

# Catastrophic Leave Program Policy

## PURPOSE

The Catastrophic Leave Program (Donated Leave) is a voluntary program designed to assist County of Monmouth employees who are suffering from a catastrophic health condition that requires a prolonged absence from work (60 or more days) which would result in a loss of income because of the unavailability of paid leave. County employees shall be eligible to donate and or to receive donated sick or vacation leave from coworkers under certain conditions. The Program covers employees who have completed at least one year of continuous County service and who are suffering from a catastrophic health condition, as well as employees who are caring for family members who are experiencing a catastrophic health condition.

## SCOPE

This policy outlines County guidelines for both donors as well as recipients of donated leave under the Catastrophic Leave Program and in compliance with New Jersey Civil Service Commission N.J.A.C. 4A:6-1.22.

## ELIGIBILITY

### Recipient of Donated Leave

To become an approved recipient of donated leave, an employee:

- Must have completed at least one year of continuous service with the County of Monmouth;
- Must be a regular benefits-eligible employee;
- Must have exhausted all accrued leave time balances [i.e., sick, vacation, and personal leave];
- Has not, in the two-year period immediately preceding the employee's need for donated leave, been disciplined for chronic or excessive absenteeism, chronic or excessive lateness or abuse of leave;

And;

- Suffers from a catastrophic health condition or injury or life threatening illness which requires absence from work for a period of 60 or more work days [see definition of "catastrophic" illness]; or,
- Is needed to care for an immediate family member who is suffering from a catastrophic health condition or injury or life threatening illness which requires the employee to be absent for a period of 60 or more work days; or,
- Requires an absence from work due to the donation of an organ, which shall include the donation of bone marrow and requires an absence of 60 days.
- Must receive not less than five (5) donated days from one or more leave donors up to a maximum of 260 days on a non-retroactive basis.

**NOTE:** Employees who participate and receive program benefits from any of the County of Monmouth Insurance programs for personal injury or illness are not eligible for leave donations for these reasons.

**NOTE:** Any period of donated leave shall be counted as Family Medical Leave as applicable.

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## Exclusions

Medical conditions of the employee will be excluded from eligibility for catastrophic leave benefits if they result from:

- Any occupational-related accident or illness for which the Workers' Compensation (WC) benefits have been awarded or could have been awarded, if the employee cooperated with the WC Program requirement;
- Injuries occurring in the course violating a law.

## Donor Eligibility

To become an approved leave donor an employee must:

- Complete Donor Application Form.
- Agrees to an irreversible donation of not more than 30 days to any one recipient in whole days, provided that the donor shall retain a remaining minimum balance of 20 days of accrued sick leave, if donating sick leave; and 12 days of accrued vacation leave if donating vacation leave.
- Certifies that no solicitation and/or acceptance or any money, credit, gift, gratuity, thing of value or compensation of any kind have been provided, directly or indirectly, to the donor.
- Submit a completed Donor Transfer Form to the Human Resources Department if the leave recipient is not in the same department as the leave recipient. Human Resources will make the appropriate arrangements between the departments to verify donor eligibility and adjust leave records.

## Definitions

**Accrued Paid Leave** means leave that is accumulated to date and does not include leave advanced to the employee.

### **Catastrophic Health Condition and Injury**

**Employee:** A debilitating medical health condition or injury that is a life-threatening condition, life threatening illness or combination of conditions or a period of disability or injury resulting from the catastrophic or life threatening condition required by the employee's mental or physical health or the health of the employee's fetus and requiring the care of a physician who verifies the medical need for the employee's absence from work for at least 60 work days.

*Examples of catastrophic injuries or illness include cancer, AIDS, heart surgery, stroke, amputations, and paralysis. Elective surgery, non-complicated pregnancies, influenza, routine medical tests are not within the definition of "catastrophic" health condition.*

**Employee's Immediate Family Member:** A debilitating medical health condition or injury that is a life-threatening condition, life threatening illness or combination of conditions or a period of disability required by his/ her mental or physical health or the health and requiring the care of a physician who verifies the medical need for the family member's care by the employee for at least 60 work days.

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**Immediate Family Member** means an employee's spouse, domestic partner, child, legal ward, foster child, father, mother, and legal guardian. This definition differs from other definitions of "Immediate Family Member" under other leaves and benefits.

**Prolonged Period of Time** means a continuous period of time (minimum of sixty (60) work days) whereby a medical condition prevents the employee from performing the employee's duties.

## Privacy Statement

Participation in the Program is on a strictly voluntary basis. No information should be revealed to anyone who does not have a need to know or to anyone without the written and specific permission of the person whose privacy will be broached. Individuals granted access must be advised of the requirements of this paragraph.

