

**UCOP Human Resources Procedures Supplement C – UCOP CATASTROPHIC LEAVE PROGRAM**

**I. POLICY REFERENCES**

UC-PPSM 41 (Vacation)  
UC-PPSM 42 (Sick Leave)  
UC-PPSM 43 (Leave of Absence)  
UC-PPSM 46 (Administrative Leave)

**II. INTRODUCTION**

The University of California Office of the President (UCOP) Catastrophic Illness/Injury Leave Sharing Program permits temporary salary and benefit continuation for a staff employee who accrues vacation and who has exhausted all paid leave credits as a result of a catastrophic illness or injury. The Program allows employees to donate vacation leave to co-workers who do not have sufficient accumulated leave to meet a verifiable, major health crisis. While the Program establishes a mechanism for leave transfers, participation is entirely voluntary. Donations are anonymous. Management will not identify the donor, however, the donor may choose to self-identify. The Program is open to all departments within the Office of the President.

**III. DEFINITIONS**

- A. **Catastrophic Illness or Injury** – a non-industrial illness or injury which is severely physically debilitating or life threatening and requires the employee’s absence from work.
- B. **Paid Leave Credits** – For the purposes of this Catastrophic Leave Program, **only vacation leave credits may be donated.**
- B. **Recipient** – an employee who is eligible to accrue and use vacation, has exhausted all paid leave credits, is eligible of extending his/her salary and benefits temporarily, and who has been identified as eligible for a catastrophic leave donation.
- D. **Donor** - the employee who is donating vacation time to a particular employee or to the Catastrophic Leave Bank ("the bank").

**IV. QUALIFYING SITUATIONS**

- A. **The Donor** (donating employee) must:
  - Be an employee of a UCOP department
  - Be in a position that accrues vacation leave
  - Have accrued sufficient vacation leave to cover the amount of the donation to be made (leave may not be donated prior to accrual)
- B. **The Recipient** (receiving employee) must:
  - Be an employee of a UCOP department
  - Be in a position that accrues vacation leave

NOTE: An eligible employee may receive vacation leave donations for the purpose of a catastrophically ill family member but first he or she shall exhaust his/her sick leave balance, even when doing so results in exceeding the 30-day limit imposed on the use of sick leave for family illness by applicable personnel policies and collective bargaining agreements.

**V. CRITERIA**

- A. **Division or Department Head** - The Division or Department Head shall determine the methodology for soliciting donations to the Catastrophic Leave Program. Participation in the Catastrophic Leave Program is strictly voluntary.
- B. **Recipient** - Donations may be credited incrementally to the receiving employee to a maximum of 160 hours in a twelve-month period. Employees may not receive any University-paid or Employee-paid Disability benefits while being compensated from Catastrophic Leave Program donations because the employee is considered to be on active pay status. Donated time may be applied to the receiving employee's Employee-paid Disability waiting period.
- C. **Donor** - Each donation by an eligible donor must be a minimum of eight (8) hours with any additional hours from that donor in whole hour increments. When the recipient is eligible to receive fewer than eight (8) hours, donations of less than eight (8) hours may be made. The maximum that may be donated is 50% of the donor's vacation balance or eighty (80) hours in a calendar year, whichever is less. Donations may be made to individual employees or to the bank.

## VI. ELIGIBILITY

All UCOP staff employees, who are eligible to accrue and use vacation time are eligible to participate in the UCOP Catastrophic Illness/Injury Leave Sharing Program. Exclusively represented employees who meet the criteria may participate in the Program to the extent provided in the applicable collective bargaining agreements. The Program is non-grievable, and is not subject to any arbitration policy applicable to any employees.

Vacation leave may be credited to an employee in the event of the employee's eligible catastrophic illness or injury if the following conditions are met:

- The employee (recipient) has sent a written request to the Division or Department Head (or designee);
- The Division or Department Head (or designee) has confirmed that the employee is unable to work due to the catastrophic illness or injury of the employee or a member of the employee's family or household;
- The requesting employee has exhausted all paid leave credits; and
- Vacation leave hours have been donated for that employee or are available from the bank.

## VII. METHOD OF DONATING VACATION HOURS

### A. **Designated Donation**

An employee may donate time to an individual employee who is eligible to receive catastrophic leave hours by completing a donation form and submitting it to his/her Division or Department Head (or designee). The Division or Department Head (or designee) is responsible for coordinating the solicitation for leave donations and the processing of adjustments to the leave balances of the donor and the recipient.

