



## Catastrophic Medical Emergency Leave Sharing Plan

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### **Purpose:**

Catastrophic Medical Emergency Leave permits salary and benefit continuation for regular full-time, or full-time equivalent, employees who have exhausted all paid leave because of their own serious injury or illness, or the need to care for an immediate family member who is seriously injured or ill.

The City's Catastrophic Medical Emergency Leave Sharing Plan provides a means for regular full-time, or full-time equivalent, employees to voluntarily donate accrued sick leave to other fellow employees who are experiencing a non-industrial medical emergency/injury, are unable to work, and have exhausted their own bank(s) of accrued leave(s).

Catastrophic Medical Emergency Leave is not designed to provide coverage for those illnesses or injuries that would normally be covered by an individual employee's leave accruals, the City's Workers' compensation or long-term disability programs.

### **Relation to Memorandums of Understanding:**

This Administrative Policy on sick leave sharing and transfer controls over any and all memoranda of understanding provisions with respect to the same.

### **Definitions:**

*Catastrophic Medical Emergency Leave* – A leave of absence related to a serious health related condition of an employee (or immediate family member) who has exhausted all of their own paid leave through bona fide serious illness or accident.

*Serious Illness or Injury* – An extreme or life-threatening debilitating illness or injury of self or an immediate family member that will require an extended absence of the employee from duty and will result in a substantial loss of income to the employee due to the exhaustion of all eligible leave balances. The illness or injury and the need to be off work must be supported by a written communication from the health care provider of the employee or the health care provider of the immediate family member.

*Immediate Family Member* shall be defined as spouse, domestic partner, children, parents, siblings, grandparents, grandchildren, or other individuals whose relationship to the employee is that of a dependent and any other immediate family member as defined by law.

**Procedure:**

The City has created a Catastrophic Medical Emergency Leave Sharing Plan by which employees can deposit donated accrued sick leave, and from which leave hours will be distributed to recipients who are eligible for Catastrophic Medical Emergency Leave. Participation in this program is completely voluntary. Employees can donate hours to the Catastrophic Medical Emergency Leave Sharing Plan, and/or request Catastrophic Medical Emergency Leave under the following circumstances:

**Employees Eligible to Receive Donations:**

1. The receiving employee must be a regular full-time, or full-time equivalent, employee who has passed his/her initial probation period.
2. The receiving employee must have zero (0) hours of accrued leaves available, however; the request may be initiated prior to the anticipated date leave balances will be exhausted.
3. The receiving employee is experiencing a medical emergency which is expected to last at least two weeks.
4. The receiving employee has requested to participate in the Catastrophic Medical Emergency Leave Sharing Plan in order to continue in paid status. To participate in the Catastrophic Medical Emergency Leave Sharing Plan, the receiving employee must submit a Catastrophic Medical Emergency Leave Request Form to the Human Resources Department.
5. The receiving employee must submit a written certification from a health care provider regarding the medical emergency, the date the medical emergency, illness or injury began, and the anticipated return date. The written certification should not include medical diagnosis or medical condition.
6. An employee will be eligible for Catastrophic Medical Emergency Leave only after their request has been approved.
7. The Human Resources Director will review the request and make the determination to either grant or deny the request. The Human Resources Director's determination of the employee's eligibility for Catastrophic Medical Emergency Leave can be appealed to the City Manager. The City Manager's determination of the request shall be final and not subject to the grievance procedure.

**Employees Eligible to Donate:**

1. The donating employee must be a regular full-time, or full-time equivalent, employee who has passed his/her initial probationary period. Employees who are currently on approved leave of absence cannot donate sick leave.

2. Employees who apply to donate sick leave to the Catastrophic Medical Emergency Leave Sharing Plan must submit a Catastrophic Medical Emergency Leave Donor Authorization Form to the Human Resources Department.
3. The donating employee may donate sick leave hours only, which shall be converted to recipient employee's sick leave balance, from the Catastrophic Medical Emergency Leave Sharing Bank, and all sick leave provisions will apply. Time donated in any pay period may be used in subsequent pay periods. No retroactive donations will be permitted.
4. Employees may donate a maximum of 50% of their sick leave at the time of donation so long as they maintain a minimum of 80 hours in their sick leave bank. For example, an employee with 160 hours of sick leave time may donate a maximum of 80 hours as that meets the 50% of leave donation maximum and leaves 80 hours in the employee's sick leave bank. An employee with 100 hours in their sick leave bank may only donate a maximum of 20 hours of sick leave to ensure a minimum of 80 hours in their sick leave bank. The minimum number of hours that can be donated is 10 hours. Employees cannot borrow against future sick leave to donate.
5. Employees will be given the opportunity to donate sick leave at least twice each year: on or about June 1 and December 1. Human Resources may announce other opportunities for donation on an as needed basis. Donated sick leave will be transferred from the donor to the leave pool the pay period following June 1, December 1 or the announced donation window(s).
6. All donations will be processed anonymously and confidentially.

