

**City of Glenn Heights  
Application for Catastrophic Leave Coverage**

Employee's Name: \_\_\_\_\_

Home Address:  
\_\_\_\_\_

Telephone Number: Work \_\_\_\_\_ Home \_\_\_\_\_

Department \_\_\_\_\_ Position \_\_\_\_\_

Last Day Worked \_\_\_\_\_ Anticipated Return to Work \_\_\_\_\_

FMLA Paperwork Completed and Turned in to HR: Yes \_\_\_\_\_ No \_\_\_\_\_

*I understand that my application will be reviewed by the City Manager or approved designee for the purpose of determining my eligibility. Information related to my personal health condition (if applicable) will follow HIPAA and related guidelines.*

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

**After completing the employee section please forward to the Human Resources Department for processing.**

\*\*\*\*\*

**Human Resources Use Only:**

The above named employee has requested to receive a withdrawal of up to 12 workweeks from the Catastrophic Leave Program as explained in Personnel Policy 6.23- Transfer of Catastrophic Leave.

Type of leave requested: \_\_\_\_\_

Is employee eligible based on policy guidelines? \_\_\_ Yes \_\_\_ No

Comments: \_\_\_\_\_

**City Manager Use Only:**

Approved: \_\_\_\_\_ Total Hours Approved: \_\_\_\_\_

Approved until: \_\_\_\_\_

**OR**

Disapproved: \_\_\_\_\_

Comments (required):  
\_\_\_\_\_

Employee Notified <input type="checkbox"/>	Payroll Change Form Completed <input type="checkbox"/>
--	--

## **Personnel Policy 6.23- Transfer of Sick Leave for Catastrophic Illness**

Voluntary shared leave allows one employee to assist another employee in the case of a prolonged medical condition of the employee or the employee's immediate family member that exhausts the employee's available leave and would otherwise force the employee to be placed in leave without pay status, resulting in a loss of income and benefits.

Only full-time, non-probationary employees are eligible to donate or receive sick leave for catastrophic illness.

For purposes of this policy, immediate family is defined as the employee's spouse, domestic partner, child, parent, or any other relative for which the employee is the guardian or primary caregiver.

This policy does not apply to incidental, normal, and/or short-term medical conditions. In addition, the policy is not intended to circumvent the requirement of management to have duties performed, or limit management's right to deny a request for leave without pay.

Prolonged Medical Condition as defined for this policy is one that requires an employee's absence from duty for a prolonged period (at least 20 consecutive work days) or for frequent intermittent periods related to a serious medical condition.

### **Eligibility**

Employees will be required to provide to Human Resources, verification from the attending physician outlining the estimated time for treatment or recovery. Employee medical information is confidential. When disclosing information on an approved recipient, only a statement that the recipient (or family member) has a prolonged medical condition needs to be made.

Employees will only be able to receive leave donations up to the maximum amount required as outlined by the treating physician.

### **Donations**

Employees who wish to contribute a portion of their unused sick leave may do so in minimum increments of eight (8) hours and a maximum of one hundred (100) hours. Donors must retain a minimum of forty (40) hours of personal unused sick leave. All donations are considered unspecified and may be credited towards any eligible employee.

Any employee who has been approved for retirement or has rendered a resignation to be effective within ninety (90) days will not be eligible to donate sick leave.

### **Requesting Leave**

Any employee who experiences a prolonged medical condition for themselves or an immediate family member and is approved for FMLA may request the use of transferred leave once all sick, vacation and personal days have been exhausted.

**\*Contact Human Resources for the most current version of policies/forms related to Catastrophic Leave.**