

County of Madera  
CATASTROPHIC LEAVE PROGRAM

The Catastrophic Leave Program is designed to assist employees (receiving employees) who have exhausted paid time credits due to a serious, catastrophic, or debilitating illness, injury, or condition. This Program allows other employees (donating employees) to make grants of time so that a receiving employee can remain in a paid status for a longer period of time, thus partially reducing the financial impact of the illness or injury. A person may receive no more than 60 credit days in this program for any qualifying illness, injury, or condition and must have returned to work for a period of no less than twelve (12) months prior to making application for any subsequent other illness, injury, or condition.

**Eligibility:**

There are five criteria for eligibility to be a receiving employee.

1. The receiving employee must have permanent status.
2. The receiving employee must exhaust all available sick leave, vacation, holiday, and compensatory time.
3. The receiving employee must coordinate any leave time donated with any Worker's Compensation and Short Term Disability Benefits.
4. The receiving employee must have sustained a serious or debilitating illness, injury or condition which must be verified by the employee's doctor.
5. The receiving employee must be prevented from returning to work for at least thirty (30) days and have applied and been approved for a medical leave of absence.

**Application:**

Applications for Catastrophic Leave are available from Department Payroll Representatives or from the Department of Human Resources. Receiving employees must submit the application with supporting medical documentation to the Appointing Authority. The Appointing Authority shall either approve or deny requests for participation in the Program and forward the application and supporting documents to the Director of Human Resources within five (5) days of receipt of the complete application. A receiving employee may be required to verify the status of the qualifying condition for continued eligibility in the Program.

**Approval of Application:**

Approved applications will be identified by employee number for purposes of confidentiality. The degree to which an application for participation in the Catastrophic Leave Program is kept confidential shall be the responsibility of the receiving employee. A receiving employee may choose to tell coworkers of the Application or may request an Employee Association to seek contributions on their behalf. Department Payroll Representatives shall not be responsible for seeking contributions on behalf of receiving employees and shall maintain the confidentiality of both receiving and donating employees.

NO DONATIONS MAY BE SOLICITED IN SUCH A WAY AS TO PRESSURE OR INTIMIDATE COWORKERS FOR THE PURPOSE OF CONTRIBUTIONS. EMPLOYEES WHO LEARN OF THE CONTRIBUTIONS OF OTHERS SHALL NOT MAKE THAT INFORMATION KNOWN FOR THE PURPOSE OF SOLICITING CONTRIBUTIONS.

**Benefits:**

Donations made to receiving employees shall be credited as sick leave. For the period of time that the receiving employee is in paid status, benefits such as seniority, sick leave accrual, vacation accrual, etc., shall continue pursuant to provisions for all other accrued sick leave.

**Denial of Application:**

Applications which have been denied by either the Appointing Authority and/or the Director of Human Resources may be appealed to the County Administrative Officer (CAO). The decision of the CAO shall be final and binding, and neither the decision or the fact of the denied application shall be subject to the grievance process.

**Donations:**

Donations shall be made by completing the Catastrophic Leave Program Donation Form which must be approved by both the receiving employee's Appointing Authority and the Director of Human Resources. Forms are available from Department Payroll Representatives and the Department of Human Resources.

Donating employees may contribute vacation, holiday and compensatory time. Donating employees may not contribute sick leave. A donation must initially be a minimum of four (4) hours and thereafter, in one (1) hour increments. The total donation may be a combination of various types of leave (excluding sick leave) and shall be credited to the receiving employee as sick leave on an hour-for-hour basis. Once donated, the leave credits are subject to the receiving employee's monthly rate of pay.

Donations are irrevocable and once made, become the property of the receiving employee.

The donating employee may contribute up to one-half of their total balance of vacation, holiday and compensatory time as recorded in the database of the Office of the Auditor-Controller. The receiving employee may not be credited with more than sixty (60) credit days of leave, as defined, and in any case may not receive credits in excess of the expected duration of the leave as certified by the medical provider.

Upon approval, Department Payroll Representatives will advise the Auditor-Controller's Office to adjust the leave balances of both the donating employee and the receiving employee by deducting contributions from the appropriate balances of the donating employee and crediting the contributions to the sick leave balance of the receiving employee.

