Proposed Revisions to the Catastrophic Leave Donation Program

- Establish a central Catastrophic Leave Donation Bank to which donors will submit donations instead of the department looking for donations each time an employee applies for CLDP.
- Include bereavement and catastrophic casualty loss to the eligible leaves (UC Policy 2.210 Absence from Work Policy)
- Include eligible academic appointee information (UCSD PPM 230-10 Academic Leave Policy)
- Changes to recipient eligibility include:
  - Employee must not have received any formal disciplinary action for excessive absenteeism during the 12 month period immediately preceding the request for catastrophic leave donations.
  - Employee must apply for Catastrophic Leave Donations by the end of the month following the month in which paid leave credits are exhausted. Exceptions to the deadline may be granted on a case by case basis.
  - Employee may receive no more than 184 hours of donated leave, prorated by the percent of appointment, in a rolling twelve month period beginning with the date of the Request for Donations form. If the eligible employee holds a variable time appointment, the appointment percent entered into the payroll system will be used to determine the number of donated hours the employee is eligible to receive.
  - Employee may not receive any University-paid or Employee-paid Disability benefits or Worker’s Compensation payments while being compensated from the Catastrophic Leave Donation Program.
  - Employee who has applied to receive Worker’s Compensation benefits is not eligible to apply for Catastrophic Leave donations, however, that employee may apply if his/her claim is denied.
  - Employee must exhaust all paid leave credits prior to utilizing donations through this program, even when doing so results in exceeding the 30-day limit imposed on the use of sick leave for family illness by applicable personnel policies or collective bargaining agreements.
  - In the case of bereavement leave, an eligible employee who has exhausted all paid leave credits may receive up to 80 hours, prorated by the percent of appointment, in the event of the death of the employee’s family member or of a person residing in the employee’s household in accordance with applicable personnel policies or collective bargaining agreement.
  - In the case of leave due to a catastrophic casualty loss, as defined above, an eligible employee who has exhausted all paid leave credits may receive up to 184 hours, prorated by the percent of appointment.
  - Donations are not to be used for periodic absences or intermittent leave of less than full day increments.
- Changes to procedures
  - New forms submitted to HR for approval and HR will route to Payroll for leave transfer once approved.
I. REFERENCES AND RELATED POLICIES
A. UC PPSM 31 - Hours of Work
B. UC PPSM 32 - Overtime (Non-exempt Employees Only)
C. UC Policy 2.210 Absence from Work Policy
D. UCSD PPM 230-10 Academic Leave Policy

II. SUMMARY
The Catastrophic Leave Donation Program (CLDP) permits temporary salary and benefit continuation for an eligible employee who accrues vacation and has exhausted all paid leave credits as a result of a catastrophic injury or illness; caring for a catastrophically ill or injured family member or household member; to deal with the death of a family or household member; or to address a catastrophic casualty loss suffered due to a terrorist attack, fire, or natural disaster. The Program allows eligible employees to donate accrued vacation leave to eligible co-workers who do not have sufficient accumulated leave. Donations are anonymous. Participation in the Program is entirely voluntary and is open to all departments within UCSD. The Program is non-grievable and is not subject to any arbitration policy applicable to any employee.

III. DEFINITIONS
A. Bereavement: Time period following the death of a family member or household member close to the employee.
B. Career Staff: A non-probationary employee appointed to a position that is 50% or more of full time which is expected to continue for one year or longer. In addition, a limited appointment shall be designated as a career appointment when the incumbent has attained 1,000 hours of qualifying service in any 12 consecutive months without a break in service of at least 120 consecutive calendar days.
C. Catastrophic Illness or Injury: A non-industrial serious health condition of the employee or the employee’s family or household member which is physically debilitating or life threatening and requires the employee’s absence from work.
D. Catastrophic Casualty Loss: An eligible employee who has suffered residential property loss and/or been displaced due to a terrorist attack, fire or natural disaster.
E. Catastrophic Leave Donation Bank: A pool of donated vacation hours available for immediate use.
F. Donor: The employee who is donating accrued vacation to the Catastrophic Leave Donation Bank
G. Eligible Academic Appointee: Academic appointees who are in vacation-accruing
titles and have passed the requisite waiting period for vacation usage are eligible to participate as donors or recipients of vacation under the Catastrophic Leave Donation Program.

