

CATASTROPHIC LEAVE DONATIONS

- AUTHORITY:** Personnel and Salary Resolution
Various Memoranda of Understanding
County of Orange Catastrophic Leave Procedures
- RESCINDS:** Procedure Manual Item 1-3-007, dated 06/30/11
- FORMS:**
- | | |
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| County of Orange Employee's Catastrophic Leave Request Form for Serious Medical Conditions | (Attachment) |
| County of Orange Employee's Catastrophic Leave Request Form for Other Serious Circumstances | (Attachment) |
| County of Orange Catastrophic Leave Donation for Serious Medical Conditions of Employee or Employee's Family Member | (Attachment) |
| County of Orange Catastrophic Leave Donation for Other Serious Circumstances | (Attachment) |
- PURPOSE:** To provide a method by which employees may donate balances to eligible employees who face an extended leave without pay due to a catastrophic medical condition or other serious circumstance.

I. GENERAL INFORMATION

- A. To be eligible to receive Catastrophic Leave Donations an employee must:
1. Exhaust all accrued annual leave, sick leave, vacation, PIP, and compensatory time.
 2. Have a catastrophic medical condition or other serious circumstance, which will require the employee to be on unpaid leave for **fourteen (14)** days or more.
 3. Employees who receive donations under this procedure and exhaust all donated time, may request an additional donation period, subject to the above conditions.
- B. Catastrophic Leave Donations are subject to the following conditions:
1. Employees shall be provided a two-week period to submit their donations; donations received after the submission period shall not be processed.
 2. All donations are voluntary.
 3. Employees may donate vacation, compensatory, PIP, or annual leave; sick leave may not be donated.
 4. Donations must be a minimum of two (2) hours, but cannot exceed twenty-four (24) hours; all donations must be made in whole-hour increments.

5. All donations are irrevocable.
6. Donations will be transferred on a straight hour-to-hour basis.

II. PROCEDURE

A. To apply for Catastrophic Leave Donations:

1. The employee (or designee) must complete the applicable request form and submit it to **Human Resource Services (HRS)**.
2. For a catastrophic leave request for medical reasons, attach a statement from the attending physician (on letterhead) to the request form, which includes:
 - a. The employee's need for an extended medical leave,
 - b. The nature of the illness or injury, and
 - c. The estimated period the employee will be off work, **i.e.** estimated date of return.
3. For catastrophic leave requests for other serious circumstances, the employee must attach a letter to the request form, which includes:
 - a. The employee's need for an extended leave,
 - b. Explanation **and documentation** of the "serious circumstance", and
 - c. The estimated period the employee will be off work, **i.e.** estimated date of return.
4. The written request for donations should be submitted four (4) weeks prior to the anticipated exhaustion date of the employee's accrued balances in order to allow for processing and avoid a lapse in pay and benefits.

B. Upon receipt of a request for Catastrophic Leave Donations, **HRS** staff shall:

1. Confirm the employee's eligibility for catastrophic leave and review the submitted request forms for completeness. Incomplete request forms will be returned to the employee for revision.
2. **HRS** staff may approve requests for medical reasons. Requests for other serious circumstances require Executive Management approval.
3. The employee will be notified directly if their request for Catastrophic Leave Donations is not approved.
4. If approved, **HRS** staff will prepare the Catastrophic Leave Donation form and send via email to the County Catastrophic Leave contact list for County-wide distribution. An individual email will be prepared and forwarded with the

Catastrophic Leave Donation form to the Chief Probation Officer for Department-wide distribution.

5. Prepare and deliver donations to Auditor-Controller/Central Payroll each pay period until the employee exhausts their Catastrophic Leave Donations or returns to work, whichever occurs first.
- C. Employees wishing to donate time to the eligible employee must complete the Catastrophic Leave Donation form and return it to **HRS** within the two-week donation period. The completed form must include the following:
1. The donating employee's name, Social Security Number, contact phone number, and Agency/Department.
 2. The number of hours of Annual Leave, Vacation, Compensatory, or PIP time he/she wishes to donate within the limitations **stated in section I.B.4.**
 3. The name, Department and Class Title of the eligible employee to whom the time is being donated.
 4. The donating employee's signature indicating he/she understands **his/her** responsibility to have adequate balances available; the donation is irrevocable and authorizing the transfer of the donated time to the eligible employee.