The Department of Human Resources will process contributions only within the current pay period. Donation Forms received by the Department of Human Resources which are in excess of the receiving employee's needs for the current pay period will be held by the Department of Human Resources to be processed in the following pay period. Donation Forms which are in excess of a receiving employee's eligibility will be returned to the donating employee.

**Other Provisions:**

**SIXTY CREDIT DAYS:** Sixty credit days is defined as calendar days from the beginning to the end of the leave. It is not the intent of this Program to entitle any receiving employee to be credited with sixty (60) working days of contributions.

**STATE DISABILITY INSURANCE AND WORKER'S COMPENSATION INSURANCE:** Other than waiting days for eligibility, employees with qualifying conditions must have made application for benefits under one of these programs to be eligible for catastrophic leave.

**EMPLOYEE REPRESENTATION UNITS:** Donating employees and receiving employees shall be eligible to donate/receive contributions without regard to representation unit.

**CONFIDENTIALITY:** Receiving employees shall have the right to keep the nature of their illness, injury or condition confidential and at all times the names of donating employees and the amount of time contributed by each shall remain confidential.

**ORDER OF DONATION CREDITS:** Donations will be accepted or rejected and credited to the receiving employee in the order received.

**TAXATION ISSUES:** The County of Madera will not be responsible for determining the taxability or consequences of donations or credits. Withholding will be made based upon the best information available to the County Auditor-Controller.

**FITNESS FOR DUTY, MEDICAL SEPARATION AND/OR DISABILITY RETIREMENT:** The provisions of the Catastrophic Leave Program shall not preclude the County from taking any and all actions available as a management right prior to the establishment of the Program. These rights include but are not limited to fitness for duty evaluation, medical separation, and/or disability retirement. Neither does this Program change the obligation of the County to comply with all laws and regulations pertaining to employee medical leave and the disabled.



Madera County  
CATASTROPHIC LEAVE PROGRAM  
Application

Name: \_\_\_\_\_

Employee # \_\_\_\_\_

Department: \_\_\_\_\_

Employee Certification:

I request to participate in the Madera County Catastrophic Leave Program. I am making this request because I have a serious illness, injury or condition.

I have attached the statement of my medical provider briefly describing my qualifying condition and the anticipated duration of my need for leave.

I have read and understand the terms and conditions of the Madera County Catastrophic Leave Program and further certify as follows:

- I have permanent status as an employee of Madera County.
- I have sustained a serious illness, injury or condition.
- I have exhausted all paid time off or will do so by \_\_\_\_\_.
- I will be unable to work for thirty (30) days and have applied for a leave of absence without pay.

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

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Approved

Denied- Reason: \_\_\_\_\_

Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

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Approved

Denied- Reason: \_\_\_\_\_

Director of Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_

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Note: Applications which have been denied shall be immediately returned to the Applicant. The Applicant may appeal the decision to deny the request by filing a written request for reconsideration with the County Administrative Officer.



Madera County  
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Donation Form

Donor Name: \_\_\_\_\_ Employee # \_\_\_\_\_

Department: \_\_\_\_\_

Receiving Employee Name: \_\_\_\_\_

Department of Receiving Employee: \_\_\_\_\_

I hereby donate the following leave time (four (4) hour minimum donation) to the above-named receiving employee:

\_\_\_\_\_ hours vacation leave

\_\_\_\_\_ hours compensatory time

\_\_\_\_\_ hours holiday compensatory time

I understand that once this donation is accepted it will be irrevocable and that the hours indicated above will not, under any circumstances, be returned to me. My signature constitutes authorization for the deduction of these hours from my leave balance records as maintained in the database of the Office of the Auditor-Controller and a credit to be made to the Receiving Employee as indicated.

Donor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Approved

Denied- Reason: \_\_\_\_\_

Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

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Approved

Denied- Reason: \_\_\_\_\_

Director of Human Resources: \_\_\_\_\_ Date: \_\_\_\_\_

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Note: Once signed by the Department Head, this form should be immediately forwarded to the Department of Human Resources. Upon approval of both the Department Head and the Director of Human Resources, the leave indicated will be debited from the Donor's leave balance account and credited to the Receiving Employee.