



Catastrophic Leave Donation Policy (Donation Request Form)

PURPOSE

Under the provisions of the Catastrophic Leave Donation Policy, Foundation employees may donate sick leave to another Foundation employee on the same campus, who has exhausted his/her accrued sick and vacation credits. Donated leave credits will be used to cover the employee's absence due to a catastrophic non-work related or work related illness/injury that has totally incapacitated the employee from work.

Generally, if the medical substantiation indicates that the condition causes total incapacitation from work for more than 15 calendar days, the condition will be considered catastrophic. Conditions that are short term in nature such as colds, flu or minor injuries are not generally considered catastrophic.

Requests for participation will be reviewed on a case-by-case basis. This program is voluntary to all regular full-time benefited employees.

GUIDELINE REQUIREMENTS

ELIGIBILITY TO PARTICIPATE

1. A Foundation employee must request participation in writing by completing the attached **Catastrophic Leave Donation Request Form** and must provide the appropriate medical verification of the illness or injury to the Human Resource Department.
2. To be eligible for Catastrophic Leave, the following requirements must be satisfied (all forms must be submitted to Foundation Human Resources):
 - * The illness or injury must be totally incapacitating and expected to last more than 15 calendar days and physician verification must be provided;
 - * Employee must have at least 12 months service with the Foundation;
 - * The requesting employee must have exhausted all accrued sick and vacation; and
 - * The requesting employee must complete a Leave of Absence Request form.

HOW TO DONATE LEAVE CREDITS

1. Foundation employees may donate a maximum of thirty-two (32) hours of leave credits per fiscal year in one-hour increments. Donations are irrevocable once posted to the recipient's leave record.
2. Employees wishing to donate leave credits may do so by contacting the Foundation Human Resources at ext. 41410 and must complete a **Catastrophic Leave Donation Form**.
3. Only sick leave credits may be donated.
4. Leave credits donated that are not used by the recipient employee will be credited back to the donating employee's leave record.



NOTIFYING EMPLOYEE OF DONATED LEAVE CREDITS

1. Once the solicitation has been completed, the requesting employee will be notified by Foundation Human Resources of the amount donated.
2. The total donated leave credits shall normally not exceed an amount necessary to continue the employee for three months, calculated from the first day of catastrophic leave. The HR Director may approve an additional leave, which will be reviewed on a case-by-case basis.
3. The leave credits should not be deemed donated until actually transferred by the Foundation Payroll Department to the recipient employees leave credits.
4. Donated leave credits do not count as service credit following a service or disability retirement.



San José State
UNIVERSITY
FOUNDATION

**CATASTROPHIC LEAVE DONATION
REQUEST FORM**

Requesting Employee Name	Social Security No.
Address	Home Phone ()
Unit/Department	Work Phone ()

PARTICIPATION: Request to participate due to the following:

Employees own catastrophic non-work related or work related illness/injury which has totally incapacitated the employee from work. (Note: A doctor's certification is required, verifying the beginning and ending dates of disability.)

My signature below indicates I have read, understand and will comply with the guidelines requirements of this policy.

Requesting Employee's Signature Date

SUBMIT COMPLETED FORM TO FOUNDATION HUMAN RESOURCES

FOR HUMAN RESOURCE/PAYROLL USE ONLY:

In accordance with the provisions of the Catastrophic Leave Donation Policy, your request to participate is:

APPROVED **DENIED** (reason) _____

Last day worked: _____ current sick balance: _____

Estimated date of return to work: _____ current vacation balance: _____

Comments: _____

Director, Human Resources Date

Original: Human Resource

Copy: Payroll

Copy: Employee



CATASTROPHIC LEAVE DONATION FORM

Donor's Name	Social Security No.
Address	Home Phone ()
Unit/Department	Work Phone ()

Under the provisions of the Catastrophic Leave Donation Policy, Foundation employees may donate sick leave to another Foundation employee on the same campus, who has exhausted his/her accrued sick and vacation credits. Donated leave credits will be used to cover the employee's absence due to a catastrophic non-work related or work related illness/injury that has totally incapacitated the employee from work.

Generally, if the medical substantiation indicates that the condition causes total incapacitation from work for more than 15 calendar days, the condition will be considered catastrophic. Conditions that are short term in nature such as colds, flu or minor injuries are not generally considered catastrophic.

This is a voluntary program available to all regular full-time benefited employees.

I would like to make the following contributions:

Sick Credit _____ Hour(s)

Recipient Employee's Name: _____

Department: _____

According to the terms and provisions of the Catastrophic Leave Donation Policy, I understand that once the transfer has been completed by Foundation Payroll, I can not revoke my decision. Should the hours donated not be used, I understand that the Payroll Department will credit any remaining hours to my leave credits. My signature below indicates I have read, understand and will comply with the guideline requirements of this program.

_____ Signature _____ Date

SUBMIT COMPLETED FORM TO FOUNDATION HUMAN RESOURCES

FOR HUMAN RESOURCES/PAYROLL USE ONLY:

In accordance with the provisions of the Catastrophic Leave Donation Program the donation request is:

APPROVED **DENIED** (Reason _____)

Sick Hours Donated: _____ Transfer Processed: _____/_____/_____

Comments: _____

Director, Human Resource Date

Original: Human Resource

Copy: Payroll

Copy: Employee