### B. **Undesignated Donation**

An employee may donate vacation leave hours to a central UCOP catastrophic leave bank maintained by UCLA's Payroll Services by completing a donation form and submitting it to his/her Division or Department Head (or designee). The Division or Department Head (or designee) authorizes the department timekeeper to reduce the employee's vacation leave balance and notifies UCLA Payroll Services to add the hours to the catastrophic leave bank. Requests for disbursement of vacation leave hours from the bank are

sent to UCOP Human Resources (Benefit Services) by the Division or Department Head (or designee) for an eligible employee.

A committee comprising representatives from UCOP Human Resources, UCOP Financial Management, and UCLA Payroll Services determines the disbursement of hours from the bank based on confirmation of the catastrophic illness or injury and the number of hours available, and authorizes the Division or Department Head (or designee) to process adjustments to the recipient's leave balance.

#### **VIII. PROCESS AND VERIFICATION OF CATASTROPHIC ILLNESS OR INJURY**

- A. The **potential recipient** may initiate the process by submitting a “Catastrophic Illness/Injury Leave Sharing Program -- Recipient Application Request Form” to his/her Division or Department Head (or designee) to participate in the Program. The employee must request, and the Division or Department Head (or designee) must approve, a leave for a specified period of time. Approved leaves may not be open-ended.
- B. The potential recipient’s division or department will verify that a qualifying health condition exists. The division or department will also verify that the intended recipient has exhausted, or will exhaust, all paid leave and determine the number of hours necessary for the remainder of the approved catastrophic illness/injury leave.

NOTE: The recipient has sole responsibility for assessing the potential impact on taxes and benefits. The UCOP Benefit Services office is available to answer questions regarding potential benefits implications.

- C. The **potential donor** may also initiate the donating process by submitting a “Catastrophic Illness/Injury Leave Sharing Program -- Donor Form” to his/her Division or Department Head (or designee) to participate in the Program.

#### **IX. TRANSFER OF VACATION LEAVE HOURS**

Donations are irrevocable once the donor signs the form authorizing a deduction from his or her vacation leave balance unless the designated recipient becomes ineligible to receive the donation. The Division or Department Head (or designee) will ensure that donations meet the eligibility criteria and will deduct the donated vacation hours from the leave balance of the donor. The leave balance should be reduced using the Description of Service (DOS) code VLC so that the department does not receive a credit from the financial leave reserve account.

When approving the crediting of vacation hours to the recipient's vacation leave balance, the Division or Department Head (or designee) shall ensure that only the number of hours needed are credited. The leave balance should be increased using the Description of Service (DOS) code VLC so that the department is not charged for leave assessment by the financial leave system.

#### **X. EFFECT ON FAMILY AND MEDICAL LEAVE and CALIFORNIA FAMILY RIGHTS**

Participation in the Catastrophic Leave Program does not affect a recipient employee’s right to Family and Medical Leave (FMLA) and/or leave under the California Family Rights Act (CFRA). Time paid through this Program will be charged as FMLA or CFRA to the recipient employee as long as the employee meets the eligibility requirements (i.e., having worked at least 1,250 hours during the last twelve (12) months), and the leave has been designated as FMLA or CFRA.

