SCHOOL DISTRICT

## HUMAN RESOURCES DEPARTMENT

### CATASTROPHIC LEAVE APPLICATION

EMPLOYEE NAME: \_\_\_\_\_

SSN# XXX-XX-\_\_\_\_\_

JOB TITLE: \_\_\_\_\_

SITE/DEPT: \_\_\_\_\_

I hereby request to participate in the Madera Unified School District's **Catastrophic Leave Program**, which allows me to receive sick leave donations from employees while on a catastrophic leave of absence pursuant to Education Code 44043.5 and Board Policy 4161.9.

I understand that in order to be eligible to receive catastrophic leave donations, I must satisfy the following:

- Employee or the employee's family member is suffering from a catastrophic illness or injury that is expected to incapacitate him or her for an extend period of time.
- Be on an approved leave of absence for an extended period of time under FMLA/CFRA.
- Have submitted medical certification to the Human Resources Department.
- Have exhausted all accrued paid time off.
- Extended time off will create a financial hardship for myself.

I certify that I have met the eligibility requirements listed above and request approval to receive donations.

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

=====

[To be completed by Human Resources](#)

☐

Qualifies

☐

Does not Qualify for the following reason: \_\_\_\_\_

\_\_\_\_\_  
Human Resources Authorized Signature\_\_\_\_\_  
Date

Original: HR

Copy: Employee

**MADERA UNIFIED SCHOOL DISTRICT****Human Resources Department****CATASTROPHIC LEAVE DONATION FORM**

I hereby request to donate \_\_\_\_\_ hours to the following employee for purposes of Catastrophic Leave pursuant to Ed Code 44043.5 and Board Policy 4161.9(a).

Recipient Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Work Site: \_\_\_\_\_

Reason: \_\_\_\_\_

Donor Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Donor SSN: XXX-XX-\_\_\_\_\_

Work Site: \_\_\_\_\_

I authorize my donation to be deducted from

☐ Sick Leave

☐ Vacation

[Donor Acknowledgement](#)

- I understand that the employee must be deemed eligible by Human Resources to accept Catastrophic Leave Donations.
- I understand my donation is irrevocable.
- I understand donations shall be at a minimum of eight (8) hours and in hour increments thereafter.
- I understand I may not reduce my own accrued balance to fewer than ten (10) days.
- I understand if my own leave balance is less than ten (10) days, I may not donate.

*I certify that I have read the above and understand the terms of the Catastrophic Leave Program.*

\_\_\_\_\_  
Donor Signature

\_\_\_\_\_  
Date

=====

[To be completed by Human Resources](#)

☐

Donation Approved

☐

Donation Denied for the following reason: \_\_\_\_\_

\_\_\_\_\_  
Human Resources Authorized Signature

\_\_\_\_\_  
Date