H. **Family Members**: Except for purposes of Family and Medical Leave, an employee’s spouse, domestic partner, children (including children of the employee’s domestic partner), parents, siblings, grandparents, and grandchildren, step-relatives, in-laws, and relatives by adoption are included on the same basis as the above-listed blood relatives. If an employee was raised by persons other than his/her biological parents, these individuals also are included in this category. Likewise, if an employee is raising a child who is not his/her biological child, that child is included in this category.

I. **Paid Leave Credits**: Includes accrued sick leave, accrued vacation and accrued compensatory time off (non-exempt employees only) however, accrued sick leave and accrued compensatory time off are inapplicable to and shall not be donated to the Catastrophic Leave Donation Program.

J. **Recipient**: The employee who is eligible to accrue and use vacation, has exhausted all paid leave credits, and is in need of extending his/her salary and benefits temporarily.

K. **Serious Health Condition**: An illness, injury, impairment, or physical or mental condition that involves one of the following:

- **Inpatient Care**: Inpatient care (i.e., an overnight stay) in a hospital, hospice, or residential medical care facility, including any period of incapacity or subsequent treatment in connection with or consequent to such inpatient care.

- **Incapacity of More Than Three (3) Consecutive Days plus Continuing Treatment by a Health Care Provider**: A period of incapacity of more than three (3) consecutive calendar days (including any subsequent treatment or period of incapacity relating to the same condition), that also involves (a) treatment two or more times by a health care provider, by a nurse or physician’s assistant under direct supervision of a health care provider, or by a provider of health care services (e.g., physical therapist) under orders of, or referred by, a health care provider; or (b) treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment under the supervision of the health care provider (e.g., a course of prescription medication, or therapy requiring special equipment, to resolve or alleviate the health condition). This does not include taking over-the-counter medications or activities that can be initiated without a visit to a health care provider (e.g., bed rest, exercise, drinking fluids).
• **Pregnancy (only covered under FMLA):** A period of incapacity due to pregnancy, childbirth, or related medical conditions. This includes severe morning sickness and prenatal care.

• **Chronic Conditions Requiring Treatment:** A chronic condition which: (a) requires periodic visits for treatment by a health care provider, or by a nurse or physician’s assistant under direct supervision of a health care provider, (b) continues over an extended period of time (including recurring episodes of a single underlying condition); and (c) may cause episodic rather than a continuing period of incapacity (e.g. asthma, diabetes, epilepsy, etc.).

• **Permanent/Long-Term Conditions Requiring Supervision:** A period of incapacity that is permanent or long term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a health care provider. Examples include Alzheimer’s, a severe stroke, or the terminal stages of disease.

• **Multiple Treatment (Non-Chronic Conditions):** Any period of absence to receive multiple treatments (including any period of recovery there from) by a health care provider, or by a provider of health care services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three (3) consecutive calendar days in the absence of medical intervention or treatment, such as cancer (chemotherapy, radiation, etc.) severe arthritis (physical therapy), or kidney disease (dialysis).

IV. **ELIGIBILITY CRITERIA**

**Eligible Donor:**
A Career staff employee or eligible academic appointee who is eligible to accrue and use vacation per the applicable personnel policy.

Exclusively represented employees who meet the criteria may participate in the program to the extent provided in the applicable collective bargaining agreements.

Only accrued vacation may be donated to the Catastrophic Leave Donation Bank; neither accrued sick leave nor accrued compensatory time off may be donated.

Donations by an eligible donor must be in whole hour increments, eight (8) hours minimum at any one time. The maximum that may be donated is 50% of the donor’s vacation balance at the time of donation or eighty (80) hours in a twelve month period, whichever is less. Over max vacation hours are not eligible to be donated. Donations are irrevocable.
Eligible Recipient:
A non-probationary career staff employee or eligible academic appointee eligible to
accrue and use vacation who has exhausted all paid leave credits, is on an approved
leave without pay or no pay status and who has not received any formal disciplinary
action for excessive absenteeism during the 12 month period immediately preceding the
request for catastrophic leave donations.

Exclusively represented employees who meet the criteria may participate in the program
to the extent provided in the applicable collective bargaining agreements.

An eligible recipient is required to use any leave accrued on a monthly basis prior to
utilizing donations through this program.