**UCOP CATASTROPHIC ILLNESS/INJURY LEAVE SHARING PROGRAM**  
**Description Summary**

<b>Implementation Date</b>	November 2000
<b>Definitions</b>	<b>Catastrophic Illness or Injury</b> is a non-industrial illness or injury which is physically debilitating or life-threatening to the employee or a member of the employee's family or household, and requires the employee's absence from work. The employee shall have exhausted all accrued paid leave credits (i.e., vacation, sick leave, and compensatory time off).
<b>Benefit Triggers</b>	The catastrophic illness or injury of an employee or the need to care for a family member who has a catastrophic illness or injury.
<b>Eligibility</b>	All UCOP employees who accrue and who are eligible to use accrued vacation. The contributing and receiving employees may be from the same or different departments. Employees may also contribute and/or receive hours from the central catastrophic leave bank maintained by UCLA's Payroll Office.
<b>Eligible Leave Credits</b>	<b>Accrued vacation time only.</b> Sick leave and CTO credits may NOT be transferred.
<b>Minimum Donations</b>	Each donation must be a minimum of eight (8) hours with any additional hours for that donation in whole hour increments.
<b>Maximum Donations</b>	The maximum that may be donated is 50% of his/her vacation balance or eighty (80) hours of accrued vacation leave in a calendar year, whichever is less.
<b>Maximum Receipt of Donations</b>	An employee may receive a maximum of 160 hours vacation in each twelve-month period.
<b>Pay Level of Donating or Receiving Employees</b>	Contributions may be made to employees at a higher or lower pay level because donations are transferred on an hour-for-hour basis ( <b>not</b> on a dollar-for-dollar basis).
<b>Division or Department Head's (or designee's) Responsibilities</b>	The division or department head (or designee) is responsible for: <ul style="list-style-type: none"> <li>• Determining if the applicant is eligible to participate in the Program with appropriate medical verification;</li> <li>• Submitting appropriate documentation upon request to support applications made to the central catastrophic leave bank;</li> <li>• Verifying that all paid leave has been exhausted; and</li> <li>• Assuring that only the hours that are needed by a recipient are actually credited.</li> </ul>
<b>Employee's Responsibilities</b>	The employee is responsible for: <ul style="list-style-type: none"> <li>• Obtaining the appropriate medical verification of illness or injury;</li> <li>• Completing the Recipient Application Request Form with the medical verification attached; and</li> <li>• Assuring that all credits requested are used within the period specified on the request form.</li> </ul> <p>NOTE: The Recipient Application Request form may be completed by a family member or individual residing in the household if the employee is incapacitated.</p>

*UCOP CATASTROPHIC ILLNESS/INJURY LEAVE SHARING PROGRAM*

**Donor Form**

Date: \_\_\_\_\_

Donor's Name (printed): \_\_\_\_\_ Employee ID # \_\_\_\_\_

Donor's Department: \_\_\_\_\_

1. Do you wish to donate vacation accruals to a designated individual? Yes  No

If yes, to whom? \_\_\_\_\_

Recipient's Department \_\_\_\_\_

2. Do you wish to donate to the "UCOP Central Bank for Catastrophic Leave"? Yes  No

3. Are you currently at maximum of your vacation accruals? Yes  No

4. HOW MANY VACATION HOURS DO YOU WANT TO DONATE? \_\_\_\_\_

I certify that I am making this donation entirely of my own free will and that no attempts have been made to intimidate, threaten, or coerce me to donate my vacation hours. I understand that I have no right under any circumstances to have any of the donated hours restored to my accrued leave balance once I have signed this form and it has been approved by my division or department head. I further certify that this leave donation will not reduce my current leave balance by more than 50% and that, including this donation, I have not donated more than eighty (80) hours during the past twelve months.

\_\_\_\_\_  
Donor's Signature Date

\_\_\_\_\_  
Division or Department Head's (or designee's) Signature Date

\_\_\_\_\_  
Division or Department Head's (or designee's) Title

cc: Donor's Division/Department Timekeeper  
Recipient's Division/Department Timekeeper (if applicable)  
~~UCOP Human Resources (Benefit Services)~~  
Payroll Services (UCLA Campus)

*UCOP CATASTROPHIC ILLNESS/INJURY LEAVE SHARING PROGRAM*

# Recipient Application Request

Date: \_\_\_\_\_

Recipient's Name (printed): \_\_\_\_\_ Employee ID # \_\_\_\_\_

1. Have you exhausted all sick leave, vacation leave, and compensatory time off?

Yes  No  Pending

(If yes, or pending, please indicate the effective date: \_\_\_\_\_ )

2. How many hours are you requesting? \_\_\_\_\_ Period of time: \_\_\_\_\_

3. What is the expected duration of the Catastrophic Leave? From: \_\_\_\_\_ To: \_\_\_\_\_

4. Briefly state the reason(s) you need leave hours:

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5. Have you requested Catastrophic Leave during the last twelve-months? Yes  No

6. If the answer to question 4 is yes,

a) Did you request leave through the central catastrophic leave bank? Yes  No

b) Or, through your department? Yes  No

c) What was the amount of leave granted to you within the last twelve months? \_\_\_\_\_Hours

7. Expected date of return to work:

8. Medical verification from a physician attached? Yes  No

\_\_\_\_\_  
Signature Date

Recipient's

\_\_\_\_\_  
Division or Department Head's (or designee's) Signature Date

\_\_\_\_\_  
Division or Department Head's (or designee's) Title

cc: Division/Department Timekeeper  
UCOP Human Resources (Benefit Services)  
Payroll Services (UCLA Campus)