

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

Employee's Name: _____

Department _____ Position _____

Current Sick Leave Balance _____

Requested Donation (in hourly increments) _____

Total Remaining Balance _____

Date: _____

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.

***To review complete policy and guidelines, contact Human Resources referencing the Transfer of Sick Leave for Catastrophic Illness**

Employee's Signature

Date

By signing above, I confirm that I have read and understand the guidelines for donation sick leave for coverage of catastrophic illness. I understand that once donated, I forfeit the use of said leave for my personal illness/injury.

Human Resources Use Only:

Is employee eligible based on policy guidelines? ___ Yes ___ No

Comments: _____

Total hours approved for donation: _____

Disapproved: _____

Comments (required):

Employee Notified

Payroll Change Form Completed

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

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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.**