



University of California, Merced

## Catastrophic Leave Donation Program

<b>Responsible Official:</b>	Assistant Vice Chancellor, Chief Human Resource Officer
<b>Responsible Office:</b>	Human Resources- Benefits Department
<b>Issuance Date:</b>	<b>4/15/2020</b>
<b>Effective Date:</b>	<b>4/15/2020</b>
<b>Summary:</b>	The UC Merced Catastrophic Leave Donation Program permits temporary salary and benefit continuation for an eligible staff employee who accrues and who has exhausted all paid leave credits to address catastrophic circumstances as outlined below.
<b>Scope:</b>	All eligible staff employees who accrue vacation hours.

<b>Contact:</b>	Human Resources- Benefits Unit
<b>Email:</b>	<a href="mailto:Benefits@ucmerced.edu">Benefits@ucmerced.edu</a>
<b>Phone:</b>	209-228-8247

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### I. REFERENCES AND RESOURCES

[PPSM 2.210: Absence from Work](#)  
[Bargaining Units & Contracts](#)  
[Delegation of Authority 2085](#)  
[Recipient Application Request Form](#)  
[Catastrophic Leave Donor Form](#)

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### II. POLICY/PROCEDURE SUMMARY & SCOPE

The UC Merced Catastrophic Leave Donation Program permits temporary salary and benefit continuation for an eligible staff employee who accrues and who has exhausted all paid leave credits to address circumstances such as:

- A catastrophic illness or injury of an employee;
- To care for a catastrophically ill or injured family member;
- To deal with the death of a family member; or
- To address a catastrophic casualty loss suffered due to a terrorist attack, fire, or natural disaster as outlined in [PPSM 2.210: Absence from Work](#) or collective bargaining agreements.

The Program allows employees to donate vacation leave to eligible staff employees (or the central catastrophic leave bank) who do not have sufficient accumulated paid leave credits to meet a verifiable, catastrophic circumstance as noted above. While the Program establishes a mechanism for leave transfers, participation is entirely voluntary. Donations are anonymous. However, as a matter of personal discretion Donors may choose to inform recipients of their action. Any exceptions to this policy would require approval by the Assistant Vice Chancellor, Chief Human Resource Officer and/or the Chancellor.

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### III. DEFINITIONS

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- A. Catastrophic Illness or Injury:** A non-industrial illness or injury which is physically debilitating, or life threatening and requires the employee's absence from work when the employee has exhausted all paid leave accruals (vacation, sick, comp time and any other paid leave provided by the University).
- B. Catastrophic Casualty Loss:** A situation in which eligible staff employees are unable to report to work due to a natural disaster or emergency as covered by administrative leave for emergencies in [PPSM 2.210 Absence from Work](#).
- C. Paid Leave Credits:** For the purposes of this program, only vacation leave accruals may be donated.
- D. Recipient:** A staff employee who is eligible to accrue and use vacation, has exhausted all paid leave accruals (vacation, sick, comp time and any other paid leave provided by the University), is eligible for extending his/her salary and benefits temporarily, and who has been identified as eligible for a catastrophic leave donation.
- E. Donor:** The employee who is donating vacation time to a particular employee or to the Catastrophic Leave Bank ("the Bank").
- F. Catastrophic Leave Donation Bank:** Vacation hours that have been donated to the general catastrophic leave donation bank that have not been designated for a specific eligible recipient, as well as left over donated hours that are not needed by the recipient for whom they were designated.
- G. Serious Health Condition** A serious health condition of the employee or the employee's family member as indicated in [PPSM 2.210 Absence from Work](#). This serious health condition creates a financial hardship because the employee has exhausted all available leave credits and is not, or not yet, eligible for temporary disability benefits under the Basic or Voluntary Short-Term Disability Plan.

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### IV. ELIGIBILITY & CRITERIA

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All UC Merced campus staff employees that are in a position that accrues vacation leave are eligible to participate in the UC Merced Catastrophic Leave Donation 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 employee.

Vacation leave may be credited to an employee under the Catastrophic Leave Program if the following conditions are met:

- The employee (recipient) has sent a [Recipient Application Request Form](#) and applicable supporting documentation to the benefits unit.

