

**CITY OF HARRISON
CATASTROPHIC LEAVE BANK PROGRAM**

June 2012

i. Purpose

The purpose of the Catastrophic Leave Bank is to allow eligible participating employees who have exhausted all available leave balances to receive additional leave benefits for extended absences upon submission of a properly documented application.

Existing policies for other types of leave are not affected by this program.

ii. Eligibility

All regular full-time non-probationary employees, with a minimum of one year of service and minimum number of "paid time off" hours, shall be eligible to participate as of the original effective date of the plan. Employees reaching their first anniversary of employment after the plan implementation date may begin participation during the next plan open enrollment period.

All participation in this plan is voluntary.

iii. Enrollment

Eligible employees may enroll by completing an enrollment form available from the Catastrophic Leave Bank Committee, the Payroll Department, or Human Resources. Participation will begin immediately after the employee becomes eligible and completes the required Enrollment and Contribution Authorization Form during a scheduled open enrollment period.

Any employee may stop participation by notifying the Committee in writing of the intention to cease participation; participation will continue until the next plan anniversary date after receipt of a request for withdrawal. Such notice must be received by the Committee before the end of the scheduled enrollment period.

Open enrollment period shall be the pay period beginning on or immediately after July 1 of each calendar year. The City Mayor may declare special enrollment or contribution periods as deemed necessary if requested by the Catastrophic Leave Committee.

iv. Contribution

Each participating employee will contribute no less than one tour of duty (8 hours - except for Firefighters whose minimum contribution will be 24 hours) of accrued sick, vacation, or paid time off to the Catastrophic Leave Bank each plan year. Initial contributions will be made during the pay period which includes the plan anniversary date during the open enrollment period.

After the initial contribution, the annual minimum will be contributed automatically during the pay period which begins on or immediately after July 1. All contributions and usage will be on an hour for hour basis.

Initial participation will not be allowed if the required annual contribution results in the participating employee having a balance (sick leave and vacation or paid time off) of less than 100 hours (300 hours for Firefighter employees). Additional amounts may be contributed voluntarily by notifying in writing of the number of hours to be contributed.

Maximum contribution limits will be 40 hours (for 40-hour employees) or 56 hours (for Firefighter employees).

The Catastrophic Leave Bank may accept up to a maximum of 1,200 donated hours after each enrollment. Donations in excess of that amount will not be credited to the bank. Additional participants may enter the plan by making a contribution which will not change the bank's available hours.

v. Catastrophic Leave Defined

Catastrophic Leave shall mean leave required for treatment or recovery of a non-job related injury or illness to the participating employee which exceeds two weeks cumulatively in duration as documented by an attending physician. This applies to situations where periodic on-going treatment is prescribed. The City's FMLA policy will run concurrent to Catastrophic Leave Policy.

Catastrophic leave is not provided to care for or provide assistance to any person other than the participating employee.

vi. Catastrophic Leave Review Committee

All requests for Catastrophic Leave shall be reviewed by a committee consisting of five plan members designated by the City Mayor and the Human Resources Director. Those members include: Fire Chief, Police Chief, Public Works Director, Finance Director and the Mayor. Attendance of at least five members shall be required to constitute a quorum.

The committee shall meet as required to review requests for Catastrophic Leave approval. If no requests are pending, no meeting is required. Approval of a catastrophic leave request shall require the unanimous vote of the committee members present.

After establishment of any specific required written bylaws or guidelines, the committee will only function to review and act on requests for Catastrophic Leave. Initial activities will include ongoing status review of approved requests and discussion with Human Resources staff to develop any special reports or procedures necessary.

vii. Request Approval

Upon determination that the requesting employee is a participant and all required documentation is in place, the committee shall complete a leave transfer approval form and forward it to the Human Resources Department and Payroll for required data entry. The form must specify the number of hours granted or the time period granted for Catastrophic Leave.

viii. Application Requirements

Application for Catastrophic Leave must be made on a standard form which must include or have attached an attending physician's signed statement which shows diagnosis, prognosis, projected return to work date, plus any anticipated restrictions on the employee's work activities at that projected return date. If not provided on the physician's letterhead, the request must contain the name, address, and phone number of the physician and a contact person at that physician's clinic. The FMLA form WH-380-E (Certification of Health Care Provider for Employee's Serious Health Condition) will suffice for this purpose as well.

ix. Approval/Usage of Catastrophic Leave

The committee's review will ensure each of the following conditions has been met before approval of a request for Catastrophic Leave:

1. Requesting employee is enrolled as a participant.
2. All accumulated leave has been exhausted; no Catastrophic Leave will be approved until all leave has been exhausted; if no leave is available a minimum of the first two weeks of absence due to any illness/injury leave must be charged to leave without pay before Catastrophic Leave is granted.
3. Proper documentation is complete and is provided in a timely manner.
4. Requesting employee has good job attendance.

