



## CITY OF SAN RAFAEL POLICIES AND PROCEDURES

Subject:	Catastrophic Leave
Resolution No.	N/A
Issue Date:	February 20, 2007
Revision Date:	April 2008
Prepared By	Leslie Loomis, Human Resources Director
Approved By:	Ken Nordhoff, City Manager

### CATASTROPHIC LEAVE POLICY

**PURPOSE:**

The purpose of this policy is to establish a uniform practice for administering catastrophic leave for employees of the City of San Rafael. The purpose of such leave is to permit employees to contribute a portion of their accrued vacation, sick leave, floating holiday, compensatory time, and/or administrative leave, regardless of the bargaining units involved, when such employee has suffered a catastrophic injury or illness or has a member of their family suffer from a serious illness or injury.

**RESPONSIBILITY:**

All City Departments, Divisions, and City Officials

**REFERENCES:**

1. City of San Rafael, Personnel Rules and Regulations, Section 13.5, "Leave of Absence without Pay."
2. City of San Rafael, Family Care and Medical Leave Policy
3. City of San Rafael, Pregnancy Disability Leave Policy

**DEFINITIONS:**

For the purpose of this leave program, "CATASTROPHIC" shall be interpreted to include an illness or event which is monumental, unusual, unexpected, immediate in nature, and which is expected to preclude the employee from returning to work for an extended period of time.

**POLICY:**

It is the policy of the City of San Rafael to permit employees to contribute a portion of their accrued leave credit to another employee when such employee is on an *approved leave of absence* due to a verifiable illness or injury (personal or family leave).

This policy and the procedures detailed herein apply to all regular budgeted employees who have completed one year in paid status dependent upon hours as defined for each bargaining unit work.

- A. Participation in this plan is voluntary.
- B. Eligibility shall be determined as follows:

## **Catastrophic Leave Policy**

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1. The incapacitation must be the result of the employee's or the employee's immediate family member who has a serious illness or injury, which is estimated to last for at least thirty (30) calendar days, and who meets the eligibility as defined in the Family and Medical Care Leave Policy.
  2. The employee must have exhausted all available paid leave balances, including, but not limited to, sick leave, vacation leave, administrative leave, floating holiday leave, or compensatory time off, and is, therefore, facing financial hardship.
  3. The employee must be on an approved leave of absence without pay.
- C. A maximum of six month's worth of catastrophic leave may be available for an individual based on the 12 month period immediately preceding the commencement of this leave.
- D. Once donated leave is transferred, the hours will be used as a supplement to the recipient's accrual, however the employee shall not accrue any vacation, sick leave, floating holiday, or administrative leave while on catastrophic leave.
- E. All transfers shall be in whole hour increments and shall first be taken from the employee's home department and then from employees citywide. Donations shall be on an hour-for-hour basis, regardless of the pay rates of the donor and recipient. The donating employee must have a vacation balance of at least 40 hours remaining after the donation of vacation leave. The donating employee may not donate more than one-half of their accrued sick leave and must maintain a balance of at least 80 hours of accrued sick leave after the donation. Employees may donate all of their administrative leave or floating holiday.
- F. All transfers of donated hours will occur in installments that coincide with payroll dates. Hours will not be deducted from the donor's accrual banks until such time as they are needed. Hours transferred to the recipient will be on a first in, first out basis.
- G. An employee may not receive donations from a subordinate employee where a direct supervisor/subordinate relationship exists. Any exception to this provision must be approved by the City Manager or his/her designee.
- H. Safety employees (Labor Code 4850) are excluded from the catastrophic leave provision while on industrial injury leave, since these employees are on paid status. If at the end of the 4850 time, the employee is still recovering and placed on a regular leave of absence, that employee could apply for catastrophic leave.
- I. All donated hours must be used on a continuous and uninterrupted basis and will be paid at the rate of pay and normal work schedule of the recipient until the earliest of the following events occurs:
1. All donated leave is exhausted; or
  2. The employee returns to work at his/her normal work schedule or modified work schedule if there is an industrial injury or illness involved (non-safety); or
  3. The six (6) months of catastrophic leave (leave of absence) is exhausted; or
  4. The employee separates from employment with the City.