Eligible recipients must apply for Catastrophic Leave Donations by the end of the month
following the month in which paid leave credits are exhausted. Exceptions to the
deadline may be granted on a case by case basis.

An eligible recipient may receive no more than 184 hours of donated leave, prorated by
the percent of appointment, in a rolling twelve month period beginning with the date of
the Request for Donations form. If the eligible employee holds a variable time
appointment, the appointment percent entered into the payroll system will be used to
determine the number of donated hours the employee is eligible to receive.

In the case of the employee’s own serious health condition and the employee is eligible
for disability benefits, donated time may be applied to the disability waiting period only,
up to 184 hours. The eligible recipient may not receive any University-paid or
Employee-paid Disability benefits or Worker’s Compensation payments while being
compensated from the Catastrophic Leave Donation Program. It is the employee’s
responsibility to contact the Benefits Office for consultation regarding coverage available
through University disability benefits programs. An eligible employee who has applied to
receive Worker’s Compensation benefits is not eligible to apply for Catastrophic Leave
donations, however, that employee may apply if his/her claim is denied.

An eligible recipient receiving donated leave for the care of a catastrophically ill or
injured family member as defined above (or other persons residing in their household),
must exhaust all paid leave credits prior to utilizing donations through this program, even
when doing so results in exceeding the 30-day limit imposed on the use of sick leave for
family illness by applicable personnel policies or collective bargaining agreements.

In the case of bereavement leave, an eligible employee who has exhausted all paid
leave credits may receive up to 80 hours, prorated by the percent of appointment, in the
event of the death of the employee’s family member or of a person residing in the
employee’s household in accordance with applicable personnel policies or collective
bargaining agreement.

In the case of leave due to a catastrophic casualty loss, as defined above, an eligible
employee who has exhausted all paid leave credits may receive up to 184 hours, prorated by the percent of appointment.

In all cases, donations from the Catastrophic Leave Donation Bank are not to be used for periodic absences or intermittent leave of less than full day increments.

V. Effect on Family and Medical Leave and California Family Rights Act

Participation in the Catastrophic Leave Donation Program does not affect a recipient employee’s right to Family and Medical Leave (FML) and/or under the California Family Rights Act (CFRA). Time paid through this Program will be charged as FML or CFRA as long as the recipient employee meets the eligibility requirements (i.e. having 12 months of University service and having worked at least 1250 hours in the 12 months immediately preceding the leave).

VI. Procedures

Donations – Transfer of Vacation Leave Hours: An employee may donate vacation leave hours to the Catastrophic Leave Donation Bank by completing the CLDP Donor Form and submitting it to his/her department head. The department head or designee will ensure that donations meet the eligibility criteria and forward to the Campus Human Resources Department. Upon the Campus Human Resources Department approval, the CLDP Donor Form will be forwarded to the Campus Payroll Department for processing. Upon receipt, the donor’s vacation accrual leave balance will be reduced accordingly.

Recipients – Requests for Catastrophic Leave Donation Hours: The employee (recipient) completes the CLDP Recipient Request Form and submits to his/her department head or designee along with appropriate verification of illness or injury from a licensed health care provider (in the case of bereavement and/or catastrophic casualty loss, appropriate certification may be required). In addition, the employee must request, and the department head or designee must approve, a leave of absence for a specified period of time. Approved leaves may not be open-ended.

The department head or designee must verify that the employee has exhausted all paid leave credits including sick leave, vacation, compensatory time off and also has used any paid leave he/she continues to accrue on a monthly basis before utilizing any donated leave hours through this Program. The recipient has sole responsibility for assessing the potential impact on taxes and benefits.

The Department sends the completed CLDP Recipient Request Form to the Campus Human Resources Department who in turn will determine disbursement of hours from the Catastrophic Leave Donation Bank based on assurance the employee is eligible to receive catastrophic leave donations and confirmation of the catastrophic illness or
injury. The Campus Human Resources Department will notify the department of the approval or denial of the request and will forward the approved CLDP Request Form to the Campus Payroll Department. The Campus Payroll Department will notify the department and provide the necessary instructions to credit the recipient the hours. Catastrophic Leave Donations will be credited to the recipient on a pay period basis only. Any donated hours not used by the recipient will be deducted by the Campus Payroll Department and returned to the leave bank.
1) Read the Catastrophic Leave Donation Program criteria and procedures completely to determine whether you meet the qualifications to participate in the Catastrophic Leave Donation Program.
2) Complete the Donor Form.
3) Submit to Department Head or designee for signature and Department HR Contact for completion.
4) Forward the completed form to Employee Relations, Policy Development and Work/Life (MC 0922) and retain a copy for your records.