The decision of the committee to approve or deny catastrophic leave is final.

x. Miscellaneous Requirements

1. The committee will only approve requests which will keep the Catastrophic Leave Bank in a positive balance.
2. Catastrophic Leave will be established as a separate leave type and employees absent while using Catastrophic Leave will not accrue other leave types (vacation or sick leave). Upon return to active status for at least five consecutive days, leave accruals will resume.
3. Leave contributed to the Catastrophic Leave Bank may not be restored to the contributing employee under any circumstance.
4. Unused Catastrophic Leave credited to an employee will revert to the Catastrophic Leave Bank upon the employee's return to active status should that return occur prior to the exhausting of the credited Catastrophic Leave.
5. A recurrence of a condition causing the need for Catastrophic Leave within 30 calendar days will be treated as a continuation of the same incident and will require only a written request from the employee for resumption of Catastrophic Leave within the limits previously approved by the Committee. Recurrence beyond 30 calendar days of return to active status will be treated as a new case and will require submission of a new request form and documentation.
6. The plan anniversary date shall be the first day of the first full pay period occurring on or after July 1 of each plan year.
7. Contributions are made solely to the Catastrophic Leave Bank and may not be designated for any specific employee.
8. Participation in the Catastrophic Leave program is from the initial enrollment date or plan anniversary date after completing an enrollment only; participation cannot be made retroactive under any circumstance.

**CATASTROPHIC LEAVE ENROLLMENT
AND CONTRIBUTION AUTHORIZATION FORM**

Employee Name: _____

Social Security Number: _____

I hereby request participation in the City of Harrison Catastrophic Leave Bank program. I agree to contribute _____ hours (minimum of eight for 40-hour employees; 24 for 56-hour employees) from my personal (circle one) sick leave or vacation accrual or paid time off accrual, upon implementation of the bank and on each plan anniversary date until and unless I provide notice in writing that I wish to cease participating. I understand that any leave contributed will belong to the bank and cannot be restored to me even if I cease participation. After a request to cease participation, I understand that I will continue to participate until the next plan anniversary date but after that date I will not receive any benefit unless I complete a new enrollment and make the required contribution.

I also understand that any request for use of Catastrophic Leave requires the following:

1. Exhaustion of all accumulated leave.
2. Absence of at least two weeks/ten workdays before Catastrophic Leave can be granted (includes time used in accordance with #1 above).
3. Specific documentation from an attending physician, including diagnosis, prognosis, projected return to work date, and any anticipated restrictions on work activities as of that release date.
4. Approval by the Catastrophic Leave Bank Committee.
5. Completion of a request form with all required information and documentation.
6. Sufficient Catastrophic Leave Bank hours available for use.
7. I may have to supply documentation for previous sick leave usage and that the Committee may contact my supervisor, department director and/or review my personnel file to determine if sick leave abuse has occurred.

Signature

Date

CATASTROPHIC LEAVE BANK REQUEST FORM

Employee Name: _____
(Print)

Date of Employment: _____

Department: _____

I request consideration for approval of Catastrophic Leave for the following reasons:

I am requesting Catastrophic Leave until: _____

Available leave accruals were (will be) exhausted on _____

First date of absence due to this condition was: _____

I understand that the Committee may contact my supervisor or department director to determine if sick leave abuse has occurred. The Committee will also review my leave records and personnel file to evaluate my job attendance. I understand that if I receive Leave it would count as leave under the City's FMLA policy.

Signature

Date

Specific documentation from an attending physician including diagnosis, prognosis, projected return to work date, and any projected restrictions on work activities as of that date is attached.

Employees should review the City's Americans with Disabilities Act policy regarding possible accommodations(s) in association with this, or any other, medical condition.

COMMITTEE USE ONLY

Date Request Received: _____

Meeting Date for Request Consideration: _____

Approved: _____ Maximum hours: _____

Time period Leave Granted: _____

Denied: _____