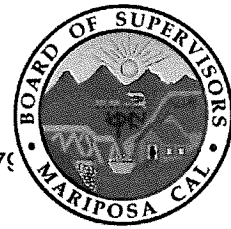




# MARIPOSA COUNTY

Human Resources/Risk Management • (209) 742-1375



## **RESOLUTION - ACTION REQUESTED 2015-506**

MEETING: October 27, 2015

TO: The Board of Supervisors

FROM: Steve Johnson, Human Resources Director - Risk Manager

RE: Catastrophic Leave Bank Policy

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### **RECOMMENDATION AND JUSTIFICATION:**

Approve a Catastrophic Leave Bank Policy for Mariposa County. Currently, the County does not have a Policy that addresses either the donation or acceptance of leave time by County employees, and therefore, staff relies on past practice, which is somewhat inconsistent in application, in regards to leave donation.

In developing a draft Policy for Mariposa County, staff reviewed existing Leave Donation Policies from the City and County of Merced, and distributed the draft for review to the County's Department Heads, Bargaining Unit Representatives and Labor Law Counsel.

The draft Policy contains important provisions and safeguards for County employees in donating and receiving leave. Among other conditions, to qualify to receive donated leave, an employee:

- Has exhausted, or is within one pay period of exhausting, all accrued vacation, sick leave, compensatory time off and holiday time.
- Has provided the required documentation to verify a catastrophic occurrence.

In addition, total catastrophic leave donations received by the employee, and paid at their current hourly rate, normally shall not exceed 240 hours, or 20 percent of the existing Leave Bank balance, whichever is greater, for any single occurrence within a 12-month period.

To qualify to donate leave, an employee:

- Has accrued sufficient hours to cover their intended donations. Donor's will maintain accrued sick leave time of at least 160 hours, and vacation time of at least 40 hours, after deduction of donated time at the time of the request.

Under this Policy, requests for both leave donation and leave requests will be sent from the Department Head to the Human Resources Director and then to the Auditor for review and approval. Once approved, the Human Resources Department will send a request out to all County employees for leave donation. These donations will then be

reviewed against the Policy standards, and once approved, will be placed into a Leave Bank that will be administered by the Auditor's Office.

**BACKGROUND AND HISTORY OF BOARD ACTIONS:**

The County currently does not have a Policy that addresses leave donations for County employees. The Board of Supervisors has been involved in approving requests for leave donations in the past.

**ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:**

A non-affirmative response to this Policy would mean that the County would continue it's current practice of requesting leave donations.

**ATTACHMENTS:**

**Catastrophic Leave Policy\_October 2015 (DOCX)**

**CAO RECOMMENDATION**

Requested Action Recommended

  
Mary Hodson, CAO 10/21/2015

**RESULT: ADOPTED BY CONSENT VOTE [UNANIMOUS]**

**MOVER:** Rosemarie Smallcombe, District I Supervisor

**SECONDER:** Marshall Long, District III Supervisor

**AYES:** Smallcombe, Jones, Long, Cann, Carrier

# MARIPOSA COUNTY CATASTROPHIC LEAVE BANK POLICY

## **PURPOSE**

The purpose of this policy is to provide a method for full time and permanent part time employees to assist fellow full time and permanent part time employees who have exhausted, or nearly exhausted, their paid leave accruals due to a catastrophic occurrence in their lives. It is not the intent of this policy for any employee to enrich him or herself, but to aid only those employees who are truly in need of assistance. Catastrophic leave determinations are non-grievable.

## **ELIGIBILITY FOR RECEIVING CATASTROPHIC LEAVE DONATIONS**

To be eligible to receive catastrophic leave donations, an employee must meet all of the following criteria:

1. Has successfully completed their initial probationary period, as in accordance with the Memoranda of Understanding.
2. Has exhausted, or be within one pay period of exhausting, all accrued vacation, sick leave, compensatory time off and holiday time.
3. Has provided the required documentation to verify a catastrophic occurrence, as specified below (see attached form). A catastrophic illness or injury is a serious illness, injury or condition to the employee or their family member as defined under the Family Medical Leave Act.
4. Is not receiving long-term disability benefits, social security or similar benefits.
5. Is not eligible to receive benefits if the employee has received donated time under the Policy during the previous 12 months measured from the date of the employee's first day on Catastrophic Leave.
6. In the event that the long-term disability benefit, social security or similar benefits overlap the payout of catastrophic leave donations, the employee will be responsible for repayment of catastrophic leave donations. Repayment will be made through a salary reduction upon employee's return to work or through a payment agreement if employee is unable to return to work.