- The benefits unit will confirm with the department head that the employee is unable to work due to the catastrophic circumstances stated in section II;
- The requesting employee has exhausted all paid leave credits (vacation, sick, comp time and any other paid leave provided by the University);
- The employee (recipient) is not presently receiving disability benefits or workers' compensation payments; and
- Vacation leave hours have been donated for that employee or are available from the Bank (hours are distributed on a first come basis), via the [Catastrophic Leave Donor Form](#); and
- The benefits unit approves the vacation leave transfer.

**A. The Donor must:**

- Be an employee of UC Merced.
- Be in a staff position that accrues vacation leave.
- Have accrued sufficient vacation leave to cover the amount of the donation to be made (hours may not be donated prior to accrual).

**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 designated recipient normally accrues less than eight (8) hours of vacation per month, donations of less than eight (8) hours may be made at the same rate of accrual.

The maximum that may be donated is 50% of the donor's vacation balance or eighty (80) hours in twelve-month period, whichever is less. Donations may be made to individual employee or to the bank. Donations are irrevocable once the donor signs the form authorizing a deduction from their vacation leave balance any unused donated vacation hours will be transferred to the bank.

**B. The Recipient must:**

- Be an employee of UC Merced
- Be in a staff position that accrues vacation leave
- Be granted approval for a leave of absence
- Have exhausted all paid leave credits

**Note:** An eligible staff employee may receive vacation leave donations for the purpose of a catastrophically ill family member and/or death, but first they shall exhaust their sick leave/ all paid leave accrual balance, even when doing so results in exceeding the time limits imposed on the use of paid leave for family illness and bereavement by applicable personnel policies.

**Recipient:** Donations may be credited incrementally to the receiving recipient with 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 disability waiting period. A recipient may receive any designated donated hours up to 160 maximum from peer to peer or may receive up to a maximum of 80 hours, per twelve-month period, from the general catastrophic leave bank to supplement their pay, if there are sufficient hours available in the bank.

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## V. PROCEDURES & RESPONSIBILITIES

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**In order to receive any donated vacation leave hours, the employee must provide appropriate verification of illness or injury (from a licensed health care provider), or documentation of the catastrophic casualty loss suffered due to death, fire or natural disaster to the Benefits Unit.**

- 1. Initiation of Process:** The potential recipient or appropriate individual may initiate the process by submitting a [Recipient Application Request Form](#) and medical or catastrophic documentation to the benefits unit. Once the form has been completed, the request will be reviewed by the benefits unit in consultation with the department head.

In addition, the recipient must be on an approved leave of absence for a specified period of time via the normal leave procedures as set by the benefits unit. Approved leaves may not be open-ended.

- 2. Verification of Medical Condition or Catastrophic Casualty Loss:** The benefits unit will verify that a qualifying condition exists upon receipt of medical certification of an eligible medical condition or pertinent documentation to support a Catastrophic Casualty Loss.

**Note:** The potential recipient need not reveal their underlying diagnosis to the University in order to participate in this program. All that is required is medical documentation that a serious health condition exists that renders the employee unable to work for a specified period of time regarding verification of medical condition.

- 3. Exhaustion of Paid Leave Balances:** The benefits unit and department head will 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 leave.
- 4. Donations:** The division or department head shall determine the methodology for soliciting donations to the catastrophic leave program in consultation with the benefits unit. Participation in the catastrophic leave program is strictly voluntary. The potential donor may also initiate the donating process by submitting a [Catastrophic Leave Donor Form](#) to their division or department head to participate in the program.
- 5. Transfer of vacation leave hours:** Donations are irrevocable once the donor signs the form authorizing a deduction from their vacation leave balance, any unused donated vacation hours will be transferred to the bank. The department head will ensure that the completed [Recipient Application Request Form](#) and [Catastrophic Leave Donor Form](#) are signed and sent to the benefits unit for review and submission to the payroll department for processing. The payroll department will process the donor's vacation accrual leave balance to be reduced accordingly and the actual vacation leave transfer(s) to the recipient. The leave balance(s) should be adjusted using appropriate coding within the Time Reporting System (TRS) and UCPath.

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## VI. COORDINATION WITH OTHER RIGHTS

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### 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 (FML) and/or leave under the California Family Rights Act

(CFRA). Time paid through this Program will be charged as FML 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 FML or CFRA. Initiation of the Catastrophic Leave Donation Program does not exclude the Recipient or the Department from the responsibility for immediately notifying the Human Resources Office when an employee requests medical leave.