**Donations to the Catastrophic Medical Emergency Leave Sharing Plan:**

1. The City will transfer the requested time from the donating employees to a Catastrophic Medical Emergency Leave Sharing Bank. Leave will not be distributed on a hour donated per hour taken basis. Donated hours will be converted into dollars based on the donor's base hourly rate and placed in the Catastrophic Medical Emergency Leave Sharing Bank. Then, when leave is requested, banked dollars will be converted into hours based on the base hourly rate of the employee receiving the donated leave.
2. All donations are irrevocable and will not be returned to the donating employees.
3. Recipient identity will not be disclosed to donating employees.
4. This policy shall not be interpreted or implemented to extend any employee's paid leave status beyond 120 days away from work.
5. The employee receiving the donation will be on paid status and shall accrue vacation, sick leave, floating holiday, or administrative leave while on catastrophic leave.

7. All transfers of donated hours will occur in a lump sum. Hours will be deducted from the donor's accrual banks on that payroll period that follows June 1, December 1, or the announced donation window(s).
6. Used donated sick time shall be subject to the recipient's normal payroll deductions. The donor is not taxed on their donated sick leave when donating to a Catastrophic Medical Emergency Leave Sharing Bank.
7. Catastrophic Medical Emergency Leave may not be used in conjunction with disability benefits or workers' compensation.
8. Recipient employees who are able to work but are working less than their regular schedule will integrate catastrophic leave donations with time worked and their own paid leaves, which must be used first.
9. At no time may an employee's salary exceed 100 percent of their normal gross salary rate while receiving Catastrophic Medical Emergency Leave pay.
10. Employees may not transfer sick leave upon separation of City employment.

Nothing in this policy shall be construed to modify the employment relationship between the City and the receiving employee, or to restrict the City's management rights. Neither shall this policy modify existing City rules, policies or agreements regarding accrual of paid leave, or the granting of unpaid leave of absence.

*If this policy conflicts with current statutory or case law, the law prevails.*



## CITY OF PETALUMA Catastrophic Medical Emergency Leave Request Form

### To Be Completed by Employee

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Employee Name	Employee Number	Classification
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Estimate of Current Leave Balance	Request Type (Select One: Initial Request or Modification)
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#### EMPLOYEE STATEMENT

- I, or an immediate family member, have suffered a catastrophic illness or injury, and request assistance from the Catastrophic Leave Bank.
- I have attached a written certification by a health care provider to this request.
- My last day of work was or will be: \_\_\_\_\_.
- I anticipate returning to work on: \_\_\_\_\_.
- I agree to notify Human Resources immediately of any changes to my circumstances or condition which may affect my entitlement to Catastrophic Medical Emergency Leave.

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Employee Signature	Date
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### To Be Completed by Department Director

I acknowledge receipt of this request, and approve the request as indicated above.

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Director (or Designee) Signature	Printed Name	Date
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### To Be Completed by Human Resources

APPROVED     DENIED    Total Hours Approved: \_\_\_\_\_

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Effective Date or Pay Period	End Date or Pay Period
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Human Resources Signature	Printed Name	Date
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**CITY OF PETALUMA**  
**Catastrophic Medical Emergency Leave**  
**Donor Authorization Form**

For a detailed description regarding the rules governing Catastrophic Medical Emergency Leave Sharing, please refer to the Catastrophic Medical Emergency Leave Sharing Plan Policy or contact Human Resources.

*To be completed by Employee wishing to donate hours*

**I. Donating Employee**

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

\_\_\_\_\_  
Employee Number

\_\_\_\_\_  
Classification

\_\_\_\_\_  
MOU/Comp Plan Number

You must donate a minimum of 10 hours per donation and must retain a minimum balance of 80 hours of sick leave per the Policy. Please specify the number of hours you are donating:

Number of Sick Leave Hours: \_\_\_\_\_

**My signature below constitutes my authorization to deduct the above hours from my payroll account and credit them as designated:**

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

\_\_\_\_\_  
Date

*To be completed by Human Resources*

**II. Paid Leave Transfer Approval**

Total Hours Authorized for Transfer:

\_\_\_\_\_  
Sick Leave Hours

\_\_\_\_\_  
Pay Period Date

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date