

## **CATASTROPHIC LEAVE**

ADMINISTRATIVE RULE NUMBER: C002

LAST APPROVED: March 2018

RELATED TO POLICY SERIES NUMBER: 312

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### **SICK LEAVE TRANSFER**

- A. Employees may donate a yearly maximum of 40 hours of their accrued sick leave credits to assist another employee who has depleted all available leave. The employee donating must retain a minimum of 80 hours of sick leave, which may not be donated.
- B. An employee may receive a yearly maximum of 160 hours of donated sick leave credits. This will assist an employee in getting through a difficult illness or family health issue.
- C. Employees are eligible to receive donated credits if:
  - a. They are eligible to receive sick leave;
  - b. They are not eligible for Worker's Compensation;
  - c. They are not eligible for LTD;
  - d. They have exhausted all of their sick leave, personal leave days and vacation days;
- D. Sick leave credits may be used for serious illness or injury for the employee member or employee's family member as defined in Board policy 312.4. Employees requesting leave must provide documentation from a health care provider to be considered eligible for the sick leave transfer. Eligibility for the sick leave transfer shall be verified by the Director of Human Resources and approved by the President.
- E. Employees may make sick leave credit donations in four (4)-hour increments up to a maximum of 40 hours per year. If the Director of Human Resources is delayed in verifying eligibility, donated sick leave credits may be used by the recipient on a retroactive basis beginning the day after sick leave credits, personal days, and vacation days are exhausted.
- F. Employees wishing to request or donate sick leave credits should contact the Director of Human Resources. The sick leave account will be maintained by the Payroll Department.

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**CATASTROPHIC LEAVE  
DONOR REQUEST FORM**

Complete and return to Carl Chambers, Director of Human Resources

Employee Name \_\_\_\_\_

Date: \_\_\_\_\_

Please print

Social Security # \_\_\_\_\_

Please donate \_\_\_\_\_ hours to (insert name of employee you are donating to here) \_\_\_\_\_ from my sick leave accrual.

I understand that I may donate up to 40 hours per fiscal year, in 4 hour increments, from my sick leave accrual account. My sick leave account must have a minimum balance of 80 hours after the transfer of sick leave hours.

I further acknowledge that once donated, these sick leave hours are gone and I cannot have them back. Anyone who is eligible and whose request is approved by the President, will be able to use the sick leave hours I am donating.

Employee Signature: \_\_\_\_\_

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**CATASTROPHIC LEAVE  
RECIPIENT REQUEST FORM**

Complete and return to Carl Chambers, Director of Human Resources

Employee Name \_\_\_\_\_

Date: \_\_\_\_\_

Please print

Social Security # \_\_\_\_\_

Employee members must provide documentation from a health care provider to be considered eligible to receive hours through the sick leave transfer.

Employee Signature: \_\_\_\_\_