

	<b>City of Cedar Park</b> <b>Human Resources Policy Manual</b>		
	<b>Catastrophic Leave</b>		
	Number: E-11	Revision: 1	Effective Date: 5/10/2018

## 1.0 Policy

It is the policy of the City to offer eligible participating employees who have exhausted all available leave balances the opportunity to receive additional leave benefits from a Catastrophic Leave bank for extended absences in the case of catastrophic illness or injury to the employee or eligible family member.

## 2.0 Procedure/Rule

2.1 Eligibility. All regular full-time employees are eligible to participate. Participation in the program is voluntary. Only employees contributing at least eight (8) sick leave hours during the Open Enrollment Period are eligible to receive paid leave from the Catastrophic Leave bank in the following twelve (12) months.

2.2 Enrollment. Eligible employees may only enroll during the Open Enrollment Period (September 1- September 30 of each year) by completing an enrollment form available at the Human Resources Department. Participation in the Catastrophic Leave bank becomes effective October 1.

2.3 Minimum Contribution. Employees wishing to participate may contribute a minimum of eight (8) hours of accrued sick leave time each year. Contributions will be credited to the Catastrophic Leave bank on the first full pay period which begins after October 1. Employees electing to participate must contribute hours from the sick accrual account. In such case that employees lack the necessary hours in their sick accrual account, employees may contribute from their Sick 1 or Sick 2 accrual accounts, if applicable.

Employees contributing to the Catastrophic Leave bank, must have a combined leave (sick, vacation leave and compensatory time) balance of 80 hours after the contribution.

2.4 Maximum Contribution. The maximum annual contribution to the Catastrophic Leave bank is forty (40) hours per employee.

2.5 Contributions to the Catastrophic Leave Bank may not be designated for use by any specific employee.

2.6 Time donated by an employee may not be recovered or recaptured.

2.7 Definition:

2.7.1 Catastrophic Illness or Injury: Catastrophic illness or injury is defined as a serious health condition that affects the employee, or the employee's spouse, child or parent, which is unanticipated, non-job related, not self inflicted, and requires an employee's absence without pay for a period of at least two weeks after all leave balances have been exhausted. This is further defined as those illnesses or accidents which require confinement in a hospital or accidents which require extensive medical care of an unforeseeable nature. Examples include life threatening injury or illness, cancer, AIDS, heart surgery, stroke, etc. Catastrophic illnesses shall not include elective surgery nor unforeseeable medical care rendered as a result of something other than injury or disease.

2.8 Catastrophic Leave Administration. All requests for Catastrophic Leave shall be reviewed by the Human Resources Department. A representative from the Human Resources Department will act as the primary administrator and contact for the program.

2.9 Leave Request Process. Application for Catastrophic Leave must be made on the standard form provided by the Human Resources Department (see attached). Each application must include the standard FMLA form with a health care provider's signed statement. The request must include the health care provider's name, address and phone number. The forms shall be submitted to the Human Resources Department.

The maximum hours of catastrophic leave that may be request and be granted is 480 in a 12-month period. The guidelines set forth in *Leave Limitation* Policy of the Cedar Park Human Resources Policy Manual continue to be applicable. The total (unpaid and/or paid) leave permitted is 1,040 hours.

2.10 Application Review. The Human Resources Department will review each application and ensure that each of the following conditions have been met:

- Employee is enrolled as a participant in the Catastrophic Leave bank;
- Employee's entire accumulated leave (holiday, sick, vacation, comp-time, etc.) has been exhausted;
- Proper documentation is complete and is provided in a timely manner; and

- Requesting employee has a qualifying catastrophic illness or injury.

The Human Resources Department will inform the applicant of their decision in writing within five (5) days after the receipt of the application.

- 2.11 Employees may request donations in eight (8) hour increments only.
- 2.12 While an employee is receiving benefits from the Catastrophic Leave bank, he or she will not continue to accrue vacation time, compensatory time, sick leave, or personal holiday leave.
- 2.13 Catastrophic Leave that is granted and not used by the employee will revert back to the Catastrophic Leave Bank.
- 2.14 If a separation of employment occurs while an employee is utilizing Catastrophic Leave, the employee may not receive payment for the remaining balance of their Catastrophic Leave.
- 2.15 Ineligibility. A participating employee shall lose the right to obtain benefits from the Catastrophic Leave bank by:
- Termination of employment, including resignation, involuntary termination and retirement;
  - Refusal to comply with the policies and procedures set forth in the Human Resources Manual and/or this policy; or
  - Determination of permanent disability by the U.S. Social Security Administration.
- 2.16 Appeal Process. An employee whose request for Catastrophic Leave benefits is denied by the Human Resources Department may appeal the denial to the Catastrophic Leave Committee, but must do so in writing within five (5) days of receiving notification that the request was denied. The Committee will convene no later than 5 days from the time an appeal is submitted to the Human Resources Department. The Catastrophic Leave Committee's decision is final.
- 2.17 Catastrophic Leave Committee. The purpose of the committee is to provide an annual review of the Catastrophic Leave Policy and hear appeals of denied catastrophic leave requests. The committee will be comprised of 5 employees appointed by the City Manager. Decisions rendered by the Catastrophic Leave Committee require a majority vote and will be final.

CATASTROPHIC LEAVE REQUEST FORM

Employee Name: \_\_\_\_\_

Department Number: \_\_\_\_\_ Date: \_\_\_\_\_

I am requesting consideration for approval of Catastrophic Leave for the following reasons:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*The standard FMLA form including an attending physician's signed signature must be attached to this request form.*

I am requesting Catastrophic Leave until: \_\_\_\_\_

Available leave accruals were/will be exhausted on: \_\_\_\_\_

I understand that if I receive Catastrophic Leave it will count as leave under the City's FMLA policy.

\_\_\_\_\_  
*Applicant Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Department Director Signature*

\_\_\_\_\_  
*Date*

*For Human Resource Department Use Only:*

Approved    Denied      Date: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

\_\_\_\_\_

If approved, time period leave granted for: \_\_\_\_\_

Total hours approved: \_\_\_\_\_

\_\_\_\_\_

*Human Resource Dept. Representative Signature*      *Date*