REFERENCE:

Procedures: [County of Orange Personnel and Salary Resolution \(Article I, Section 1, Item G - Catastrophic Leave Donation Procedures\)](#)

(Attachments)

D. Martinez

APPROVED BY:



**COUNTY OF ORANGE
EMPLOYEE'S CATASTROPHIC LEAVE REQUEST FORM
FOR SERIOUS MEDICAL CONDITIONS**

Employee's Name: _____

Classification: _____

Agency/Dept.: _____

Expected Dates of Absence: Beginning Date: _____ End Date: _____

****Please attach Doctor's statement****

This request is for the following:

Self Family Member (If request is for family member, please indicate relationship)

Relationship: _____

I certify that my request for Catastrophic Leave Donations is due to a serious medical condition either for myself or for a family member and that the information provided is true and correct.

Employee's Signature: _____ Date: _____

TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT

1. Date on which employee will have exhausted all leave balances: _____

2. Request was: _____ Approved by Agency/Department Head (signature) _____

_____ Denied by Agency/Department Head (signature) _____



**COUNTY OF ORANGE
EMPLOYEE'S CATASTROPHIC LEAVE REQUEST FORM
FOR OTHER SERIOUS CIRCUMSTANCES**

Employee's Name: _____

Classification: _____

Agency/Dept.: _____

Expected Dates of Absence: Beginning Date: _____ End Date: _____

I am requesting Catastrophic Leave Donations for the following serious circumstance:

(Please type in a brief explanation and attach documentation that will support your request)

I understand that information provided stating the reason for my request will be disclosed and distributed with this form.

Employee's Signature: _____ Date: _____

TO BE COMPLETED BY HUMAN RESOURCES DEPARTMENT

1. Date when employee will have exhausted all leave balances _____

2. Request was: _____ Approved by Agency/Department Head (signature) _____

_____ Denied by Agency/Department Head (signature) _____



**COUNTY OF ORANGE
CATASTROPHIC LEAVE DONATION FOR
SERIOUS MEDICAL CONDITION OF EMPLOYEE OR
EMPLOYEE'S FAMILY MEMBER**

_____ from _____ is eligible for catastrophic leave donations. Any assistance is greatly appreciated.

Donation period is _____ .

Those desiring to donate hours should send/pony the completed form to _____. **Please complete information below. Type information, print form, sign and date, and submit to requesting agency.**

If you have any questions, contact _____ .



Catastrophic Leave Donation

I understand this contribution is for catastrophic medical leave. I understand it is my responsibility to ensure that I have adequate leave balances available since donations will be processed in 80 hour increments for the duration of the catastrophic leave period and my donation may not be used until a future date. I further understand if the recipient's catastrophic leave ends before my donation is used, my donated hours will not be taken from my balances. I hereby authorize the transfer of hours indicated below to this employee.

Leave Donor Name: _____

Social Security #: _____

Contact Phone #: _____

Agency/Dept: _____

Number of Hours Donated (2 hrs minimum – 24 hrs maximum):

Annual Leave: _____ Vacation: _____ COMP: _____ PIP: _____

Sick leave may NOT be donated.

EMPLOYEE SIGNATURE & DATE _____

(Must be signed by donating employee in order to process)



**COUNTY OF ORANGE
CATASTROPHIC LEAVE DONATION
FOR OTHER SERIOUS CIRCUMSTANCES**

_____ from _____ is eligible for catastrophic leave donation due to a serious circumstance which is _____. Any assistance is greatly appreciated.

Donation period is _____.

Those desiring to donate hours should send/pony the completed form to _____. **Please complete information below. Type information, print form, sign and date, and submit to requesting agency.**

If you have any questions, contact _____.

Catastrophic Leave Donation

I understand this contribution is being made pursuant to a request that will be subject to tax withholding and my donation will be reported as taxable income to me that will be included on my W2. I understand it is my responsibility to ensure that I have adequate leave balances available since donations will be processed in 80 hour increments for the duration of the catastrophic leave period and my donation may not be used until a future date. I further understand if the recipient's catastrophic leave ends before my donation is used, my donated hours will not be taken from my balances. I hereby authorize the transfer of hours indicated below to this employee.

Please initial the box to indicate you have read the above paragraph.

Leave Donor Name: _____

Social Security #: _____

Contact Phone #: _____

Agency/Dept: _____

Number of Hours Donated (2 hrs minimum – 24 hrs maximum):

Annual Leave: _____ **Vacation:** _____ **COMP:** _____ **PIP:** _____

Sick leave may NOT be donated.

EMPLOYEE SIGNATURE & DATE _____

(Must be signed by donating employee in order to process)