**PROCEDURES FOR DONATING CATASTROPHIC LEAVE**

The following are procedures for donating leave:

1. To be eligible to donate leave, an employee shall have successfully completed their initial probationary period.
2. The Human Resources Department shall post and circulate the Catastrophic Leave Bank Donation Form to all employees. Participation is strictly optional and will remain confidential.
3. The Human Resources Department will work with the Auditor's Office and shall verify that donors have accrued sufficient hours to cover their intended donations. Donors will maintain accrued sick leave time of at least 160 hours, and vacation time of at least 40 hours, after deduction of donated time at the time of the request.
4. Once the Donation Form is verified by the Human Resources Department, the donations are **irreversible with no substitutions**.
5. The minimum donation shall be in increments of eight (8) hours. There is no tax benefit to the donor.
6. To be eligible to donate leave, an employee shall have successfully completed their initial probationary period.
7. The Auditor's Office will coordinate the total donations to each recipient to ensure that an excessive number of hours are not donated.
8. In the event that the Catastrophic Leave Bank Account is exhausted while an employee is receiving catastrophic leave donations, the Human Resources/Risk Management Department may make a subsequent posting.

**PROCEDURES FOR RECEIVING CATASTROPHIC LEAVE DONATIONS**

1. The requesting employee must submit a request for catastrophic leave donation in writing, supported by medical verification (see attached form), to the Human Resources Director/Risk Manager.
2. Donated hours will be paid after the request for catastrophic leave has been approved by the Human Resources Director/Risk Manager and Auditor and the receiving employee's own paid leave accruals have been exhausted, consistent with this policy. Hours will not be paid on a retro-active basis.
3. Donated time does not alter the employment rights of the County or the recipient, nor extend or alter limitations otherwise applicable to Leaves of Absence or Annual Leave, except as noted in this policy.
4. The total catastrophic leave donations received by the employee, and paid at their current hourly rate, normally shall not exceed 240 hours, or 20 percent of the existing Leave Bank balance, whichever is greater, for any single occurrence within a 12-month period.

5. If more than one employee is eligible to receive benefits in a pay period, available hours will be apportioned on a pro rate basis until the available hours are exhausted or the maximum number of hours referred to above have been reached by an eligible employee.

**ANNUAL REVIEW AND REPORTING REQUIREMENTS**

Once a year, the Auditor's Office will provide information that summarizes, for the prior twelve months, the amount of hours that have been donated to, and used from, the County's Catastrophic Leave Bank and the dollar amount in the Bank.

Created: 10/15 (B/S Res. 15-506)

**MARIPOSA COUNTY  
CATASTROPHIC LEAVE BANK REQUEST FORM**

Employee Name \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Department \_\_\_\_\_

Indicate amount of hours to be requested: \_\_\_\_\_

***Acknowledgement***

I have read and understand the conditions listed below:

**CONDITIONS FOR RECEIVING CATASTROPHIC LEAVE BANK TIME**

The total catastrophic leave donations received by the employee, and paid at their current hourly rate, normally shall not exceed 240 hours, or 20 percent of the existing Leave Bank balance, whichever is greater, for any single occurrence within a 12-month period.

I have attached documentation to verify a catastrophic occurrence (see attached form). A catastrophic illness or injury is a serious illness, injury or condition to the employee or their family member as defined under the Family Medical Leave Act.

I acknowledge that the time donated will not be counted towards my retirement benefits, or cashed out by me at termination or retirement.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Approval:

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Director/Risk Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Auditor

\_\_\_\_\_  
Date

**MARIPOSA COUNTY  
CATASTROPHIC LEAVE BANK DONATION FORM**

Employee Name \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_ Department \_\_\_\_\_

Check category/number of hours to be donated:

- Vacation: \_\_\_\_\_
- Sick leave: \_\_\_\_\_

***Acknowledgement***

I have read and understand the conditions listed below:

**CONDITIONS FOR DONATING TO THE CATASTROPHIC LEAVE BANK**

Donors will maintain accrued sick leave time of at least 160 hours, and vacation time of at least 40 hours, after deduction of donated time at the time of the request.  
May donate leave time in eight (8) hour increments.

I acknowledge that the time donated will be deducted from my accounts and will not be counted towards retirement benefits, or cashed out at termination or retirement.

***Donations are irreversible with no substitutions.***

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Approval:

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Date

\_\_\_\_\_  
Human Resources Director/Risk Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Auditor

\_\_\_\_\_  
Date

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