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## **VII. POLICY OR PROCEDURE REVISION HISTORY**

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**APRIL 14, 2020:** This Policy was revised due to the COVID 19 crisis and included the option for employees to donate or receive donations from a centralized bank. It was also formatted into the standard University of California policy template.

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## **VIII. Frequently Asked Questions (FAQ's)**

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### **1. What type of documentation will I need to submit to verify my Catastrophic Leave?**

To apply for catastrophic leave, you will need to complete the [Recipient Application Request Form](#) (Appendix I). Based on your own individual circumstances, additional documentation may be required. Please contact the benefits unit for more information.

### **2. What if I come back early from leave – do I need to give back the hours donated to me or pay them back?**

As-needed, donor hours are transferred to the recipient every pay period: every two weeks for bi-weekly paid employees, or monthly for monthly-paid employees. If the recipient returns from leave and the donated hours have not been exhausted/transferred, the remaining donated hours will be transferred to the general catastrophic leave donation bank.

### **3. May I donate sick hours to someone in need of Catastrophic leave?**

No. For the purposes of this catastrophic leave donation program, only vacation leave credits may be donated.

### **4. How do I find out if someone is in need of Catastrophic leave donations?**

Contact the benefits unit to inquire if a UC Merced employee is in need of donations. Recipients have the right to request anonymity, therefore the benefits unit may only be able to confirm or deny if anyone is in need of donations at the point of inquiry. One can also donate to the general catastrophic leave donation bank.

### **5. Can I donate to anyone in the University, or can I only donate to employees in my department?**

The donating or recipient may be from the same or different departments within UC Merced, as long as they are eligible to accrue and use vacation time. Exclusively represented employees who meet the criteria may participate in the program to the extent provided in the applicable collective bargaining agreements.

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## **APPENDICES**

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### **APPENDIX 1 - Recipient Application Request Form**

### **APPENDIX 2 - Catastrophic Leave Donor Form**

## APPENDIX 1 - Recipient Application Request Form

### UC Merced Catastrophic Leave Donation Program Recipient Application Request Form

**Instructions:** Please read the Catastrophic Leave Donation Program Policy and Procedures completely to determine whether you meet the qualifications to participate in the Catastrophic Leave Donation Program. Once you have completed this form, please attach supporting documentation and forward this form to Human Resources for final approval. **Please note that you need not disclose your underlying diagnosis in order to participate in this program.**

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

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

Patient's Name (if family member): \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_

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 from Donors? \_\_\_\_\_

3. How many hours are you requesting from Catastrophic Leave Bank? \_\_\_\_\_

3. What is the expected duration of your leave of absence? From: \_\_\_\_\_ To: \_\_\_\_\_

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

**Note: You need not disclose your underlying diagnosis in order to participate in this program**

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

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

6. If yes, what was the amount of leave granted to you within the last twelve months? \_\_\_\_\_ Hours

7. Expected date of return to work:

8. Supporting documentation attached? ☐ Yes ☐ No

\_\_\_\_\_  
Recipient's Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

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

#### FOR HR DEPARTMENT USE ONLY

This request is: ☐ Approved ☐ Denied

\_\_\_\_\_  
HR Authorizing Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

Vacation Leave Transfer Authorization Form has been forwarded to Payroll:

\_\_\_\_\_  
Name of Payroll Processor

\_\_\_\_\_  
Date

## APPENDIX 2 - Catastrophic Leave Donor Form

### UC Merced Catastrophic Leave Donation Program Donor Form

**Instructions:** Please read the Catastrophic Leave Donation Program Policy and Procedures completely to determine whether you meet the qualifications to participate in the Catastrophic Leave Donation Program. Once you have completed this form, please forward form to the benefits unit for final approval and vacation leave transfer.

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? \_\_\_\_\_ Department: \_\_\_\_\_

2. Do you wish to donate vacation accruals to the Catastrophic Leave Donation Bank? ☐ Yes ☐ No

3. What is your current vacation balance? \_\_\_\_\_

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

5. How many vacation hours do you wish to donate? \_\_\_\_\_ (note that you must donate a minimum of 8 hours, any unused donated hours to an individual will be transferred to the catastrophic leave bank and will be irrevocable)

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

#### FOR HR DEPARTMENT USE ONLY

This request is: ☐ Approved ☐ Denied

\_\_\_\_\_  
HR Authorizing Signature Print Name Date