**Catastrophic Leave Policy**

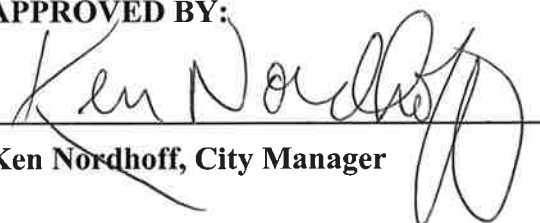
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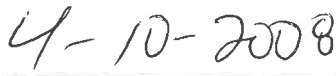
- J. Used donated leave time shall be subject to the recipient's normal payroll deductions.
- K. Catastrophic leave may not be used in conjunction with disability benefits or Workers' Compensation.
- L. At no time may an employee's salary exceed 100 percent of base pay.
- M. Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining catastrophic leave benefits may be subject to disciplinary action up to and including termination.
- N. Transfers are subject to approval by the City Manager or his/her designee and shall be based upon a determination that the requested transfer is in accordance with this policy. The City Manager's decision is not subject to the grievance procedure.

**PROCEDURE:**

- A. The Department Head (or designee) or employee should first contact Human Resources to ensure that the catastrophic leave requirements are met. Human Resources will prepare a generalized statement of the employee's need that will be distributed to City employees. Hours will first be deducted from the employee's department.
- B. Donations may be made by the donating employee on a City provided donation form (Attachment 1) and forwarded to Human Resources. The recipient will acknowledge acceptance of the provisions of this policy by completing the recipient form (Attachment 2). Distribution and collection of donation forms must be done in a way to ensure confidentiality for both the donors and the recipient.
- C. Human Resources will do the following: 1) verify that the employee is on an approved leave of absence; 2) verify that each donor has enough time to cover the donation as of a designated pay period; 3) determine the number of hours to be credited to the recipient's leave account; 4) determine the appropriate payroll period to forward the donation forms to payroll; and 5) verify that the donor has appropriately completed and signed the donation form. Human Resources will be responsible for forwarding the information to Finance.
- D. Human Resources will deduct donated leave hours from the donor's designated leave accrual bank when needed for each pay period and add the appropriate number of hours to the recipient's catastrophic leave. In no event shall the donor have hours deducted before they are required by the recipient and in no event shall the recipient have a surplus in their leave bank.

**APPROVED BY:**

  
\_\_\_\_\_  
Ken Nordhoff, City Manager

  
\_\_\_\_\_  
Date



**CATASTROPHIC LEAVE POLICY  
RECIPIENT ACKNOWLEDGEMENT FORM**

I understand that I am responsible for reading, understanding and complying with this Policy and the requirements of the catastrophic leave program. By accepting a leave donation from coworkers, I acknowledge that I will not receive disability benefits and will not accrue vacation or sick leave while on catastrophic leave.

**Recipient's Name:** \_\_\_\_\_  
(Printed name - Last, First and Middle Initial)

**Recipient's Signature:** \_\_\_\_\_

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



**CATASTROPHIC LEAVE POLICY  
DONATION FORM**

**TO:** Human Resources

**FROM:** \_\_\_\_\_  
(Print Name - Last, First, Middle Initial)

I wish to contribute the following hours (all donations must be in one-hour increments) to the employee named below as part of the City's catastrophic leave program. I understand that my leave donation will not be deducted until such time as the employee needs hours to cover a payroll reporting period.

**DONATION FOR:** \_\_\_\_\_  
(Print Name - Last, First, Middle Initial)

- \_\_\_\_\_ Vacation leave
- \_\_\_\_\_ Floating holiday
- \_\_\_\_\_ Administrative leave
- \_\_\_\_\_ Compensatory time off earned
- \_\_\_\_\_ Sick leave

My leave donation is made using the parameters identified in the City's Catastrophic Leave Policy.

I understand that this donation is irrevocable once applied to the recipient's catastrophic leave for any given payroll period.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date