## Application to be a Recipient

Requests are subject to approval of the **Application to Become a Leave Recipient, Recipient Affidavit** and **Donor Transfer Certification Forms** which are available on the County's Intranet Human Resources Home Page.

A Potential leave recipient must complete and submit to his or her department:

- Request for Catastrophic Leave Program and Recipient Affidavit Form;
- Acceptable medical certification from a physician or other licensed health care provider describing the nature of the catastrophic condition, the prognosis, and anticipated duration of the condition. Use the appropriate Certification of Health Care Provider for Employee's or Family Member's Serious Health Condition [ Family and Medical Leave Act]; or
- When an employee is unable to complete the Recipient Affidavit Form, the employee's designated family may complete the form on behalf of the employee. A supervisor may also initiate this process on behalf of the employee. However, the form must include a statement signed by the immediate family or other appropriate persons; such as an individual with power of attorney, expressly authorizing the personal representative to make such an application. The statement must indicate the relationship of the signer to the recipient.
- Employees approved as recipients must provide up-to-date medical documentation to their departments. Failure to do so may jeopardize continued participation in the Program.
- Catastrophic leave shall not be awarded retroactively.

## Disposition of Application to be a Recipient

### *Department/ Supervisory Responsibilities:*

Consistent with responsibility for leave approval, Departments are responsible for reviewing a potential recipient's application and affidavit to ensure that:

- A "catastrophic" illness exists. [consult with the Human Resources Department]
- The criteria for eligibility have been met or will be met by the effective leave date.
- The application is complete and medical certification is attached.

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- The amount of time which the employee wishes covered by leave donations is consistent with the absence which the health care provider says is required.
- The department shall submit to Human Resources a complete package including the Request for Catastrophic Leave, Recipient Affidavit with acceptable medical verification.
- Collect and submit Donor Transfer Forms to Human Resources from their Department.
- Each department is responsible for the accuracy of donor and recipient leave records and employee time records provided the donor and recipient are in the same department.
- Catastrophic leave shall be coded on the recipient's timesheet as "SD" paid leave.
- The leave balance of a recipient will be exempt from the calendar year end carry over restrictions, but must be requested according to the carry over policy.
- When a recipient has exhausted all benefits from the Catastrophic Leave Program, the recipient can enroll in the Temporary Non-Job Related Disability Compensation Insurance Program. The employee is responsible for initiating this action.

### *Human Resources Department Responsibilities:*

The Catastrophic Leave Program will be administered by the Human Resources Department who will:

- Approve or deny the request for catastrophic leave based on information received.
- Ensure that contributions and withdrawals are conducted according to policy.
- Ensure the eligibility of donor and or recipient and that the donor has sufficient balance or available sick and vacation leave to transfer as donated leave.
- Transfer catastrophic leave hours to and from employees of other departments as approved.
- Inform participating donors and recipients as to the disposition of their requests.
- Direct the recipient's department to post the employee's name in a conspicuous manner in the employee's department, or with written authorization from the recipient or authorized family member, Human Resources will post the need for the leave on the County's Intranet Personnel Home Page for potential donors from other County Departments;

Postings shall include the following statement:

"The following recipient(s) have elected to post his or her need for leave donations. If you wish to donate to anyone on this list, please see the Timekeeper listed below:

Department/Unit	Name of Recipient	Name of Timekeeper
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- Reduce the donor's leave account by the number of days donated.
- Credit the eligible recipient's leave account the donated time upon approval of the Recipient Affidavit Form.
- Direct the crediting of unused catastrophic leave time to the leave donor or donors on a prorated basis upon the leave recipient's return to work. However, any portion that would amount to less than one day per donor will not be returned as provided below. The leave recipient shall continue to accrue sick and vacation leave while using catastrophic leave time. This entitlement shall be retained and credited to the employee upon his or her return to work.

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## *Restoring Unused Leave to Each Leave Donor:*

1. Divide the number of unused transferred leave hours by the total number of hours of leave transferred to the leave recipient from all donors;
2. Multiply the result by the number of hours of leave transferred by each leave donor; and
3. If the result is less than one full day, no leave will be restored. Only whole days will be restored.

## **Other Program Guidelines**

- A leave recipient shall not receive donated days on a retroactive basis.
- Upon retirement, the leave recipient shall not be granted supplemental compensation for any sick leave he or she received through the donated sick leave program nor be paid for any unused vacation time not earned by the employee.
- The County of Monmouth may suspend or terminate the program at any time upon 30 days written notice of such suspension or termination to the NJDOP Commissioner, the County of Monmouth employees and labor negotiations representatives.
- A leave recipient continues to accrue sick and annual leave while using catastrophic leave time and shall be entitled to retain such leave upon return to work.
- Temporary or Part-Time employees who do not earn leave benefits are not eligible for this Program.