Please note:
- Donations must be made in whole hour increments, eight hours minimum at any one time.
- Donated leave hours will be credited to the Catastrophic Leave Donation Bank maintained by the Campus Payroll Department.
- Donor identity is to be kept confidential.
- Donations are irrevocable.

Donor's Name: ___________________________ Donor's Employee Number: ___________________________
Donor's Payroll Title: ___________________________ Donor's Phone Number: ___________________________
Donor's Department: ___________________________

Are you currently at the maximum of your vacation accruals?  ☐ Yes ☐ No

Number of vacation hours to be donated: ______

I certify that I am making this donation entirely of my own free will and that no attempts have been made to intimidate, threaten or coerce me to donate my vacation hours. I understand these hours will be subtracted from my current vacation leave balance and that I have no right under any circumstances to have any of the donated hours restored to my accrued vacation leave balance once I have signed this form and it has been approved by my department head or designee. I further certify that this leave donation will not reduce my current leave balance by more than 50% and that, including this donation, I have not donated more then eighty (80) hours during the past twelve months.

Donor Signature ___________________________ Date ______
Department Head or Designee Signature ___________________________ Date ______
Department Head or Designee Name (Print) ___________________________

To be completed by Recipient’s Department HR Contact:
Name: ___________________________ Phone Number: ___________________________ E-mail: ___________________________

Donor’s most recent LASR Vacation Balance: ______ LASR Date: ______ Timekeeper Code: ______

FOR HR DEPARTMENT USE ONLY  ☐ Donation Approved
Human Resources Authorizing Signature ___________________________ Date ______

FOR PAYROLL DEPARTMENT USE ONLY
Processed Date: ______ Processor's Initials: ______
University of California, San Diego  
Catastrophic Leave Donation Program  
Recipient Request Form

1) Read the Catastrophic Leave Donation Program criteria and procedures completely to determine whether you meet the qualifications to participate in the Catastrophic Leave Donation Program.
2) Complete this Recipient Request Form
3) Attach documentation of catastrophic illness, injury or casualty loss.  
   Please note: You need not disclose your underlying diagnosis in order to participate in this program.
4) Sign and submit to Department Head or designee for signature and Department HR Contact for completion.
5) Forward signed form and documentation to Employee Relations, Policy Development and Work/Life (MC 0922) for final approval and retain a copy for your records.

Name: ________________________________ Employee Number: ________________________________
Payroll Title: ___________________________ Department: ________________________________
Date Last Worked: ___________ Date Last on Pay Status: ___________
Leave of Absence approved from: ___________ to: ___________
Name and relationship of family/household member, if applicable: __________________________________________

1) Have you exhausted all paid leave credits?  
   (C) Yes  (C) No  (C) Pending  
   If yes or pending, please indicate effective date: __________________________________________
2) How many hours are you requesting? ___________ (maximum request is 184 hours)
3) Have you requested Catastrophic Leave Donations during the 12 months immediately proceeding this request?  
   (C) Yes  (C) No  
   If yes, what was the amount of leave granted to you: __________________________________________
4) Briefly state the reason(s) you need leave hours: __________________________________________
5) Have you applied for Liberty Mutual Disability?   (C) Yes  (C) No

I understand my participation in the Catastrophic Leave Donation Program is subject to the provisions outlined in the guidelines.

Recipient Signature ___________________________ Date ___________

Department Head or Designee Signature ___________________________ Date ___________
Department Head or Designee Name (Print) ___________________________

To be completed by Recipient’s Department HR Contact:

Name: ___________________________ Phone Number: ___________________________ E-mail: ___________________________
Donor’s most recent LASR Vacation Balance: ___________ LASR Date: ___________ Timekeeper Code: ___________________________

FOR HR DEPARTMENT USE ONLY  Request is: (C) Approved  (C) Denied
Human Resources Authorizing Signature ___________________________ Date ___________

FOR PAYROLL DEPARTMENT USE ONLY
Processed Date: ___________
Processor’s Initials: ___________________________